1620-B NEEDS ASSESSMENT/CARE PLANNING STANDARD

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EFFECTIVE DATE: 7/6/2021
REFERENCES: A.R.S. § 36-401; A.R.S. § 36-551; 9 A.A.C. 22 Article 1; 9 A.A.C. 20, Articles 1, 4, 5, and 6 (A.A.C. R9.101), AHCCCS AMPM Chapter 1620-B.

PURPOSE

This Policy establishes requirements regarding needs assessment and care planning.

DEFINITIONS

1. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
2. "Own Home" means a residential dwelling that is owned, rented, leased, or occupied by a Member, at no cost to the Member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:
    a. Health care institution under A.R.S. § 36-401.
    b. Residential care institution under A.R.S. § 36-401.

c. Community residential setting under A.R.S. § 36-551, or

d. Behavioral health facility under 9 A.A.C. 20, Articles 1, 4, 5, and 6 (A.A.C. R9.101).

3. "Person Centered" means an approach to planning designed to assist the Member to plan their life and supports. This model enables individuals to increase their personal self-determination and improve their own independence.

4. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

5. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the Member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.

6. "Prior Period Coverage" or "PPC" means for Title XIX Members,

the period of time prior to the Member's enrollment, during which a Member is eligible for covered services. The timeframe is from the effective date of eligibility to the day a Member is enrolled with a Contractor. Refer to 9 A.A.C. 22 Article 1. If a Member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, Prior Period Coverage (PPC) for the Member will be covered by AHCCCS Fee-For-Service and the Member will be enrolled with the Contractor only on a prospective basis.

7. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed as cited in A.R.S 36-551.
8. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

POLICY

A. PERSON CENTERED APPROACH

1. The Division shall use a Person-Centered approach regarding the Member assessment and needs identification, considering not only ALTCS covered services, but also other needed community resources as applicable.
2. The Support Coordinator shall:
    a. Respect the Member and the Member's rights;
    b. Support the Member to have a meaningful role in planning and directing their own supports and services to the maximum extent possible;
    c. Provide adequate information and education to support the Responsible Person to make informed decisions and choices;
    d. Be available to answer questions and address issues raised by the Responsible Person, including between regularly scheduled planning meetings;
    e. Provide a continuum of cost-effective service options that supports the expectations and agreements established through the planning process;

f. Educate the Responsible Person on how to report unavailability or other problems with service delivery to ensure unmet service needs can be addressed as quickly as possible as outlined in Division Medical Policy 1620-D and 1620-E, and 540 regarding specific requirements;

g. Facilitate access to non-ALTCS supports and services available throughout the community and Non-Title XIX services for Members with a Serious Mental Illness (SMI) designation;

h. Advocate for the Member including their family, and significant others as needed;

i. Allow the Responsible Person to identify their role in interacting with the service delivery system, including the extent to which the family and other informal supports will provide uncompensated care;

j. Provide the Responsible Person with flexible and creative service delivery options;

k. Educate the Responsible Person about Member directed options for delivery of designated services. These options will be reviewed with the Responsible Person for Members

living in their own home at every planning meeting;

l. Educate the Responsible Person on the option to choose a spouse as the Member's paid attendant caregiver;

m. Provide necessary information to providers about any changes in the Member's goals, functioning, and eligibility to assist the provider in planning, delivering, and monitoring services;

n. Provide coordination across all facets of the service system to determine the efficient use of resources and minimize any negative impact on the Member;

o. Educate the Responsible Person on End-of-Life Care and Advanced Care Planning, services and supports. Refer to Division Operations Policy 1006 for additional guidance regarding health care directives.

p. Assist Members to identify their independent living goals and provide the Responsible Person with information about local resources that may help them transition to greater self-sufficiency in the areas of housing, education, and employment, including volunteer opportunities. Refer to Section (B) of this Policy which outlines additional

requirements for individualized Member goals.

B. PLANNING MEETING

1. The Support Coordinator shall facilitate a face-to-face planning meeting, to develop the Planning Document, that includes the Member, the Responsible Person, if applicable, and all other requested members of the Planning Team.
2. The Support Coordinator shall include recommendations from the Member's Primary Care Provider (PCP), and input from service providers, as applicable, in the Member's Planning Document.
3. The Support Coordinator shall complete the HCBS Member Needs Assessment Tool (Form-DDD-2039A) and the Member Weekly Schedule (Form DDD-2111A) to determine the amount of service hours a Member needs when Attendant Care/Homemaker, Habilitation Hourly, or Respite services will be authorized for Members living in their Own Home.
4. The Support Coordinator shall complete the Respite Assessment Tool (Form DDD-2042A) when Respite services are assessed.
5. The Support Coordinator shall assist in identifying meaningful and measurable individualized goals for Members, including

long-term and short-term goals.

6. The Support Coordinator shall assist the Planning Team in writing goals for the Member that outline clear expectations about what is to be achieved through the service delivery and care coordination processes.
7. The Support Coordinator shall assist the Planning Team in identifying goals that:
    a. Assist the Member in attaining the most self-fulfilling, age-appropriate goals consistent with the Member's needs, desires, strengths, and preferences;
    b. Include steps the Member will take to achieve their goal(s).
8. The Support Coordinator shall review the Member's goals at each planning meeting.
9. The Support Coordinator shall complete an Electronic Member Change Report (eMCR) for a medical PAS Reassessment when a Member's status has improved and the Member may no longer be medically eligible for ALTCS.

C. PRIOR PERIOD COVERAGE (PPC)

1. The Support Coordinator shall complete a retrospective

assessment for Members who have been receiving Home and Community Based Services (HCBS) during the Prior Period Coverage (PPC) timeframe to determine whether those services were:

a. Medically necessary; and

b. Cost-effective; and

c. Provided by a registered AHCCCS provider.

2. The Support Coordinator shall document in the Planning Document when all three of these criteria are met to signify that the services are eligible for reimbursements.
3. The Division shall provide a Notice of Adverse Benefit Determination to the Responsible Person for any of the services provided during the PPC that are not approved as outlined in Division Operations Policy 414.
4. The Division shall inform the Assisted Living Facilities (ALF), for a new Member residing in an ALF, that they are encouraged to bill or accept Medicaid payment for services for Members who are eligible under PPC but are not required by regulations to do so.
5. The Division shall ensure that the facility refunds private payments made by the Member or Responsible Person, less the

amount of room and board assigned by the Contractor, prior to billing the Division for Medicaid reimbursement.

D. MEMBER LEVEL OF CARE

The Support Coordinator shall complete the Division's Member Level of Care Tool (MLOC) (Form DDD-2096A) based on information from the Member's Planning Document to determine the Member's current level of care.