

## **1620-N SERVICES CLOSURE AND CASE CLOSURE**

REVISION DATE: 6/19/2024

REVIEW DATE: 11/1/2023

EFFECTIVE DATE: September 8, 2021

REFERENCES: AMPM 1620-N, Division Operations Policy 414, Division Medical Policy 1620-E, Division Eligibility Manual 200-A

### **PURPOSE**

This policy identifies the reasons covered service(s) may be closed. This policy also outlines the criteria that are required for the Division to close a Member's case file.

### **DEFINITIONS**

1. "Action" means the same as Action in A.A.C. R9-34-202.
2. "Arizona Health Care Cost Containment System" or "AHCCCS" means the state agency that is responsible for determining eligibility for Arizona Long Term Care Services (ALTCS).
3. "Medically Necessary" means a service given by a doctor, or licensed health practitioner that helps with health problems, stops disease, disability, or extends life.
4. "Member" means the same as "Client" as defined in A.R.S. §

36-551.

5. "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.
6. "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.

## **POLICY**

### **A. SERVICE CLOSURES**

1. The Division shall close a Member's covered service(s) when:
  - a. The Member is no longer ALTCS eligible;
  - b. The Support Coordinator, the Division's District Nurse, or other clinician determines the service is no longer needed and the Responsible Person is in agreement with the

- decision;
- c. The Support Coordinator, the Division's District Nurse, or other clinician determines the service is no longer needed and the Responsible Person has exhausted all appeal rights as outlined in Division Operations Policy 414;
  - d. The Responsible Person requests the discontinuance of a service;
  - e. Contact has been lost with the Member and the Responsible Person, when applicable;
  - f. The Member moves out of state without the intent to return;
  - g. The Responsible Person refuses to meet with the Division as outlined in Division Medical 1620-E
  - h. The Member dies; or
  - i. Other reasons deemed appropriate by the Division.
2. The Division shall close all Arizona Early Intervention Program (AzEIP) covered services for AzEIP eligible Members the day

before the Member turns three years old.

3. The Support Coordinator shall end date the service authorization(s) with the date of death when the reason for termination is the Member's death.

## **B. CASE CLOSURE**

1. The Division shall close the Member's eligibility with the Division when:
  - a. The Responsible Person requests the Member's case to be closed with the Division;
  - b. The Member dies;
  - c. The Member moves out of state;
  - d. The Member is no longer eligible for the Division;
  - e. All contact has been lost with the Member and the Responsible Person when applicable;
  - f. Other reasons deemed appropriate by the Division.
2. The Division shall complete an eMCR when the administrative review time frames have been exhausted for Members who meet

the criteria outlined in Section (B)(1) of this policy.

3. The Division shall continue to comply with all AHCCCS requirements, including providing Medically Necessary services, until the Member's disenrollment is processed by AHCCCS and the Division is notified by the AHCCCS roster with the ALTCS disenrollment date.
4. The Support Coordinator shall provide the Responsible Person with community referral information on available services and supports to meet the needs of Members who are no longer eligible for ALTCS or the Division.

### **C. NOTICES**

1. The Division shall provide the Responsible Person with a Notice of Adverse Benefit Determination (Form DDD-1461A) when an adverse Action is taken for a previously authorized covered service and the Responsible Person disagrees with the decision.
2. The Division shall provide the Responsible Person with a No Show Letter (Form DDD-2066A) when a Member, and the Responsible Person when applicable, has a planning meeting scheduled, and does not show, and does not attempt to contact

the Division in advance of the planning meeting to reschedule.

3. The Division shall provide the Responsible Person with a Loss of Contact Letter (Form DDD-2065A) when a Member enrolled with the Division cannot be located.
4. The Division shall provide the Responsible Person with a Notice of DDD Closure (Form DDD-2028) when a Member is no longer eligible for the Division or chooses to be disenrolled from the Division.

#### **D. DOCUMENTATION**

1. The Division shall document in the case file all attempts to contact the Responsible Person and actions taken regarding the Member as outlined in Division Medical Policy 1620-L.
2. The Support Coordinator shall document in the case file the Member's service and case closure activity. This documentation may include:
  - a. Reason for closure;
  - b. Voluntary Withdrawal (Form DDD-2083A), when applicable;

- c. Referrals to community resources;
  - d. Other information that may be relevant to the Member's covered services and case closure.
3. The Support Coordinator shall ensure the Member's case file is complete before closing the Member's case as outlined in Division Medical Policy 1620-L.