



Tribal ALTCS Quarterly Meeting

Friday, October 9, 2020

WELCOME TO ALL!

- **Rachel Hunter:** New Staff, EVV, MNDD, Person Centered Planning
- **Kevin Hoy:** Ice Breaker, Google Survey Results, Digital Tool Box Update and Tour
- **Bandana Chetty:** Home Modification Packet, Membership Report and Daily Roster
- **Soni Fisher:** U Modifiers Overview , Adding Comments into PMMIS and A23 Notifications
- **Cheryl Begay/Soni Fisher:** Ownership of NSL/OD Report Updates
- **Cheryl Begay:** Introduce Proposed Future CES Process
- **Tribal Plan Presentations:** Pascua Yaqui and Navajo Nation
- **Closing**





EVV UPDATE

ADD MNDD TO SERVICE LINES ON CA165

PERSON CENTERED PLANNING UPDATE

Rachel Hunter – Tribal ALTCS Administrator

EVV

Business Requirement & System Changes

Purpose:

The purpose of this document is to describe the requirements necessary to be in compliance with the new (EVV) regulation designed around tracking the Medical Necessity Determination Date (MNDD) for long term care services.

Project Scope

To add the MNDD on each long term care service line on the CA165 panel in the Client

Assessment and Tracking System (CATS). To add MNDD to LT-SER01R/U Table.

To populate

pre-EVV service plan records' MNDD field with a placeholder date.

Add MNDD to Service Lines on CA165

Column header will be titled 'MNDD'

- Date format will be MM/DD/YY
- Should not allow invalid dates (e.g. 13/02/89)
- Date cannot be greater than the 'END DATE' of the service
- MNDD will be a mandatory field
- MNDD can be edited until the 'TOT USD' field is populated (if value is greater than 0)

Current Panel Layout

```

TR: CA165                      AHCCCS - LONG TERM CARE                      01/14/20
NTR: █ I _____            CMP - SERVICE PLAN                      09:47:20
KEY DATE: _____            WORKER ID:                          LT02L120
NAME: SCREEN                    EXAMPLE                          AHCCCS ID: A00000001
LAST CES DATE: 10/01/2019    CURR CSMGR: 000009    LATEST ACN:                      BHS: G
LAST PC: 110007 ENR DT: 12/19/1988  DISEN DT:                      LST RVW DT: 09/17/2019
CUR: LOC: _____    PLACEMENT: Q    DATE: 10/22/2015    RSN: 01    NXT RVW DT: 12/17/2019
PAS DIAG CDS: 06B                      DIAG 1: CORONARY DISEASE
DIAG 2: _____                      DIAG 3: _____
  
```

A	SER	-MOD-	EFF DATE	END DATE	UNITS	UNIT	CST	TOT	USD	PROV	RSN
-	Z3133	---	07/01/1999	06/30/2000	366	105.57		0	017419	50	
-	Z3133	---	07/01/2000	09/30/2000	92	105.57		0	017419	10	
-	Z3030	---	09/01/2000	12/30/2000	8	33.00		0	175928	50	
-	Z3133	---	10/01/2000	12/30/2000	90	109.89		0	017419	50	
-	Z3030	---	12/31/2000	12/31/2000	1	33.00		0	175928	50	
-	Z3133	---	01/01/2001	03/31/2001	90	109.89		0	017419	50	
-	Z3030	---	01/01/2001	06/30/2001	12	33.00		0	175928	50	
-	Z3133	---	04/01/2001	06/30/2001	90	109.89		0	017419	50	

COMMENTS: N

Z171 ACTIVE IN HEA Z022 MORE DATA AVAILABLE

1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT

Modified Panel Layout

```
TR: CA165                AHCCCS - LONG TERM CARE                01/14/20
NTR: █ I                CMP - SERVICE PLAN                09:47:20
KEY DATE:                WORKER ID:                LT02L120
NAME: SCREEN                EXAMPLE                AHCCCS ID: A00000001
LAST CES DATE: 10/01/2019  CURR CSMGR: 000009  LATEST ACN:                BHS: G
LAST PC: 110007 ENR DT: 12/19/1988 DISEN DT:                LST RVW DT: 09/17/2019
CUR: LOC:                PLACEMENT: Q  DATE: 10/22/2015  RSN: 01  NXT RVW DT: 12/17/2019
PAS DIAG CDS: 06B                DIAG 1: CORONARY DISEASE
DIAG 2:                DIAG 3:
```

A	SER	-MOD-	EFF DATE	END DATE	UNITS	UNIT	CST	TOT	USD	PROV	RSN	MNDD
-	Z3133	---	07/01/1999	06/30/2000	366	105.57	0	017419	50	01/01/80		01/01/80
-	Z3133	---	07/01/2000	09/30/2000	92	105.57	0	017419	10	01/01/80		01/01/80
-	Z3030	---	09/01/2000	12/30/2000	8	33.00	0	175928	50	01/01/80		01/01/80
-	Z3133	---	10/01/2000	12/30/2000	90	109.89	0	017419	50	01/01/80		01/01/80
-	Z3030	---	12/31/2000	12/31/2000	1	33.00	0	175928	50	01/01/80		01/01/80
-	Z3133	---	01/01/2001	03/31/2001	90	109.89	0	017419	50	01/01/20		01/01/20
-	Z3030	---	01/01/2001	06/30/2001	12	33.00	0	175928	50	01/01/20		01/01/20
-	Z3133	---	04/01/2001	06/30/2001	90	109.89	0	017419	50	04/01/20		04/01/20

COMMENTS: N

Z171 ACTIVE IN HEA Z022 MORE DATA AVAILABLE

1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT

Additional Screen Information:

System Default Date:

AHCCCS will determine a default date prior to 'Go Live Day'

Service plan line errors:

- EW14 - END DT REQ'D
- C019 - INVALID DATE
- EW13 - END DT < EFF DT
- TBD1 - MNDD > END DT

When a user receives an error message the cursor will be placed on the field with the error.

Support Rather Than Fix

Questions to help get there:

Group 1 - What can others do to help you be successful?

Group 2 - Has anyone ever said or done something to help you in the past?

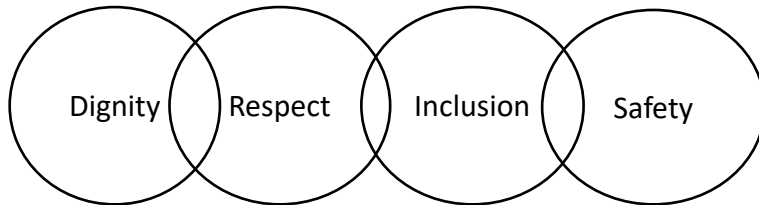
- What did they say or do?

Group 3 - What has worked in the past to help your day go by better?

Group 4 - What support have you had in the past?

PERSON CENTERED PLANNING

What people want



Person-Centered Thinking (PCT)

Inspires and guides respectful listening which leads to actions, resulting in people who:

- Have positive control over the life they desire and find satisfying
- Are recognized and valued for their contributions (past, current and potential) to their communities
- Are supported in a web of relationships, both natural and paid, within their communities.

Questions?

Thank You.



ICE BREAKER GOOGLE SURVEY RESULTS CM DIGITAL TOOL BOX UPDATE & TOUR

Kevin Hoy – DFSM Tribal ALTCS Manager



ice breaker



QUIZ

Q: What is the most Northern City in America?

Q: How many American Indian Tribes are in Arizona?

Q: What was the population of Arizona in 1920?

Q: What was the population of Arizona in 2019?

Q: What did the Navajo Code Talkers in WW II call a submarine?

Q: Is the Grand Canyon deeper than any ocean on the planet?

A: **Barrow, Alaska** (summer: avg temp 36F/winter: avg temp -10F)

A: **21**

A: **340,000**

A: **7,278,717**

A: **Iron Fish**

A: **No, the Mariana Trench is 4 miles deep, as Grand Canyon is 1 mile deep.**

Mariana Trench Creatures



Grand Canyon Creatures



EGUIDE/Digital Tool Box Google Survey Results

- Survey was emailed out, via Google Forms, in July 2020
- Total of 34 recipients/received 23 responses (68% return rate)
- ALTCS team met and reviewed all responses
- Team divided responses into Training and Digital Tool Box areas
- Team members were assigned to various topics to implement training and/or add to the digital tool box project
- Results are as following....

Google Survey Responses Future Training Topics

CES	Share of Cost	AHCCCS provider search function	PMMIS
EMCR	Skin Care	Service Planning/setting goals	HNT
AHCCCS website review/ALTCS Page	Quarterly Reports	AHCCCS On-line Usage	How to use Calculation sheets

Google Survey Responses Digital Tool Box

Quick access to tools; HNT, PCSP, Service plan assessment	FFS rate schedules/post revisions that show changed rates	Roles of each Tribal ALTCS staff/contact info	AHCCCS On-line info/access
Blank deliverable reports and schedule	Skin Care Video	Videos on certain topics/Google Meets Video	PCSP video
SNF/ALF rate Calculation sheet	DME list	Link to AHCCCS provider search function	Quick access to all forms
Transportation Company list	DCW Agency list	Link to COVID FAQs	Link to AM/PM 1600, 1200

TRIBAL ALTCS CASE MANAGEMENT DIGITAL TOOL BOX TOUR



<https://tst.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/CaseToolManagementDigitalToolBox/index.html>

Tribal ALTCS Webpage



ENHANCED BY Google



Advanced search

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?

Tribal Relations

- Tribal Consultations
- Tribal Liaison

Tribal Court Procedures for Involuntary Commitment

American Indian Health Program

- Integration
- Technical Assistance and Training

American Indian Medical Home

American Indian Health Facilities

Applicants

Members

Provider Resources

- IHS/638 Quarterly Meeting Handouts

Tribal Arizona Long Term Care System

- Case Management Digital Tool Box
- Tribal ALTCS Notifications
- Case Management Resources
- Quarterly Meeting Minutes and Presentations
- Quarterly Newsletter
- Subscribe to Tribal ALTCS News
- Claims Resolution Resources

Fee-for-Service (FFS) Health Plans

FFS Rates and Billing

Pharmacy

Guides - Manuals - Policies



Digital Tool Box Deliverable

Case Management Digital Tool Box Home Page



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[Advanced search](#)

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS**
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?

[Home](#) / [American Indians](#) / [This Page](#)

- ▼ American Indian Health Program
- American Indian Medical Home
- American Indian Health Facilities
- Applicants
- Members
- ▼ Providers
- ▲ Tribal Arizona Long Term Care System
- [Home](#)

Case Management Digital Tool Box

Training Center



Tribal Contacts



Report and Meeting Schedules



All About Forms



AHCCCS Policy



Ideas/Messages



Training Center Landing Page



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Advanced search

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?

Home / American Indians / Tribal Arizona Long Term Care System / Case Tool Management Digital Tool Box / This Page

- ▼ American Indian Health Program
 - American Indian Medical Home
 - American Indian Health Facilities
 - Applicants
 - Members
 - ▼ Providers
 - ▲ Tribal Arizona Long Term Care System
 - Home
 - Case Management Digital Tool Box
- Digital Tool Box Training Center

Digital Tool Box Training Center

Skin Care



EMCR



Home Modification Process



Google Hangouts Meet Tutorial



Example of Training Center Media

1 / 5



Home Modification Process



Home Modifications

- Policy AHCCCS AMPM 1240-I

Reports & Schedule Landing Page

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?

- ▼ American Indian Health Program
- American Indian Medical Home
- American Indian Health Facilities
- Applicants
- Members
- ▼ Providers
- ▲ Tribal Arizona Long Term Care System
- Home
- Case Management Digital Tool Box
- Digital Tool Box Training Center
- Digital Tool Box Deliverable Reports & Schedule
- Tribal ALTCs Notifications
- Case Management Resources
- Quarterly Meeting Minutes and Presentations
- Quarterly Newsletter

Digital Tool Box Deliverable Reports & Schedule

Report Deliverables Schedule

AHCCCS DFSM TRIBAL ALTCs		
Chart of Report Deliverables and Due Dates for 2020-21		
REPORT NAME	DATE DUE	SEND TO
Case Load Ratio and Supervisory Audit Tool	2020	
	15 days after the end of each quarter	
	1 st Quarter (Oct-Dec) report due by January 15 th , 2021	Division of File for Service Management Assigned Tribal ALTCs Case Management Coordinator
	2 nd Quarter (Jan-Mar) report due by June 15 th , 2021	
3 rd Quarter (Apr-Jun) report due by August 15 th , 2021		
4 th Quarter (July-Sept) report due by October 15 th , 2021 <i>*Severely extension due to COVID-19</i>		
Program Organizational Chart	2021	
	15 days after the end of each quarter	
	1 st Quarter (Oct-Dec) report due by January 15 th , 2021	Division of File for Service Management Assigned Tribal ALTCs Case Management Coordinator
	2 nd Quarter (Jan-Mar) report due by April 15 th , 2021	
3 rd Quarter (Apr-Jun) report due by July 15 th , 2021		
4 th Quarter (July-Sept) report due by October 15 th , 2021		

Case Load Ratio Report Template

TRIBAL CONTRACTOR
QUARTERLY CASELOAD RATIO REPORT

CONTRACTOR: _____

1st QUARTER (Oct-Dec) 2nd QUARTER (Jan-Mar)

3rd QUARTER (Apr-Jun) 4th QUARTER (Jul-Sept)

Case Manager Name	Predecessor		Successor		Predecessor		Successor		RECALCULATED VALUE
	Rate	Value	Rate	Value	Rate	Value	Rate	Value	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	
	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	X.XX	

Provide explanation and plan of correction, including tribal/tribal FANT weighted value exceeds 90 values to resolve sheet? (only when a resident)

Supervisor Signature: _____ Date: _____

1st Quarter - Dec 31st
2nd Quarter - Mar 31st
3rd Quarter - Jun 30th
4th Quarter - Sep 30th

Supervisory Audit Report Template

SUPERVISORY AUDIT TOOL

Member Name: _____ Case Manager: _____

AHCCCS ID: _____ Placement: _____

N/A YES NO

1. NEWLY ENROLLED MEMBERS

A. Was an on-site visit done within 12 working days of enrollment or is there a documented reason for a delay?

B. Did LTC services begin within 30 calendar days of enrollment?

C. Did case manager confirm delivery of services with member and/or provider and document start date?

Explain all NO answers: _____

2. REASSESSMENTS

Enter # of reviews REQUIRED during last 12 months -> _____

Enter # of reviews DONE in last 12 months -> _____

A. Were reassessment visits completed on time or have documented reason for delay?

B. Does case file contain documentation of a complete assessment of member's status and needs? (FIND for missing components below)

C. Was the member's representative contacted if the member was unable to participate in the review?

Supervisory Audit Quarterly Summary Report Template

SUPERVISORY AUDIT
QUARTERLY SUMMARY

Tribal Contractor/Office: _____

From Month/Year: _____ To Month/Year: _____

of Files Reviewed: _____

Audit Question #	# Applicable	% YES	% NO	Corrective Action if NO > 10%
1A				
1B				
1C				
Comments:				
2A				
2B				
2C				
2D				
2E				
Comments:				

Example of Report Download

CaseLoadRatioReportOct_2020 (5).docx - Microsoft Word

ferences Mailings Review View Acrobat

AaBbCcL AaBbC AaBbCc AaBbCct AaBb AaBbCcD

Heading 1 Heading 2 Heading 3 Heading 4 Heading 5 Heading 6

Paragraph Styles

TRIBAL CONTRACTOR
QUARTERLY CASELOAD RATIO REPORT

CONTRACTOR: _____

1st QUARTER (Oct-Dec) 2nd QUARTER (Jan-Mar)

3rd QUARTER (Apr-Jun) 4th QUARTER (Jul-Sept)

Case Manager Name	Placement			Placement			Placement			Placement			WEIGHTED VALUE
	H (own home)	Value	Sub-Total	H (ALF)	Value	Sub-Total	D	Value	Sub-Total	Q	Value	Sub-Total	
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		

Provide explanation and plan of correction, including timeframes, if ANY weighted value exceeds 96 (attach a separate sheet if more space is needed):

Supervisor Signature _____ Date _____

1st Quarter: Due January 15th
 2nd Quarter: Due April 15th
 3rd Quarter: Due July 15th
 4th Quarter: Due October 15th

T:\TRIBAL\ALTCSS\FFSMAN\Updated Caseload Ratio Report_Dec2015.docx 11/01/01

Questions?

Thank You.



HOME MODIFICATIONS TRIBAL POPULATIONS DAILY ROSTERS

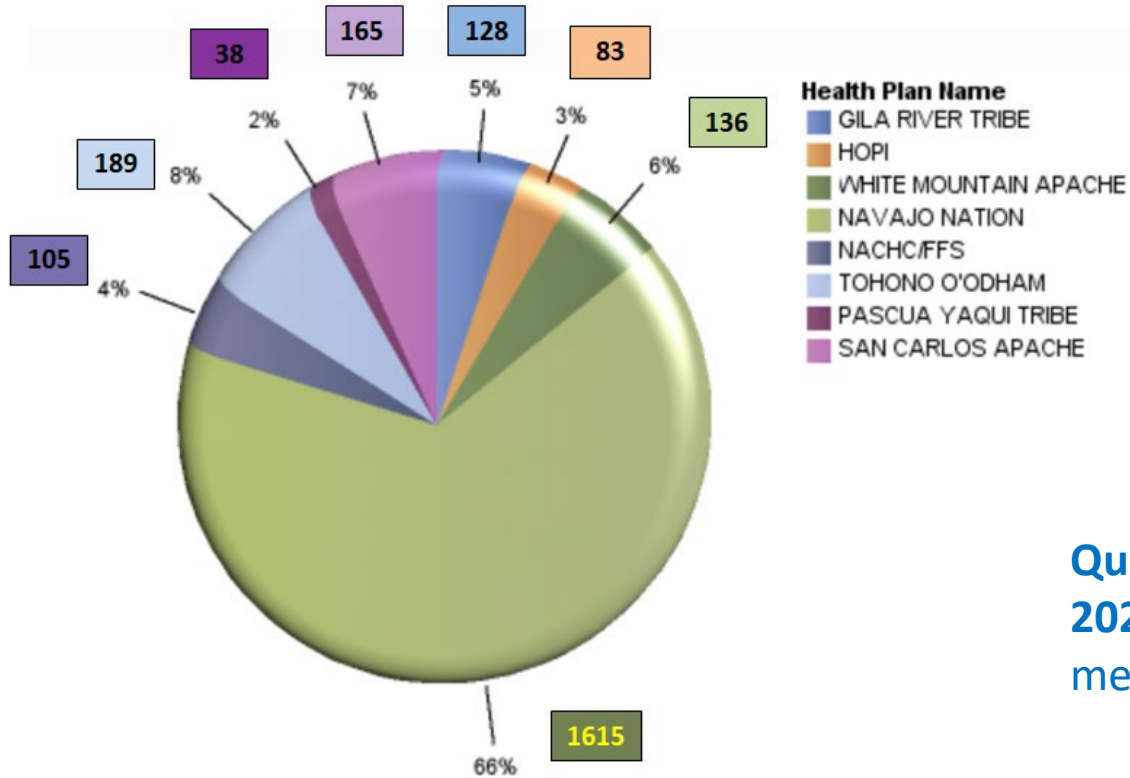
Bandana Chetty – Tribal ALTCS Specialist

Home Modifications

8. Describe modification(s) being requested (use separate sheet of paper if needed):

MODIFICATION REQUESTED	JUSTIFICATION	APPROVED	DENIED
<input type="checkbox"/> Ramp with Handrails and Landing			
<input type="checkbox"/> Walk-in Shower and Hand-Held Shower Head			
<input type="checkbox"/> Roll-in Shower and Hand-Held Shower Head			
Grab Bars – <input type="checkbox"/> Shower or <input type="checkbox"/> Toilet			
Widen Doors- <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Front			
Lever Handles- <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Front Door			
<input type="checkbox"/> High Rise Toilet or <input type="checkbox"/> Roll Under Sink			
Special Request- Please Explain			

Tribal Population



Total Tribal ALTCS

Population 2459

**Quick stats for August
2020: Decrease of 9
members since July**

Daily Roster

- At our October 2019 Quarterly Meeting you requested that we send you the PAS Assessments Summaries for new members appearing on the Daily Rosters, reflecting the diagnosis codes; and you agreed to notify Home Care Agencies (HCAs) of the diagnosis codes.
- The coordinators are still receiving quite a number of calls and emails from HCAs requesting diagnosis codes for members.
- When you receive your daily roster, if any of the new members are assessed to receive HCBS services through a HCA, the Supervisor is to instruct the CM to notify the HCA of the diagnosis codes as reflected on the PAS Assessment. Your assistance with this is appreciated. Thank you.
- On the following page is an example of a PAS Assessment summary I send out with the daily roster for new enrollees which includes the diagnosis codes.

Daily Roster - Example

PAS Summary (Read Only)		Case Notes	ALTCS
Applicant	Assessment:	09-09-2020 INITIAL	
Service/Treatments	<input type="text" value="INTRAMUSCULAR/ SUBCUTANEOUS INJECTIONS"/> <input type="text" value="DRUG REGULATION"/> <input type="text" value="DRUG ADMINISTRATION"/>		
Summary	<p>81 year old female whose usual living arrangement is Community with Diabetes Mellitus Type II, Generalized Pain, Hyperlipidemia, Hypertension, Joint Replacement, Lower Back Pain, Obesity, Osteoarthritis, Urinary Tract Infection and does not have Medicare Part has had 0 hospitalizations, 0 ER visits, 0 falls.</p>		

Diagnosis Code

Hypertension – I10 Essential (primary) Hypertension

Diabetes – E11.9 Type 2 diabetes mellitus without complications

Questions?

Thank You.



U MODIFIERS, PMMIS COMMENTS and A23 NOTIFICATIONS

Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

U FAMILY MODIFIERS

- When Family Informal Support is being provided, please ensure that you reference the corresponding U Modifier code, as outlined in Policy 1620-D, III, 20, C.

AMPM Policy 1620-D, III, 20, C.

- *Attendant care – including when provided through a member directed option. One or more service code modifiers **must** be used to distinguish the type of Attendant Care when /if provided as follows:*
 - By the **member's spouse (U3),***
 - By **family living with the member (U5),***
 - By **family not living with the member (U4),***

U MODIFIERS CONTINUED

In the example below, the highlighted should reflect the “U” modifier , in order to indicate which family member was providing the informal support, along with the dummy provider code.

_ A23	___	07/31/2020	08/01/2020	2	180.82	0 029108
_ 0192	___	08/02/2020	08/20/2020	19	180.82	19 820391
_ S5125	___	08/21/2020	08/31/2020	24	5.19	0 299092
_ S5125	___	09/01/2020	09/30/2020	528	5.19	0 299092
_ S5125	U4	①	10/01/2020 10/02/2020	2	0.00	0 029108
_ S5125	U5	②	10/03/2020 10/03/2020	1	0.00	0 029108
_ S5125	U3	③	10/04/2020 10/05/2020	2	0.00	0 029108
_ S5125	___	10/06/2020	10/31/2020	430	5.19	0 299092
_ S5125	___	11/01/2020	11/30/2020	504	5.19	0 299092

Without these U modifiers we are left to guess that either the CM forgot to input the units, unit cost and the HC PID; or did someone off the street come in and provide informal support? In the scenario above, it paints a clear picture and we can tell at a glance that ① from 10/01/20 – 10/02/20 a family member, not living in the same dwelling as the member, provided informal support; ② on 10/03/20 a family member, residing in the same dwelling as the member, provided informal support; and lastly ③ from 10/04/20 - 10/05/20 the member’s spouse provided informal support.

PMMIS COMMENTS

Placing Comments in PMMIS is an extremely helpful tool for AHCCCS and paints a picture for us of what is going on with the member(s).

Examples of some useful information that could be added to the Comments to justify the review being late or other issues going on with the member:

- a. *“07/12/20 & 07/13/20 CM made repeated attempts to contact member or family. Daughter finally returned call to CM and review completed on 7/16/20”.*
- b. *“08/14/20 - CM attempted to contact member and left message with her spouse; no response. Case review finally completed on 8/17/20”.*
- c. *“10/07/20 – CM called family, no response. CM called HCA and received correct telephone number”.*

PMMIS COMMENTS CONTINUED

- d. *“09/23/20 – CM cannot reach member, family or HCA. CM and Supervisor made a home visit for an Emergency Wellness check of the member. Member was hospitalized at XYZ Hospital, PID #XXXXX”.*
- e. *“10/01/20 HCA called CM and reported member hospitalized at XYZ Hospital on 09/30/20. CM called hospital and confirmed member admitted 09/30/20 PID #XXXX.”*
- f. *“10/05/20 Member discharged from XYZ Hospital to Home” (or could be Rehab PID #XXXXX, ALF PID #XXXXX, SNF PID #XXXX, or BHF PID #XXXXX).*
- g. *“10/05/20 Member’s daughter reported mother expired on 10/01/20. Submitted eMCR”. Sometimes we need to follow up with Eligibility to find out why the member’s DOD has not yet been recorded in PMMIS. We may ask the CM for a copy of the eMCR to be scanned/emailed to us.*

PMMIS COMMENTS CONTINUED

- h. “06/20/20 – Member elected to voluntarily withdraw from ALTCS. CM submitted eMCR and Voluntary Withdrawal paperwork.** We may ask the CM for copies of the eMCR and signed Voluntary Withdrawal form to be scanned/emailed to us. Sometimes we need to follow up with Eligibility to find out why the member has not been voluntarily withdrawn.

- i. “09/25/20 CM mailed Loss of Contact letter”.** This comment alone creates some concerns for us, especially during the pandemic. What else has been done to locate the member? Has a wellness check been ordered/conducted to locate the member? Has CM reached out to the family, Home Care agency, and anyone else they can think of to locate the member?

PMMIS COMMENTS CONTINUED

- This member's review is overdue. By looking at this screen we cannot tell what is going on. However, the CM has noted there are Comments, so let's go to the next page and see what is going on with this member.

TR: CA165 AHCCCS - LONG TERM CARE 09/29/20
 NTR: _____ I _____ CMP - SERVICE PLAN 12:27:36
 KEY DATE: _____ WORKER ID: LT02L120
 NAME: _____ AHCCCS ID: _____
 LAST CES DATE: 01/01/2020 CURR CSMGR: _____ LATEST ACN: BHS:
 LAST PC: _____ ENR DT: 12/17/2012 DISEN DT: _____ LST RVW DT: 05/06/2020
 CUR: LOC: _____ PLACEMENT: _____ DATE: _____ RSN: _____ NXT RVW DT: 08/04/2020
 PAS DIAG CDS: R32 I63.9 E10 DIAG 1: UNSPECIFIED URINARY INCONTINEN
 DIAG 2: CEREBRAL INFARCTION, UNSPECIFI DIAG 3: TYPE 1 DIABETES MELLITUS

A	SER	-MOD-	EFF DATE	END DATE	UNITS	UNIT	CST	TOT	USD	PROV	RSN	MNDD
-	0192	___	07/01/2020	07/31/2020	31		182.63		31	488181	___	_____
-	S5135	___	07/15/2020	07/15/2020	2		5.19		2	488181	___	_____
-	0192	___	08/01/2020	08/31/2020	31		182.63		31	488181	___	_____
-	A0130	TN	08/05/2020	08/05/2020	2		5.61		0	488181	___	_____
-	S0209	TN	08/05/2020	08/05/2020	126		1.54		126	488181	___	_____
-	S5135	___	08/05/2020	08/05/2020	16		5.19		16	488181	___	_____
-	A23	___	09/01/2020	09/09/2020	9		0.00		0	029108	___	_____
-	S5125	___	09/10/2020	09/30/2020	5		0.00		0	029108	___	_____

COMMENTS: Y

PMMIS COMMENTS CONTINUED

TR: CA300 AHCCCS - LONG TERM CARE 09/24/20
NTR: _____ C _____ COMMENTS 11:10:11
LTO2L300

NAME: AHCCCS ID:
CSLD: 92 WOR ID:
07/13/17; NURSING HOME PLACEMENT AS OF 07/01/17 AFTER D/C FROM ...; FOR WOUND
-09/02/2020; MEMBER

① DAUGHTER CALLED SHE STATED HER MOTHER IS AT FMC AS OF YESTERDAY, 09/01/2020.
UNKNOWN OF D/C AT THIS TIME. J9022020---09/08/2020; CM SPOKE W/
ITH , PT READY FOR D/C. --09/09/2020; MEMBER'S DAU. STATED ②
HER MOTHER IS MOVING DOWN TO , AZ. TO LIVE FAMILY THERE. SHE PROVIDED
THE ADDRESS. REQUESTS FOR MCR. SHE WASN'T SURE ON THE AC SERVICES. --\

③ 09/11/2020; CM CALLED MEMBER'S DAU JUS BUSY SIGNAL. NO CONTACT.-----09/
11/2020; CM SUBMITTED MCR. ---09/15/2020 CM CALLED . , CONT W BUSY
SIGNAL. NO CONTACT.-----09/17/2020; CM MADE ANOTHER ATTEMPT- NO CONTACT W/FAMI
LY. 09172020-④ 09/29/2020; MEMBER EXPIRED 09/28/2020 PER GRANDDAU. LYN
ETTE. 09292020---

- ① We can see that the member was hospitalized at Flagstaff Medical Center as of 09/01/20 and was ready for discharge 09/09/20.
- ② The member's daughter stated that her mother is moving to the Phoenix valley, as family live there. The daughter provided the new address and the CM submitted an eMCR.
- ③ Then on 09/11/20, 09/15/20 and 09/17/20 the CM continued to attempt to reach the member to perform the quarterly review.
- ④ And finally on 09/29/20 the CM was able to connect with the member's granddaughter and learned that the member expired on 09/28/20.

PMMIS COMMENTS CONTINUED

This member was hospitalized on 08/03/20 and again on 09/21/20. In this instance the CM entered Comments in PMMIS (see next page).

TR: CA165 AHCCCS - LONG TERM CARE 09/29/20
 NTR: █ I █ CMP - SERVICE PLAN 11:51:42
 KEY DATE: █ WORKER ID: LT02L120
 NAME: AHCCCS ID:
 LAST CES DATE: 03/26/2020 CURR CSMGR: LATEST ACN: BHS:
 LAST PC: ENR DT: 04/03/2019 DISEN DT: LST RVW DT: 06/24/2020
 CUR: LOC: █ PLACEMENT: H DATE: 05/07/2019 RSN: 13 NXT RVW DT: 09/22/2020
 PAS DIAG CDS: 07B DIAG 1: NO DESCRIPTION FOUND
 DIAG 2: █ DIAG 3: █

A	SER	-MOD-	EFF DATE	END DATE	UNITS	UNIT	CST	TOT	USD	PROV	RSN	MNDD
-	S5125	U4	05/29/2020	05/31/2020	60		5.19	60	561039			
-	S5125	U4	06/01/2020	06/30/2020	528		5.19	528	561039			
-	S5125	U5	07/01/2020	07/31/2020	552		5.19	552	561039			
-	S5125	U5	08/01/2020	08/02/2020	40		5.19	40	561039			
-	A23		08/03/2020	08/05/2020	3		0.00	0	029108			
-	S5125	U5	08/06/2020	08/31/2020	500		5.19	500	561039			
-	S5125	U5	09/01/2020	09/20/2020	336		5.19	0	561039			
-	A23		09/21/2020	09/30/2020	10		0.00	0	029108			

COMMENTS: Y

PMMIS COMMENTS CONTINUED

TR: CA300 AHCCCS - LONG TERM CARE 09/29/20
NTR: _____ I _____ COMMENTS 11:45:00
LT02L300
NAME: AHCCCS ID: _____
CSLD: WOR ID: _____

03/26/2020 LATE REVIEW DUE TO SHELTER IN PLACE.-----
05/26/2020MEMBER HOSPITALIZED/FMC,EFFECTIVE05/16/20 PER HOMECARE
06/03/2020MEMBER DISCHARGED, EFFECTIVE 05/29/20@3PM PER HC.-----
08/06/2020MEMBER HOSPITALIED, EFFECTIVE 08/03-08/05/20 PER HC.-
09/21/2020MEMBER HOSPITALIZED,EFFECTIVE 09/21/20 @CHINLE/IHS.-----
09/23/2020MEMBER HOSPITALIZED@FMC TRANFERRED FROM CHINLE/IHS.---

- As you can see, this CM painted a picture for us.
 - It tells AHCCCS that the Home Care agency notified the CM on 08/06/20 that the member was hospitalized from 08/03-08/05/20.
 - Then again the member was hospitalized on 09/21/20 at Chinle IHS; and
 - Then it further states that on 09/23/20 the member was transferred from the Chinle IHS to Flagstaff Medical Center.

A23 URBAN HOSPITALIZATION NOTIFICATIONS

Whenever the Prior Auth Nurses notify one of the Coordinators that a member has been hospitalized in an urban acute care facility, we have been sending out an email Notification to the Program Manager and/or Supervisor, instructing to have the CM enter the hospitalization services on the CA165 screen and also to contact the provider to coordinate discharge procedures from the acute care facility.

Note: These notifications do not pertain to IHS or 638 acute care facilities on tribal lands.

See the email sample on the next page:

A23 NOTIFICATIONS CONTINUED

Please have the assigned case manager update CA165 for this admission and make contact with the facility to assist with care coordination once a discharge date is set.

COMMENTS

AHCCCS ID: **AXXXXXXXXX** NAME: **MEMBER NAME** SEX F
EFFECTIVE DATES: 10/01/2020 - 12/31/2020 ELG: LT BIRTHDATE XX/XX/XXXX AGE XX
PA NUMBER: 00XXXXXXXX SEQ: 05 CASE TYPE: P CASE STATUS: A
PROVIDER ID: **020123** NPI: 1780635078 NAME: **FLAGSTAFF MEDICAL** TYPE: 02
AUTHORIZED DATES: **10/03/2020 - 10/03/2020** ADMIT DATE: **10/03/2020** CCR: N
EVENT TYPE: IP STA: R REAS: PR103 MEDICARE TYPE:
ICD 10 DIAGNOSIS: L89.214 DESC: PRESSURE ULCER OF RIGHT HIP, S
REQUEST: XXXXX XXXXX
NO PA REQUIRED
LENGTH OF STAY: 1 ACCOMODATION DAYS: 0 AVAILABLE DAYS: 0
SEL LN TYP CODE MOD ALLOWED USED STA REAS UNIT PRICE SRC

This would be the perfect time to enter a Comment in PMMIS stating that the member was hospitalized on 10/03/20 at Flagstaff Medical Center PID 020123, and is expected to be discharged on 10/10/20 (example).

Questions?

Thank You.



WEEKLY PROJECTED OVERDUE AND NO SERVICE LINE REPORTS

Cheryl Begay – Tribal ALTCS Case Mgmt Coordinator

Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

Projected Overdue and No Service Line Reports

- A year ago a pilot project was initiated by AHCCCS Tribal ALTCS and Navajo Nation. Our goal has been for all Tribal ALTCS programs to be successful with the two weekly reports: Projected Overdue and No Service Lines.
- With this pilot project, we emailed the reports with no comments. We relied on the program to take full ownership of the reports that were provided. The report was to be returned to the Coordinator with an action plan for each member that appeared as Overdue (OD) or No Service Lines (NSL) on the reports.
- The pilot project was successful and therefore we are rolling out this project to all Tribal ALTCS Programs effective November 1, 2020.

Projected Overdue and No Service Line Reports

- Supervisors/Program Managers will continue to receive the weekly reports on Monday, with the exception if Monday is a holiday. Keep in mind that the reports have always been run at 5:00 A.M. on the previous Friday, therefore any entries made in PMMIS on that day, will not be reflected on the current reports.
- The Case Management Standards located in Policy *1620-E “Service Plan Monitoring and Reassessment Standard”* (<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620E.pdf>), reflects monitoring and planning requirements. This is in accordance with the Intergovernmental Agreement (IGA) each Tribal ALTCS Program has entered into with AHCCCS, and the standards are expected to be adhered to.

Projected Overdue and No Service Line Reports

Examples of some of the outstanding action plans/responses, reflected on the reports, from the various Tribal ALTCS Programs that we have received are as noted below:

1. *“CM has been trying to make contact with member or his family to confirm the report of hospitalization by HCA, but unsuccessful. Member does not have a reliable telephone. CM and/or Supervisor will make a home visit today or tomorrow to check on member”.*
2. *“After several attempts, daughter finally returned call to CM and review completed on 7/16/20”.*
3. *“After several attempts, daughter finally returned call to CM and review completed on 7/16/20. CM made attempts to contact member and left message with her spouse; but, no response. Case review finally completed on 8/17/20”.*
3. *“CM was able to make contact with member; but, the member's phone cut off. CM tried to call member, but member's phone was not working. Finally, made contact on 8/12/20 to complete review”.*

Projected Overdue and No Service Line Reports

ACCEPTABLE PLAN OF ACTION-UPCOMING REVIEWS RESPONSES:

1. *“CM scheduled visit for 9/4/2020”.*

ACCEPTABLE LOSS OF CONTACT RESPONSES:

1. *“CM made attempts to contact member, but unsuccessful. CM will send out LOC letter 10/01/20 and continue to call him”.*
2. *“Several attempts made and unsuccessful. LOC mailed 8/12/20. Will try again on 8/20/20”.*

Projected Overdue and No Service Line Reports

TIMELY REVIEW, ENTERED AFTER REPORT RAN (during Stay-At-Home pandemic orders)

1. *“Review completed 7/9/20 and entered after 7/10/20 due to no internet service”.*

Note: This was acceptable as it was during the lockdown of the COVID-19 Pandemic, in accordance with each of the Tribal Executive Stay-At-Home Orders.

Projected Overdue and No Service Line Reports

Examples of some of the *insufficient* action plans/responses from the various Tribal ALTCS Programs are as follows:

TIMELY REVIEW, ENTERED AFTER REPORT RAN (after Stay-At-Home Orders lifted)

1. *“Review completed 8/31/20 and entered after 09/11/20” Review due date was 08/31/20.*

Note: Since the COVID Pandemic the Centers for Medicare and Medicaid Services (CM) approved for Telephonic Assessments to be completed. Also, the Tribal Stay-At-Home Orders were lifted. Therefore, with the extra time of not having to drive to a member’s home, the expectation is that the CM should be able to log into PMMIS and enter the review date as they are performing the review at their desk. **Therefore, the response above will no longer be acceptable during non-lockdowns.**

Projected Overdue and No Service Line Reports

Other **insufficient** action plans/responses from the various Tribal ALTCS Programs are as follows:

UNTIMELY REVIEW COMPLETED

1. *“Review completed 09/10/20 and entered after 09/11/20”* Review due date was 08/31/20.

Note: This is an **unacceptable** response because the review was due on 08/31/2020, completed on 09/10/2020, with no explanation as to why it was completed late.

Questions?

Thank You.



PROPOSED FUTURE CES APPROVAL PROCESS

Cheryl Begay – Tribal ALTCS Case Mgmt Coordinator

Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

1620-C COST EFFECTIVENESS STUDY STANDARD

This Policy applies to ALTCS E/PD, ALTCS DES/DDD (DDD) Contractors, and Fee-For-Service Program including: Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes standards for the cost effectiveness study regarding services provided under Title XIX.

Please note that as a result of the current Public Health Emergency the implementation of the new Person-Centered Service Plan (PCSP) Tool and process has been postponed. AHCCCS intends to postpone PCSP. Contractors and Tribal ALTCS Programs are not required to implement the PCSP requirements noted in this policy until further notification.

Policy 1620-D, Section III

REQUIREMENTS FOR A COST EFFECTIVE STUDY

There are twelve requirements in this policy and for this presentation we will focus on:

- The CES shall be completed for all Tribal ALTCS members who are residing in their own home or in a skilled nursing facility. *The link for the Timeframes exhibit is below.*

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-1.pdf>

- When the cost of HCBS exceeds 80% of the cost of institutional care:
 - a. Contractor Case Managers shall provide written justification of services to their administration for approval, and
 - b. **Tribal ALTCS Case Managers shall provide written justification of services to the AHCCCS/Division of Fee-for-Service Management (DFSM)/Tribal ALTCS Unit as a request for approval.**

Current CES Approval Process

- When the cost of HCBS exceeds 100% of the cost of institutional care, but the cost is expected to drop below 100% within the next six months because of an anticipated change in the member's needs:
 - a. A Contractor's administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services to the DFSM/Tribal ALTCS Unit as a request for approval.**

Current CES Approval Process Continued

- Tribal members with a CES > 80% prepare an Overcost Packet with all pertinent medical documentation to justify all medically necessary services assessed by the tribal case manager.
- This packet is faxed to Tribal ALTCS CM Coordinator with the required Medical Documentation Fax Sheet; and
- The CES Overcost Checklist with all medical documentation/forms that are required to make an approval for >81% to 99% (services may not be prior authorized on CA160/CA165, if CES is greater than 100%).

Current CES Approval Process Continued

Medical
Documentation
Fax Cover Sheet

Douglas A. Ducey, Governor
Jami Snyder, Director
501 E. Jefferson, Phoenix, AZ 85004
PO Box 23330, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov



CES Overcost Checklist



FEE-FOR-SERVICE PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

◊ Mandatory fields must be completed or form will be returned.

AHCCCS does not require authorization when Medicare or other insurance is primary.

ONE MEMBER AND PROVIDER PER FORM, PER FAX PLEASE	
◊ RECIPIENT NAME: JANE DOE	◊ AHCCCS ID (9 digits): A 0 0 0 0 0 0 0 0 0
◊ PROVIDER NAME: CASE MANAGER	◊ PROVIDER NPI (10 digits): [] [] [] [] [] [] [] [] [] []
◊ AUTHORIZATION #:	◊ PROV AHCCCS ID (6 digits): [] [] [] [] [] []
◊ PROVIDER PHONE #: (123) 456-7890	◊ DATES OF SERVICE: 10/01/20 - 12/31/20
◊ PROVIDER FAX #:	◊ COMMENTS: CES

TYPE OF DOCUMENTATION SUBMITTED

Prior Authorization <input type="radio"/> CRS <input type="radio"/> DME <input type="radio"/> FESP Dialysis <input type="radio"/> Home Health <input type="radio"/> Home Infusion <input type="radio"/> Lodging/Meals <input type="radio"/> Observation <input type="radio"/> Reconsiderations	Transportation <input type="radio"/> BH NEMT <input type="radio"/> Medical NEMT	Utilization Review (Required Documentation) <input type="checkbox"/> History and Physical <input type="checkbox"/> Surgery/Procedure Reports MD <input type="checkbox"/> Orders & Progress Notes IV <input type="checkbox"/> Meds & Actual Frequencies
Dental <input type="checkbox"/>	LTC Acute <input type="checkbox"/> Hospice <input type="checkbox"/> NF/Reviews	
BH Inpatient & RTC <input type="radio"/> AHP <input type="radio"/> Other <input type="radio"/> GR TRBHA <input type="radio"/> WM TRBHA <input type="radio"/> NN TRBHA <input type="radio"/> PY TRBHA	BH Residential Facilities <input type="radio"/> AHP <input type="radio"/> Other <input type="radio"/> GR TRBHA <input type="radio"/> WM TRBHA <input type="radio"/> NN TRBHA <input type="radio"/> PY TRBHA	HSAG <input type="radio"/> Concurrent <input type="radio"/> Retro <input type="radio"/> Concurrent Review Denials <input type="radio"/> Retro Review Denials
Tribal ALTCs Authorization <input type="radio"/> Assisted Living Facility - BH <input type="radio"/> DME <input type="radio"/> Home Modifications <input type="radio"/> NF/Reviews/Special Rates	Tribal ALTCs - Other <input checked="" type="radio"/> >80% CES <input type="radio"/> E1399 <input type="radio"/> Contractor Change <input type="radio"/> Out of State <input type="radio"/> Non-Fair Hearing <input type="radio"/> Member Issue <input type="radio"/> Open Line Request	Enrollment Transition Information (ETI) / Transition of Care (TOC) <input type="radio"/> ET/TOC

*ALTCs: The following documentation must be sent to the Tribal Case Manager:

*HCBS *Hospice *DME <\$500 and Purchase *Supplies <\$100 *Transport *Rentals

*Return fax # Prior Authorization (602) 254-2431
Collection Review (602) 254-2304

Transportation (602) 254-2431
BES (602) 254-6669 (Primary)

LTC (602) 254-2426
BES (602) 254-6669 (Primary)
(Alhambra)

For urgent requests, call us at (602) 417-4400. If this form was received in error, contact the submitting Provider immediately.

CES OVERCOST CHECKLIST

PACKET INFORMATION

Member Name:

AHCCCS ID:

Case Manager:

CHECKLIST

- 1. COVER LETTER
- 2. REVIEW ASSESSMENT (6 pages) Copy of most recent service assessment indicating member's progress and need for more or less services.
- 3. Case Notes Relevant case notes to support service increase or reduction.
- 4. UAT (Universal Tool Assessment)
- 5. HNT (HCBS Member Needs Assessment Tool)
- 6. AHCCCS ALTCS Member Service Plan (SIGNED & DATED) By member/representative
- 7. CA160 CES DATE within 30 days of request?
- 8. Do Services on CA165 match the CA160 (CES Screen)?
- 10. CES over 100% - DO NOT CONTINUE TO AUTHORIZE SERVICES. (if applicable) CM must reduce service/s
- 11. Copy of NOA (if applicable) If member/rep were not in agreement with the changes in service/s

** Incomplete checklists will not be processed**

Comments:

By signing below you acknowledge that all applicable items checked on the checklist have been included in packet, reviewed and discussed with supervisor.

Reviewed and Signed by:

Case Manager: _____ Date: _____

Supervisor: _____ Date: _____

T:\TRIBAL ALTCs\FFSMAN\FORMS\CES Overcost Checklist.docx

“Proposed” CES Approval Process

- When the cost of HCBS exceeds 80% of the cost of institutional care:
 - a. Contractor Case Managers shall provide written justification of services to their administration for approval, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services provide to their Supervisor for approval.**

“Proposed” CES Approval Process Continued

- When the cost of HCBS exceeds 100% of the cost of institutional care, but the cost is expected to drop below 100% within the next six months because of an anticipated change in the member’s needs:
 - a. A Contractor’s administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services provide to their Supervisor for approval.**

“Proposed” CES Approval Process Continued

- When the cost of HCBS exceeds 100% of the cost of institutional care, and is expected to remain above 100%:
 - a. A Contractor’s administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services to DFSM/Tribal ALTCS Nurse for approval.**
- We are expecting to roll this out before the end of this year, therefore more discussions are to follow at a later date. Thank you.

Questions?

Thank You.



PASCUA YAQUI TRIBAL ALTCS

Featuring: Rene Harbaugh, Patsy Triana,
Sonia Guzman, and Barbara Ortiz



PASCUA YAQUI HEALTH SERVICES DIVISION

HOME & COMMUNITY BASED PROGRAMS

Tribal Arizona Long Term Care Services (ALTCS) & "We Care" Attendant Care Provider Program

IGA Established: March 1991



ALTCS

This program provides quality long term care services to eligible Tribal members who are elderly, physically or developmentally disabled.



WE CARE

Specializes in attendant care services for Tribal members who may not be eligible for other home health assistance programs due to income guidelines. Our staff will support you with home activities necessary to allow you to stay in your home.

Our Staff

GUADALUPE	YEARS OF SERVICE
1 Case Manager	9
1 Community Health Nurse	1

TUCSON	YEARS OF SERVICE
1 Program Manager/Case Manager	29
1 Attendant Care Provider Supervisor	23
1 Community Health Nurse	4
1 Care Coordinator	27
5 Attended Care Providers (ACP's)	60



Committed to Supporting your Medical and Social needs through a "Person Centered Planning" Approach.
ALTCS TEAM

COMING TOGETHER

"Nau Ya'ha"

Members



- Gift Bag (ie. Facemasks, hand sanitizer, craft, treat) all Members despite Placement
 - Special Message: Affirmation of Program Support

"If you ever feel lonely or a little blue, please don't worry we are there for you. Although we can't see you yet, we have sent along a friend, to bring you lots of sunshine on all your days ahead".
- Food Box Distribution: Homebound Members
- DME Provider Shortage in Maricopa County (Guadalupe) (June) Tucson (September) (ie. Gloves, Wipes, Briefs, Pulse Oximetry, Thermometers)
 - Our PYT Public Health Emergency Preparedness/Injury Prevention Program PHEP/IP- Provided necessary supplies to members through collaborative efforts:
 - ❖ PYT Community Health Nursing
 - ❖ National Supply Center
 - ❖ Coronavirus Aid, Relief, and Economic Security Act (CARES)

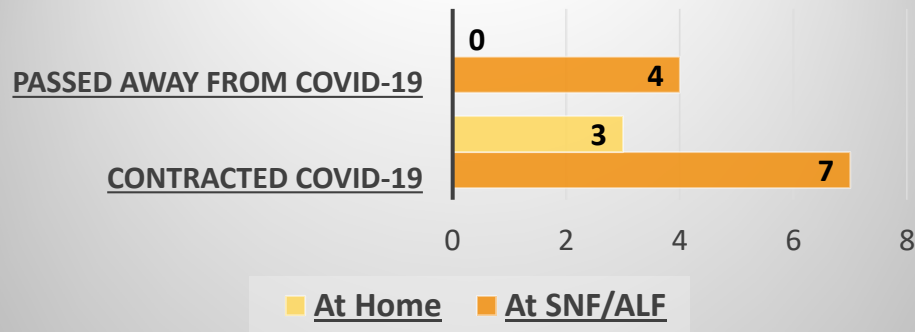
Administrative Impact

- PYT Executive Orders (3x) requiring communities to remain indoors and away from large gatherings.
- Mandatory On-line Training on Contact Tracing for all Staff
 - ❖ John Hopkins Bloomberg School of Public Health
- Establishment of Contact Tracing P&P, Strategic Plan for all Covid Cases
- 3 Patient Education Protocols/Press Release Dissemination(s)
 - ❖ Hand delivered to each home in all Communities: Guadalupe, Pascua Pueblo, Old Pascua, South Tucson, & Marana
- Members Handbook and Emergency Preparedness
 - ❖ Packets hand delivered to all members; P/C; Drop at Door-PPE
- Skilled Nursing Facility Placements came to a Halt; Covid-Free 14 Days
 - ❖ Development of SNF Weekly Reporting Form in July
- Encounters & Assessments done via Telephone (except Med Box refills) with Member or Member's Representative
- Establishment of Huddles
 - ❖ Daily with ALTCS Program & M, W, Friday with CHN Program
- Attendant Care Providers (ACP's)
 - ❖ Assisted @ Test Site/Covid Data Entry, Front Desk/Anywhere Needed
 - ❖ ACP's/Care Coordinator- Assisted with TUSD's "Meals on Wheels"- K-12th Grade, Daily-1 Month
- Sponsored Luncheon by HCBS: Covid Efforts : September 9th



CURRENT ALTCS PLACEMENTS			
GUADALUPE (15 Members)		TUCSON (23 Members)	
HOME	NRS G HOME/ALF	HOME	NRS G HOME/ALF
15	0	9	14

COVID-19 Facts



Covid Testing in Home coming soon!



NAVAJO NATION TRIBAL ALTCS

Featuring: Marie Keyonnie, Byron Wesley,
Nyana Leonard, and Casey Etsitty

Navajo Nation Tribal ALTCS



Navajo Nation Tribal ALTCS Tribal Liaison/ALTCS Program Manager



Marie Keyonnie, Navajo Nation Tribal Liaison/ALTCS Program Manager

Navajo Nation Tribal ALTCS Tribal Liaison/ALTCS Program Manager's Office

- Last year, around this time, with an average caseload of 1,803 cases, Navajo Nation requested to take full responsibility of our Weekly Overdue and Weekly No Service Line (NSL) Reports.
- In September 2019, the Nation had an average of 38 members on the Weekly Overdue Report, and an average of 17 members on the Weekly NSL Report.
- Since then, the Nation has reduced the numbers on the reports to an average of 6 members on the Weekly Overdue Report and an average of 1-3 members on the Weekly NSL Report. By Thursday of the following week, we usually have nearly all of the overdue reviews completed, depending on a member's situation (i.e. Hospital) and any NSLs entered.
- The contributions of the Navajo Nation Supervisors and Staff have been instrumental in our success. They are all outstanding people, and I am very proud of their dedication and the care they have for and show to our members.

Navajo Nation Tribal ALTCS COVID Pandemic – Delivering Food Boxes/Water



Navajo Nation Tribal ALTCS COVID Pandemic – Delivering Food Boxes/Water



Navajo Nation Tribal ALTCS Staff

Additional Activities during COVID-19 Pandemic

- During the pandemic, the Navajo Nation Tribal ALTCS staff assisted the Chapters with delivering food and bottled water to our remote members, as well as members who were ill or unable to get out to the food bank.
- When Case Managers have been unable to reach members, their family members, etc. for their quarterly reviews, they worked with the Chapters and CHR's (Community Health Representatives) to conduct emergency wellness checks on members, and if no resources were available CM made the home visits themselves, while maintaining social distancing.
- Especially during the early part of the pandemic, medical transportation for our members was challenging as some transportation companies were not transporting any ill members. The office specialist and all the staff continually monitored telephone calls to ensure transportation requests were processed promptly and that members were able to get to their necessary medical appointments.

Navajo Nation Tribal ALTCS Chinle Office Staff



Chinle Office left:

Left Side front to back: Malisa Tom, Jennifer Blueeyes, and Janeen Denny

Right Side front to back: Byron Wesley (Supervisor), Marletha Harvey and LaToya Franklin

Gertrude James (not pictured) and Ramona Tracey (not pictured)

Pinon Office Above: L-R: Seraphina Nez and Verna Williams

Navajo Nation Tribal ALTCS Dilkon/Mesa Office Staff



Dilkon Office, Front-Back: Lupita Spencer; Deirde Cly; Crystal Morris; Sharon Smith; Bonnie G. Paddock; and Nyana Leonard (Supervisor);

Mesa Office: Kaven Begay (not pictured)

Navajo Nation Tribal ALTCS Fort Defiance Office Staff



Standing L-R: Keffie Nez, Bernice Boone and Desaray Tate.

Seated L-R: Nellie Begay, Rita Keams-Yazzie, Delta Yazzie and Evangeline Jumbo

Navajo Nation Tribal ALTCS Tuba City Office Staff



Tuba City staff:

Back row L-R: Darlene Begay, Alvina Yazzie, Virginia Hardy, and Rose Denetsosie

Front row L-R: Alice Shorty, Marissa Huskie, and Casey Etsitty (Supervisor)



Dennehotso Office (Top Left): Martha John



Kaibeto Office (Top Center): Richard Tsosie



Navajo Mountain Office (Top Right): Agatha Tsinnijinnie

Kayenta Office: Diana Todacheenie (not pictured)

Navajo Nation Tribal ALTCS

Ahéhee'

(Thank you)

**Thank you for giving these
Outstanding Tribal Plan Presentations**

**We want to recognize all of our
amazing Tribal Plans as the work you
perform each day assists our most
treasured members, our Elders!**



CLOSING REMARKS

**THANK YOU ALL
&
STAY SAFE**