1620-A INITIAL CONTACT/PLANNING MEETING STANDARDS

REVISION DATE: 12/4/2024, 12/13/2023, 3/9/2022
REVIEW DATE: 5/3/2024, 8/18/2023
EFFECTIVE DATE: September 7, 2021
REFERENCES: AHCCCS AMPM Chapter 1620-A and E; A.R.S. § 36-551; 2024 National Committee for Quality Assurance for Case Management for Long Term Services and Supports Standard 2 Elements D and E and Standard 3 Elements A and B; Division Medical Policies 1620-B, 1620-D, 1620-E, and 1620-O.

PURPOSE

This policy outlines the timeframe requirements for the initial contact and Planning Meeting standards for Division Members enrolled in Arizona Long Term Care Services (ALTCS).

DEFINITIONS

1. "Member" means the same as "Client" as defined in A.R.S. § 36-551, a person receiving developmental disabilities services from the department.

2. "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.

3. "Person-Centered Needs Assessment" means a process to identify a person's strengths, needs, and interests by gathering and analyzing comprehensive information including health, functioning, goals, preferences, service needs, risks, and barriers to understand the Member from a whole person perspective.

4. "Planning Document" means a written plan developed through a needs assessment 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 Meeting" means an in-person on site meeting with the Planning Team for purposes of conducting a Person-Centered Needs Assessment and ongoing re-assessment, development of the Planning Document; and ongoing monitoring of implementation of the Planning Document, the quality of services and the Member's progress towards goals utilizing Person-Centered practices and

principles.

6. "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.

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 Member or an applicant for whom no guardian has been appointed as cited in A.R.S. § 36-551.

8. "Supports" means paid or unpaid resources available in the community, through natural or family relationships, or through service providers to assist Members.

9. "Support Coordination" means a collaborative process, which assesses, plans, implements, coordinates, monitors, and

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

10. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551, a person who coordinates the implementation of the individual program plan of goals, objectives and appropriate services for persons with developmental disabilities.

POLICY

A. INITIAL CONTACT WITH A MEMBER WHO IS NEWLY ENROLLED IN ALTCS

1. The Support Coordinator shall review all enrollment notifications received via Focus task, Focus Reports, telephonically, email from AHCCCS, or Pre Admission Screening (PAS) Report when a Member is newly enrolled in ALTCS.
2. The Support Coordinator shall contact the Responsible Person via telephone, in person, or by secure email within five (5) calendar days of enrollment notification to schedule a Planning

Meeting, even if the Member is enrolled during a hospital stay.

3. The Support Coordinator shall conduct an in-person on-site Planning Meeting to initiate the Person-Centered Needs Assessment as specified in Division Medical Policy 1620-B and the Person-Centered planning process and development of the Planning Document as specified in Division Medical Policy 1620-D within ten (10) working days of the Member's enrollment notification.
4. The Support Coordinator shall complete the in-person on-site Planning Meeting as soon as possible if the information obtained during the initial contact or from the Pre Admission Screening (PAS) tool completed by AHCCCS during the ALTCS eligibility determination indicates the Member has more immediate needs for services.
5. The Support Coordination shall conduct the in-person on-site Planning Meeting at the Member's place of residence, or institutional setting for Members who are enrolled during a hospital stay, in order to develop the Member's Planning Document.

6. The Support Coordinator shall ensure the Member is present and included in the in-person on-site Planning Meeting and at all Planning Meetings.
7. The Support Coordinator shall allow the Member, or if other than the Member, the Responsible Person, to decide who should be part of the Planning Meeting unless participants are specified by rule or law, such as by guardianship.
8. The Support Coordinator shall assess for home and community based services, and initiate needed home and community based services within thirty (30) calendar days of the Member's enrollment.
9. The Support Coordinator shall explain the Member's rights and responsibilities to the Responsible Person including the procedures for filing a grievance or appeal and have the Responsible Person sign and date the Acknowledgement of Publications (Form DDD-1512A) indicating receipt and understanding of the Member's rights and responsibilities.
10. The Support Coordinator shall educate the Responsible Person about fraud, waste, and abuse, and provide information to the

Responsible Person including how to report abuse, neglect, exploitation, and other critical incidents.

11. The Support Coordinator shall refer to Division Medical Policy 1620-O for additional requirements regarding reporting abuse, neglect, and/or exploitation of a member.
12. The Support Coordinator shall participate in proactive discharge planning and follow-up activities for members enrolled with ALTCS during a hospital stay.
13. The Support Coordinator shall refer to Division Medical Policy 1620-E for requirements regarding in-person on-site Planning Meetings following a member's discharge from an inpatient hospital stay.
14. The Support Coordinator shall create a Request to Schedule a Meeting (Form DDD-2067A) to be left at, or sent to, the Responsible Person's residence requesting that the Responsible Person contact the Support Coordinator if the Support Coordinator is unable to locate or contact the Member via phone, email, mailed letter, or in-person visit.
    a. The Support Coordinator shall complete an Electronic

Member Change Report (EMCR) for potential loss of contact if there is no contact from the Responsible Person within thirty (30) calendar days from the Member's date of ALTCS enrollment.

b. The Support Coordinator shall return to the EMCR document to monitor the EMCR status and follow up on actions requested by AHCCCS, if applicable.

c. The Support Coordinator shall continue attempts to reach the Responsible Person until the member is disenrolled if that is the action AHCCCS takes.

15. The Support Coordinator shall document in the Member's case file any contact regarding a Member who is ALTCS eligible.

Signature of Chief Medical Officer: Anthony Dekker (Dec 3, 2024 10:12 MST)
Anthony Dekker, D.O.