2002 PLANNING MEETINGS

REVISION DATES: 10/1/19, 10/10/18, 4/18/18, 10/21/16, 10/01/14
EFFECTIVE DATE: July 3, 1993
REFERENCES: AHCCCS AMPM Chapter 1620-E

PURPOSE: To outline the timeframe requirements for the initial planning meeting and subsequent planning meetings for members eligible for Arizona Long Term Care Services (ALTCS), Targeted Support Coordination (TSC) and Developmental Disabilities (DD) Only.

Member Attendance

The member must be present at all planning meetings. If the responsible person requests an alternate site for the planning meeting, the Support Coordinator must document the request and the reason in the progress notes. Planning meetings at an alternative site should be the exception and not at the convenience of the Support Coordinator or provider. If the planning meeting occurs at an alternative site, the member must be present. If the member is not present for this alternative site meeting, the Support Coordinator must visit the member's residence and the member must be present for this visit. Both the planning meeting and the visit to the member's residence must occur prior to the planning meeting due date.

Initial Planning Meeting (Newly Eligible)

The timeframe requirements for the initial planning meeting are based on the date the Division is notified of the member's eligibility. Eligibility notification may be delivered via Focus, Focus Reports, telephonically, email from AHCCCS, or Pre-Admission Screening (PAS) Report. All initial planning meetings must be completed within the timeframes listed below.

A. ALTCS the Support Coordinator will:

1. Contact the responsible person within five days of eligibility notification to schedule the meeting;

2. Hold the planning meeting in person within 10 days of eligibility notification;

3. Complete the following documents as appropriate:

   a. The ALTCS Planning Document Packet when Targeted/DD Annual Plan has already been completed;

   b. The reassessment of the Planning Document and Service Evaluation when the ALTCS Planning Document Packet has already been completed;

   c. The ALTCS Planning Document Packet when the member is newly DD eligible and became ALTCS eligible prior to the initial meeting; and

   d. Any other required paperwork.

B. TSC the Support Coordinator will:

1. Contact the responsible person within five days of eligibility notification to schedule the Targeted Planning Meeting.

2. Hold the Targeted Planning Meeting in person within 10 days of eligibility notification:

a. When the member is newly TSC eligible, and the other scenarios do not apply, complete Targeted/DD Annual Plan;

b. When Targeted/DD Annual Plan has already been completed, and the next scheduled planning meeting is due, complete reassessment of the Planning Document. When the next planning meeting is not due, complete a narrative of the Targeted Planning Meeting and file with the Targeted/DD Annual Plan;

c. When the ALTCS Planning Document Packet has already been completed, and the member becomes eligible for TSC, and the next scheduled planning meeting is not due within the initial 10-day timeframe, complete a narrative of the planning meeting and file with the ALTCS Planning Document Packet; and

d. Complete any other required paperwork as appropriate.

C. DD Only the Support Coordinator will:

1. Contact the responsible person within 10 days of eligibility notification to schedule the meeting;

2. Hold the planning meeting in person within 30 days of Focus eligibility notification; and

3. Complete the Annual Plan for Targeted/DD Only.

Subsequent Planning Meetings

The Support Coordinator will complete all subsequent planning meetings following the time frames listed below:

A. ALTCS

1. Acute Care Only (No long-term care services) the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the reassessment/ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

2. Home and Community Based Services (HCBS) the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

3. Child/Adult Developmental Home, regardless of age, the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

4. Group Home age 12 and under the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

5. Group Home over age 12, no behavioral health involvement, the Support Coordinator will:

   a. Hold meetings every 180 days after initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

6. Group Home over age 12, behavioral health involvement, the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

7. Group Home over age 12, medically involved, the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

8. Nursing Facility or Intermediate Care Facility the Support Coordinator will:

   a. Hold meetings every 180 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

9. Assisted Living Centers the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annualmeeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate: and

   c. Complete any other required paperwork as appropriate.

10. Foster Care the Support Coordinator will:

   a. Hold meetings as required by the member's placement andeligibility;

   b. Complete required paperwork as required by the member's placement and eligibility; and

   c. Complete any other required paperwork as appropriate.

11. Member starts a new day or employment program: Within 30 calendar days of starting a new program.

12. Member moves from one placement type to a different placement type: Within 10 business days of the move.

13. Member moves from a placement type to the same placement type: Within 30 calendar days of the move.

B. Targeted Support Coordination

1. All TSC members the Support Coordinator will:

   a. Hold face-to-face meetings every 90 days (two visits) for the first six months after initial eligibility; and

   b. Ask the member/responsible person the preference for type and frequency of ongoing meetings at the second 90-day review.

2. No Long-term Care Services the Support Coordinator will contact the responsible person by the type and frequency of contact requested:

   a. In-Person Contact the Support Coordinator will:

      i. Complete the Annual Plan – Targeted/DD Only or Reassessment, as appropriate; and

ii. Complete any other required paperwork as appropriate.

b. Letter Contact the Support Coordinator will:

i. Send a letter to the member/responsible person that is appropriate to the member's needs/circumstances. The letter may contain:

- Follow-up questions based on previous meetings;
- Questions about any changes since the member's last meeting, such as contact information and member's needs;

ii. Mail the letter by regular and registered mail, return receipt requested; and

iii. Update the review/ISP date in Focus with the date the letter was mailed.

c. Phone Contact the Support Coordinator will:

i. Complete the Annual Plan – Targeted/DD Only or reassessment;

ii. Mail completed paperwork to member/responsible person for signature within 15 working days of the phone call; and

iii. Update the review/ISP date in Focus with the date of the phone call.

3. HCBS, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

4. Child/Adult Developmental Home, regardless of age, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet as appropriate; and

c. Complete any other required paperwork as appropriate.

5. Group Home age 12 and under the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

6. Group Home over age 12, no behavioral health involvement, the Support Coordinator will:

   a. Hold meetings every 180 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

7. Group Home over age 12, behavioral health involvement, the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

8. Group Home over age 12, medically involved, the Support Coordinator will:

   a. Hold meetings every 90 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

9. Nursing Facility or Intermediate Care Facility the Support Coordinator will:

   a. Hold meetings every 180 days after the initial/annual meeting;

   b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

   c. Complete any other required paperwork as appropriate.

10. Assisted Living Centers the Support Coordinator will:

    a. Hold meetings every 90 days after the initial/annual meeting;

    b. Complete the Reassessment/ Residential ISP Update Packet, as appropriate; and

    c. Complete any other required paperwork as appropriate.

11. Foster Care the Support Coordinator will:

    a. Hold meetings as required by the member's placement and eligibility;

    b. Complete required paperwork as required by the member's placement

and eligibility; and

c. Complete any other required paperwork as appropriate.

12. Member starts a new day or employment program: Within 30 calendar days of starting a new program.

13. Member moves from one placement type to a different placement type: Within 10 business days of the move.

14. Member moves from a placement type to the same placement type: Within 30 calendar days of the move.

C. Developmental Disabilities (DD) Only

1. No Long-Term Care services the Support Coordinator will:

a. Ask the member/responsible person the contact preference for ongoing meetings after one year of eligibility (two face-to-face 180-day meetings);

b. Hold type of preferred meeting at least annually after one year of eligibility; and

c. The Support Coordinator will contact the responsible person by the type of contact requested:

i. In-Person Contact the Support Coordinator will:

- Complete the Annual Plan – Targeted/DD Only or Reassessment, as appropriate; and
- Complete any other required paperwork as appropriate

ii. Letter Contact the Support Coordinator will:

- Send a letter to the member/responsible person that is appropriate to the member's needs/circumstances. The letter may include:
  - Follow-up questions from previous meetings.
  - Any changes since the last meeting?
  - Any changes to contact information?
- Mail the letter by regular and registered mail, return receipt requested.
- Update the review/ISP date in Focus with the date the letter is mailed.

iii. By Phone Contact the Support Coordinator will:

- Complete the Annual Plan – Targeted/DD Only or Reassessment;
- Mail completed paperwork to member/responsible person for signature within 15 working days of the phone call; and
- Update the review/ISP date in Focus with the date of the phone call.

d. After the first year of eligibility (two face-to-face 180-day reviews), a file review will be completed 180 days after the annual. The file review is not completed based on the contact preference; however, a phone call may be required to obtain information. A file review shall consist of a review of the Annual Plan and:

i. Re-determination of eligibility;

ii. Updating Focus with the date of the file review and any other relevant information. Obtaining school records, if school age;

iii. Referrals to community resources; and

iv. Documentation that the file review was completed.

2. HCBS, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

3. Child/Adult Developmental Home, regardless of age, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

4. Group Home age 12 and under the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

5. Group Home over age 12, no behavioral health involvement, the Support Coordinator will:

a. Hold meetings every 180 days after initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

6. Group Home over age 12, behavioral health involvement, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

7. Group Home over age 12, medically involved, the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

8. Nursing Facility or Intermediate Care Facility the Support Coordinator will:

a. Hold meetings every 180 days after the initial/annual meeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

9. Assisted Living Centers the Support Coordinator will:

a. Hold meetings every 90 days after the initial/annualmeeting;

b. Complete the Reassessment/Residential ISP Update Packet, as appropriate; and

c. Complete any other required paperwork as appropriate.

10. Foster Care the Support Coordinator will:

a. Hold meetings as required by the member's placement andeligibility;

b. Complete required paperwork as required by the member's placement and eligibility; and

c. Complete any other required paperwork as appropriate.

11. Member starts a new day or employment program: Within 30 calendar days of starting a new program.

12. Member moves from one placement type to a different placement type: Within 10 business days of the move.

13. Member moves from a placement type to the same placement type: Within 30 calendar days of the move.

14. Inactive Status: The Support Coordinator will contact member/responsible person annually by phone.

Scheduling Subsequent Meetings

Except for the initial planning meeting, subsequent meetings shall be scheduled and written notice given at the end of each planning meeting. Within three days the Support Coordinator will send out a calendar invite for the next planning meeting. In addition, the Support Coordinator shall provide the team members written notice of upcoming annual planning meetings at least 10 days in advance. The Support Coordinator shall document all attempts to schedule planning meetings at the required or requested TSC intervals. The Support Coordinator shall document the reason in the progress note when the responsible person delays, cancels or reschedules the meeting.

The date and time of the meetings should be at the convenience of the member and the responsible person. In addition, the Support Coordinator shall take into consideration other meetings the member and responsible person are required to attend, such as the Child and Family Team and the Adult Recovery Team meetings. The Support Coordinator shall work with the subcontracted health plan and the providers to combine meetings whenever possible in order to minimize the number of meetings the member and member's family are required to attend. If a meeting is serving more than one purpose, the Support Coordinator will discuss with the provider and subcontracted health plans the agenda and how the meeting will be facilitated to ensure that all respective goals will get accomplished.

Focus ISP Date (Set in stone date)

The meeting date on which the initial plan was developed becomes the Focus ISP date. The annual planning meeting may be held up to five working days before the Focus ISP date every subsequent year. An annual meeting held more than five working days prior to the Focus ISP date is considered a review meeting, not the annual planning meeting. Review meetings may be held at any time prior to their due date. All planning meeting due dates are based on the mandated review cycle.

Meeting Location

(Reference: AHCCCS AMPM Chapter 1620-E)

Review visits are to be conducted where the member receives services, including service settings both inside and outside of the member's home as described below. At a minimum, the Support Coordinator will conduct review visits with a member in the member's home at least twice annually in order to evaluate the living environment, identify potential barriers to quality care, and assess for unmet needs.

If a member receives services outside of the home, at a minimum, a review visit must be

conducted at one of the member's service setting locations. At the election of the member or member's responsible person, remaining visit may be conducted at an alternative location that is not a service setting. If the responsible person requests an alternative site for the planning meeting, the Support Coordinator must document the request and the reason in the member's progress notes. The location of each review visit, whether at a service setting location or an alternative site, must be determined by the member or member's responsible person and not for the convenience of the Support Coordinator or providers.

If a Support Coordinator is unable to conduct a review visit as specified above due to the refusal by the member or member's responsible person to comply with these provisions, services cannot be evaluated for medical necessity and will not be authorized. A Notice of Adverse Benefit Determination must then be issued to the member setting forth the reasons for the denial or discontinuance of services.

Special Meetings

The planning team may meet to review and revise the Planning Document at any time when there is change. The planning team must reconvene in the following circumstances:

A. When there is a change in the member's medical treatment or physical condition that significantly affects daily living and is not of a short-term or emergency nature;

B. Prior to any transfer to/from a residential setting operated or funded by the Division;

C. When there is a change that affects the continued implementation of the Planning Document;

D. When the results of a grievance/appeal process requires a review and/or revision of the current Planning Document; and

E. For members living in a licensed residential setting, when an emergency measure, including a one-time emergency use of behavior-modifying medication ordered by a physician, is used to manage a behavior two or more times in a 30-day period or with any identifiable pattern, or when required by the results of Program Review Committee or Independent Oversight Committee reviews of behavior plans.

Mandatory Reporting

A. Abuse/Neglect: If, during the course of a Plan Review or any other contact with the member, the Support Coordinator identifies any instance of abuse or neglect, he/ she is required by law to report this to a police officer or protective services worker.

B. Quality Assurance: Support Coordinators may become aware of quality assurance issues during the course of their work, i.e., residential licensing standards that are out of compliance; inappropriate implementation of individual programs; untimely medical checkups; or serious incidents not being reported. The Support Coordinators must verbally report problems to provider relations or quality assurance staff.