

## **1640 TARGETED SUPPORT COORDINATION STANDARDS**

REVISION DATE: 1/3/2024, 7/6/2021

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EFFECTIVE DATE: May 13, 2016

REFERENCES: AHCCCS AMPM Chapter 1640; A.R.S. § 36-551, Division Medical Policy 1650 DD Only Eligible

### **PURPOSE:**

This policy outlines requirements related to Support Coordination for Members determined to be eligible for Targeted Support Coordination including Support Coordinator responsibilities, level of contact requirements, documentation standards, and Division responsibilities.

### **DEFINITIONS**

1. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
2. "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.

3. "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.
4. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability, 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.
5. "Supports" means paid or unpaid resources available in the community, through natural or family relationships, or through service providers to assist Members.
6. "Support Coordination" means a collaborative process, which assesses, plans, implements, coordinates, monitors, and

evaluates options and services to meet an individual's needs through communication and available supports to promote quality, cost-effective outcomes.

7. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.
8. "Targeted Support Coordination" or "TSC" means a covered service provided by the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) to members with developmental disabilities who are financially eligible for the Title XIX and Title XXI acute care programs, but do not meet the functional requirements of the Arizona Long Term Care System (ALTCS) program.
9. "Title XIX" means the section of the Social Security Act which describes the Medicaid program's coverage for eligible persons, (i.e., medically indigent). Title 19 benefits are provided through the Medicaid federal entitlement program; benefits are delivered in Arizona through the Arizona Health Care Cost Containment System (AHCCCS). This includes individuals who receive Supplemental Security Income (SSI) or Temporary Assistance for

Needy Families (TANF).

10. "Title XXI" means the section of the Social Security Act that authorizes the State Children's Health Insurance Program known as KidsCare in Arizona.

**A. TARGETED SUPPORT COORDINATION CASE MANAGEMENT  
ACTIVITIES**

1. The Support Coordinator assigned to support the Member shall:
  - a. Develop the planning document at the time of the initial visit for new Members eligible for TSC and review and update at each subsequent meeting.
  - b. Annually explain the Member's rights and responsibilities including the procedures for filing a grievance and have them sign and date the Acknowledgement of Publications indicating receipt and understanding of the Member's rights and responsibilities.
  - c. Inform the Responsible Person of the medical and behavioral health options available through the Member's AHCCCS Complete Care or ACC health plan and direct the

Responsible Person in coordinating these services.

- d. Locate, assess, and coordinate social, educational, and other resources to meet the Member's needs.
- e. As requested by the Responsible Person, provide necessary information regarding the Member's functioning level and any changes to assist the medical and behavioral health providers in planning, delivering and monitoring services.
  - i. Provide Members, Member's family, or other caregivers, the support necessary to obtain benefits from available services or resources.
  - ii. Create goals to strengthen the role of family as primary caregivers.
  - iii. Provide assistance to reunite families with children who are in an alternative setting whenever possible.
  - iv. Identify community resources to prevent costly, inappropriate, and unwanted out-of-home

placement.

- v. If the Member has needs that cannot be met through community and natural supports, complete the Preadmission Screening or "Pre-Pas" and, if appropriate, submit a referral to ALTCS. **Note:** Members over the age of 3 receiving state-funded services must comply with the ALTCS application process.
- vi. Provide contact with the Member at the requested type and frequency.

## **B. LEVEL OF CONTACT**

1. The Support Coordinator shall conduct an in-person meeting with the Member and their Responsible Person within 10 business days upon notification of the Member's eligibility for TSC.
2. The Support Coordinator, after the initial meeting, shall schedule two additional in-person reviews at 90-day intervals from the date of the initial meeting with the Member and the Responsible

Person.

3. The Support Coordinator shall offer the Responsible Person the choice of type and frequency of contact at the second 90-day planning meeting.
  - a. The type of contact may be in-person, by telephone, or by individualized letter.
  - b. The Responsible Person may choose the frequency of contact – e.g., 30 days, 90 days, 180 days, 365 days. The frequency of contact cannot be more than 365 days.
  - c. The choice will be given to the foster family and communicated to the legal guardian for a foster child in the custody of the Department of Child Safety or Tribal Social Services.
  - d. The Responsible Person may change the type and/or frequency of contact at any time by contacting their Support Coordinator.
4. The Support Coordinator shall follow the minimum requirements of contact and planning meeting reviews established by rule,

policy, or procedure if the member is receiving services funded by the Division (i.e., “state-funded”) or the Arizona Early Intervention Program (AzEIP).

5. The Support Coordinator shall allow the Responsible Person to choose more frequent contact if desired.
6. The Division shall require minimum contact in the following circumstances:
  - a. Members receiving early intervention (AzEIP) services shall have in-person TSC visits every 90 or 180 days.
  - b. Members receiving in-home support services (e.g., Attendant Care, Habilitation – Individually Designed Living Arrangement, Respite, etc.) or residing in a Child/Adult Developmental Home shall have in-person TSC visits at least every 90 days.
  - c. Members residing in a licensed residential setting (e.g., group home, Skilled Nursing Facility, etc.) regardless of behavioral health services shall have TSC visits occur every 180 days from the date the placement began.



7. The Support Coordinator shall not be required to hold the initial 10-day and two 90-day meetings if the member loses TSC eligibility but becomes eligible again within 6 months.
8. The Support Coordinator shall treat the Member as newly TSC eligible if more than 6 months have lapsed.

### **C. DOCUMENTATION**

1. The Support Coordinator shall update the Member's case record to include:
  - a. The date the Support Coordinator was notified that the member is TSC eligible or the Focus task;
  - b. Identification of Member as enrolled in TSC;
  - c. A description of the type and frequency of contact chosen by the Responsible Person;
  - d. Identification of all TSC contacts made and/or attempted including certified letter (when applicable);
  - e. A description of the Member's abilities, supports and needs; and

- f. Assistance provided to the Responsible Person
2. The Support Coordinator shall consult with their supervisor if the Responsible Person refuses to participate in the TSC program and based on this discussion, document the decision to move the Member to Inactive status or proceed to case closure as outlined in Division Medical Policy 1650.

**D. DIVISION RESPONSIBILITIES**

1. The Division shall ensure staff are qualified and employed in sufficient numbers to meet Support Coordination needs and responsibilities.
2. The Division shall ensure staff receive initial and ongoing training regarding Support Coordination responsibilities for the TSC program.
3. The Division shall identify new members who are eligible for TSC services and assign a Support Coordinator.
4. The Division shall ensure the Responsible Person is informed of the assignment of the Support Coordinator, when the Support Coordinator is changed, and how the Support Coordinator can

be contacted.

5. The Division shall establish and maintain an internal monitoring system of the TSC program and make results available at the time of annual review, to include a summary/analysis and corrective action plan, when applicable.
6. The Division shall follow prescribed timeframe requirements for the completion of the Planning Document.
7. The Division shall establish and maintain an internal monitoring system of the TSC program and make results available at the time of AHCCCS' Operational Review of the Division to include a summary/analysis and corrective action plan, when applicable.