

1620-H Transitional Program Standard

Effective Date: July 8, 2026

References: AMPM 1620-H, Arizona Health Care Cost Containment (AHCCCS) Arizona Long Term Care System (ALTCS) Member Change Report (MCR) User Guide

Purpose

This Policy applies to Members with the Division of Developmental Disabilities (DDD) and eligible for the Arizona Long Term Care System (ALTCS). The purpose of this policy is to establish the Support Coordination standards for Members in the Arizona Long Term Care System (ALTCS) Transitional Program.

Definitions

1. "Arizona Long Term Care System (ALTCS) Transitional Program" means a program available for Members who are ALTCS eligible, and at the time of medical reassessment have improved either medically, functionally, or both, to the extent that they no longer need institutional care, but who still need long-term services and supports. Refer to 9 AAC 28, Article 3.
2. "Home and Community Based Services", or "HCBS" means, as defined in A.R.S. § 36-2939, services that may be provided in a

Member's home, at an alternative residential setting as prescribed in A.R.S. § 36-591 or at other behavioral health alternative residential facilities licensed by the Arizona Department of Health Services and approved by the director of AHCCCS.

3. "Home and Community Based Services (HCBS) Settings" include:
 - a. An individual's home as specified in A.A.C. R9-28-101(B),
or
 - b. Alternative HCBS Settings as specified in A.A.C. R9-28-101(B).
4. "Institutional Setting" means a long-term care arrangement in which skilled nursing services can be provided. Institutional Settings include:
 - a. Nursing Facility (NF), including religious non-Medical Health Care Institution;
 - b. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
 - c. Behavioral Health Inpatient Facility (BHIF);
 - d. Institutions for Mental Disease (IMD); and

- e. Inpatient Behavioral Health Residential Treatment Facility.
- 5. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
- 6. "Pre-Admission Screening" or "PAS" means a process of determining an individual's risk of institutionalization at a Nursing Facility (NF) or Intermediate Care Facility (ICF) level of care as specified in 9 AAC 28 Article 1.
- 7. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.
- 8. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

Policy

A. Arizona Long Term Care System (ALTCS) Transitional Program Standards And Requirements

1. The Support Coordinator shall continue to authorize Home and Community Based Services (HCBS) for a Member in the ALTCS Transitional Program.
2. The Division shall coordinate with the Member's DDD Health Plan to ensure the admission is 90 consecutive days or less when a short-term stay in an Institutional Setting is being considered for a Member in the ALTCS Transitional Program.
3. The Support Coordinator shall complete the following for any Members in the ALTCS Transitional Program whose condition has not improved, and who are expected to remain in an Institutional Setting for greater than 90 consecutive days:
 - a. Request a Pre-Admission Screening (PAS) reassessment via electronic Member Change Request (eMCR) within 45 days of the institutional admission;

- b. Follow up on the eMCR with the local ALTCS office if there has been no response by the 60th consecutive day following admission; and
 - c. Explore alternative setting options with the Member who continues to meet the ALTCS Transitional Program criteria and coordinate discharge before the 90th consecutive day.
- 4. The Division shall complete the following for Members already residing in an Institutional Setting who become eligible for the ALTCS Transitional Program:
 - a. Inform the Responsible Person that discharge from the Institutional Setting is necessary within 90 consecutive days after the effective date of eligibility for the ALTCS Transitional Program; and
 - b. Coordinate the Member discharge to an HCBS Setting as soon as possible, but no later than 90 consecutive days after the ALTCS Transitional Program effective date.
- 5. The Support Coordinator shall document in the Member's case file all appropriate and timely action to:
 - a. Pursue discharge to an HCBS Setting, or

- b. Facilitate a PAS reassessment within the time frames required in this policy.

Supplemental Information

AHCCCS is responsible for determining eligibility for the ALTCS Transitional Program. Refer to the AHCCCS Medical Assistance Eligibility Policy Manual Chapter 1010 for more information about the ALTCS Transitional Program.

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Signature of "System and Practice
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Name

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Date

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