DFSM Tribal ALTCS 1st Quarterly Meeting

Friday, March 5, 2021

AHCCCS
Arizona Health Care Cost Containment System

WELCOME TO ALL!

Agenda Overview

- **Rachel Hunter**: Welcome, Introduction of new staff, PCSP, EVV Overview (MNDD)
- **Dr. Satya Sarma:** Background and Role within DFSM
- **Kevin Hoy, M.A.:** Ice Breaker, Digital Tool Box Update, Membership Repo
- **Bandana Chetty:** Home Packet Refresher
- **Soni Fisher:** Medicare EOB Denials • PMMIS Comments Refresher
- Break
- **Cheryl Begay:** Diagnosis Code PMMIS CA166/CA165
- **Soni/Cheryl:** CES >80% Overcost Overview • H0018 Short-Term BHRF Overview
- **Tribal Presentations:**

Native Health Tribal ALTCS Plan

Hopi Tribal ALTCS Plan

- Tribal Plan Recognitions

EVV & Person Centered Service Planning Updates

Rachel Hunter – Tribal ALTCS Administrator

EVV
Business Requirement & System Changes

Purpose:

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health.) AHCCCS is mandating EVV for personal care and home health services beginning January 1, 2021.

[Electronic Visit Verification (EVV) Website (azahcccs.gov)](azahcccs.gov)

EVV Timeline

- **Go Live Date:** 01/01/21

- **Provider Soft Edit Period:** 01/01/21 -03/31/21

- **Agency testing period:** Same dates as provider testing period.
  - Internally AHCCCS is testing the PMMIS CA165 MNDD screen.

- **Contingency Plan:** Will no longer be part of Service Assessment once EVV is fully implemented.

Providers and Services Subject to EVV

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
HomeHealth Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified HomeHealth Agency	PT 95
Private Nurse	PT 46

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

Service	HCPCS Service Codes	DDD Focus Codes
Attendant Care	S5125	ATC
Companion Care	S5135	
Habilitation	T2017	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD
Skills Training and Development	H2014	

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Previous Service Plan (CA165) 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
```

MNDD to Service Lines on CA165

Column header titled 'MNDD'

- Date format is MM/DD/YY

- Should not allow invalid dates (e.g. 13/02/89)

- Date cannot be greater than the 'EFF DATE' of the service

- MNDD is a mandatory field

- MNDD can be edited until the 'TOT USD' field is populated (if value is greater than 0)

- ❖ **Case managers should NEVER edit a service line if units have been used.**

Modified Panel Layout

Using MNDD Field

MNDD should:

- Align with the last review date or on/before the Service Line EFF date.

Additional Screen Information:

System Default Date:

AHCCCS has determined the 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.

Upcoming Person Centered Training

Training Dates: 03/10/21 - 03/11/21 & 03/15/21 - 03/16/21

Time: 8:30am - Noon

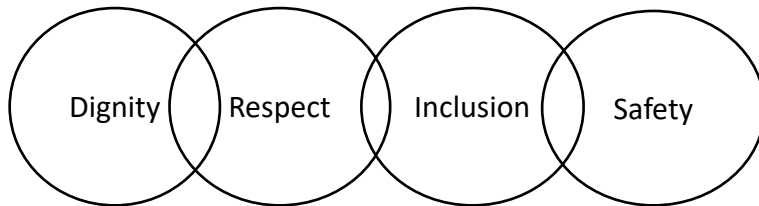**Training materials:** Picked up or mailed out to each HP on March 01, 2021

Reminder: Register for AHCCCS Train-the-Trainer for Person Centered Service Planning

Training Buddy: Health plan/program will need to assist in bringing the "new" participants up to speed on the Person Centered Service Plan (PCSP) initiative and help prepare them for the Train the Trainer event.

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PERSON CENTERED PLANNING

What people want

Dignity — Respect — Inclusion — Safety

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.**

Dr. Satya Sarma, DFSM Medical Director

- Introduction to Tribal Plan staff

- Role within DFSM

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Rules of the Game!

- Enter your answers in the chat box after each question.

- Do not use google!

- You can ask your pet if working from home

- Here we go....

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Things we should know!

- Where can you find our team's (DFSM Tribal ALTCS) contact information?

- What does AMPM stand for?

- What is the title for AMPM section 1600?

- Where can you find the Tribal ALTCS Member Handbook?

- How many ways can a member obtain a copy of the member handbook?

- When are the 2nd quarter deliverable reports due?

- What is the tallest mountain in Arizona?

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Things we now know!

- Where can you find our (DFSM Tribal ALTCS) contact information? **DTB-Tribal Contacts**

- What is the AMPM? **AHCCCS Medical Policy Manua**l

- What is the title for AMPM section 1600? **ALTCS Case Management**

- Where can you find the Tribal ALTCS Member Handbook? **DTB- AHCCCS Policy & Procedures page**

- How many ways can a member obtain a copy of the handbook? **3-Send the member a link to the DTB, provide a hard copy and/or send an electronic copy**

- When are the 2nd quarter deliverable reports due? **2nd Quarter (Jan-March) report due by April 15th, 2021**

- What is the tallest mountain in Arizona? **Humphreys Peak-Elevation-12,637 ft, part of dormant volcanic peaks known as San Francisco Peaks. MT Everest is 29,032 ft**

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Tribal ALTCS Case Management Digital Tool Box

Welcome to the AHCCCS DFSM Case Management Digital Tool Box (DTB). The AHCCCS DFSM Tribal ALTCS team has created this DTB to centralize the various ALTCS case management related resources into one location so Tribal ALTCS Program Supervisors and Case Managers can find them quickly and easily.

Simply click on the below icons to take you to a particular tool section and then explore!

Tribal
Contacts

Deliverable Reports
& Submission Portal

Common
Forms

PMMIS
System

Rate
Schedules

Training
Resources

AHCCCS Policy
& Procedures

Tribal Plan
Spotlights

DTB Update

Enhanced Quarterly Report Submission Process

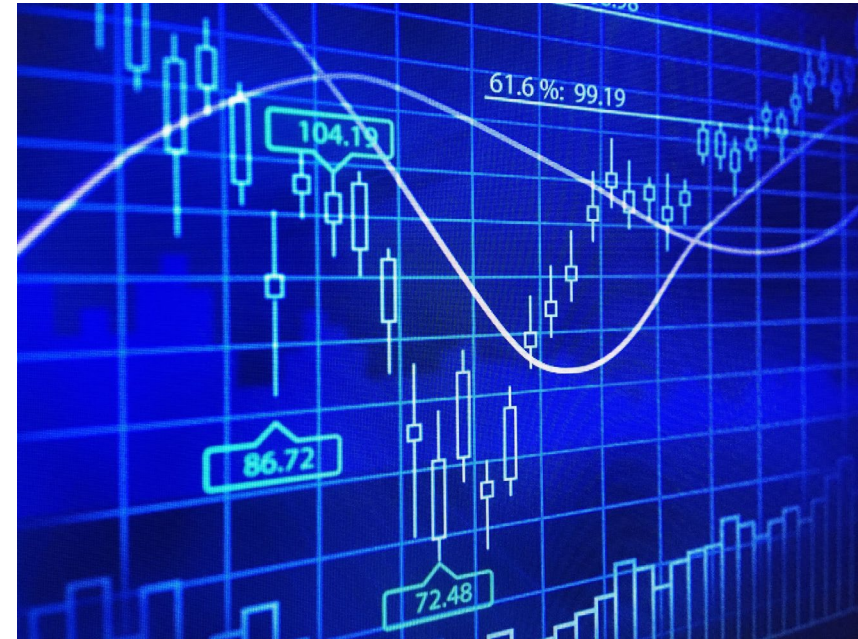Add to DTB: PCSP- general info, assessment tool, training manual.

Need Training Content

Spotlights to Submit

Page visit count: 2221 views, most hits-All about Forms (319), least hits-Deliverables (6), longest visits-Tribal Plan Spotlights average of 2:10 mins

Additional ideas?

Membership Graph

Settings	Member Count
Home	1809
SNF	467
Alternative HCBS Setting	7
Member Total	2285

Health Plan Name
- GILA RIVER TRIBE
- HOPI
- NACHC/FFS
- WHITE MOUNTAIN APACHE
- TOHONO O'ODHAM
- NAVAJO NATION
- PASCUA YAQUI TRIBE
- SAN CARLOS APACHE

147   121   78   103   40   115   177   1504

Primary AHCCCS ID
Member Count

Total Tribal ALTCS Membership 2285
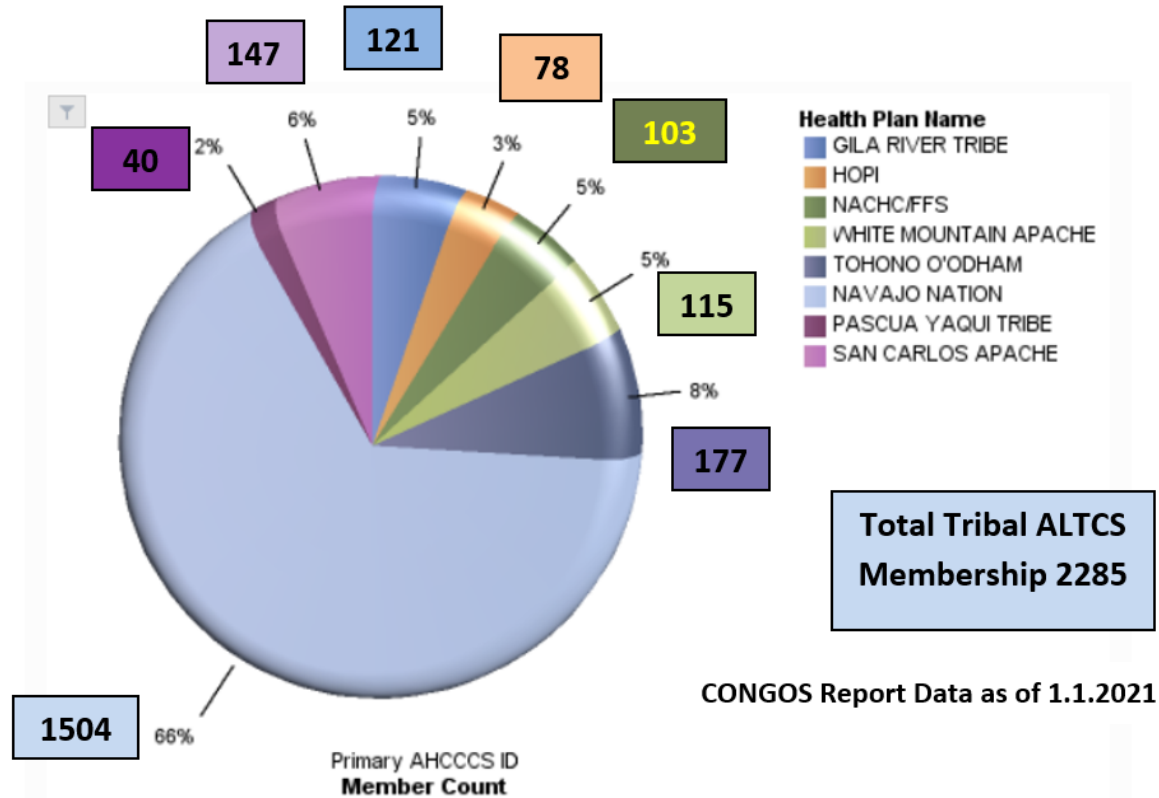
CONGOS Report Data as of 1.1.2021

Home Modification Process Refresher

Bandana Chetty – Tribal ALTCS Specialist

Home Modification

4. *(Primary Care Provider's Information)*
   PCP NAME _____
   PHONE # _____
   FAX # _____
   DIAGNOSES & CODE (RELATED TO NEED) _____

5. *(Member Resides in – check one)*
   ☐ OWN HOME
   ☐ RENT
   ☐ OTHER: *(specify)*

6. CURRENT ACTIVITIES OF DAILY LIVING STATUS ☐ Independent ☐ Mod Assist ☐ Dependent
   BLADDER/BOWEL STATUS ☐ Continent ☐ Mod Incontinent ☐ Total Incontinent
   MENTAL STATUS ☐ Alert ☐ Confused

7. CURRENT MOBILITY STATUS ☐ Independent ☐ Walker/Cane ☐ Wheelchair

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

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

PHYSICIAN'S SIGNATURE _____ DATE _____

Modification being requested is not being marked.

For special request please give us detail information.

Home Modification

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED DOCUMENTATION.		
Fax completed form to: AHCCCS/DFSM/Tribal ALTCS Fax: (602) 254-2426	**TRIBAL ALTCS PROGRAM**	
	CASE MANAGER NAME	
Documents Attached: ☐Service Assessment ☐Uniform Assessment Tool (UAT) ☐Map of Physical Address for Rural Areas	**TRIBAL ALTCS PROGRAM ADDRESS**	
	PHONE/FAX NUMBER	
Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with home modification request. Note: If all necessary documents are not included in the request the request/packet cannot be processed.	**SIGNATURE**	
	CASE MANAGER	
	SUPERVISOR	

Forms not signed by Case Manager and Supervisor delay the Home Modification Request

QUESTIONS

Thank You!

MEDICARE EXPLANATION OF BENEFITS (EOB) DENIAL

❏ Whenever a member has Medicare as Primary, the medical request must first have been previously submitted to Medicare and receive an Explanation of Benefits (EOB) Denial, see sample snapshot on next page.

❏ The Medicare EOB denial must be attached to the faxed request to the Tribal ALTCS Nurse at AHCCCS, or the request will be returned to the CM, and a new packet will need to be submitted along with the Medicare EOB denial.

MEDICARE EOB DENIALS CONT'D

❑ The services highlighted in red are those that were denied by Medicare for this member.

PMMIS COMMENTS REFRESHER

❑ **At our October 9, 2020 Tribal ALTCS Quarterly Case Management Supervisor's Meeting we discussed adding brief member specific Comments into PMMIS, and we provided examples.**

PMMIS COMMENTS REFRESHER CONT'D

❑ **Now that EVV is active, placing brief member specific Comments in PMMIS is Essential.**

❑ **When Sandata reflects a discrepancy, with regards to where the member is, they contact the Provider and AHCCCS for clarification and we must provide an immediate response.**

PMMIS COMMENTS REFRESHER CONT'D

☐ **When member specific Comments are not in PMMIS, imagine a canvas with scribbles on it.**

☐ **However, if Comments are entered in PMMIS, it takes the scribbles, bits and pieces and a clear picture emerges. We then know what is going on with the member, and we may be able to resolve an issue, without having to contact the CM Supervisor for details.**
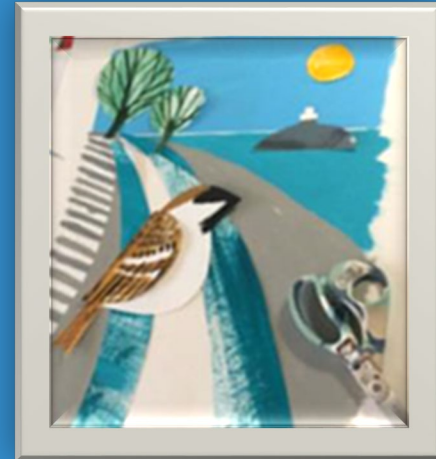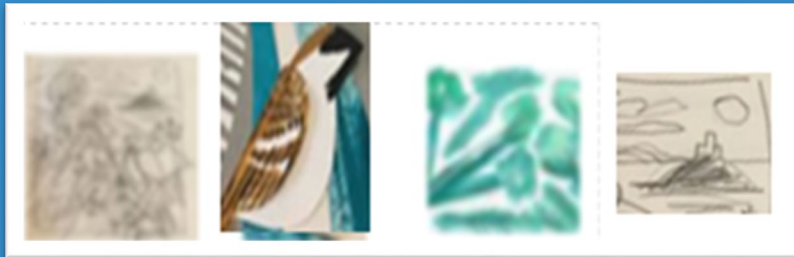
PMMIS COMMENTS REFRESHER CONT'D

❑ **Some CMs are excellent at entering brief Member Specific Comments into PMMIS, such as:**

  ✓ **Date a member is hospitalized and the name of the hospital;**

  ✓ **Brief 'Member Specific' Comments explaining why the member's review is late;**

  ✓ **Brief Comments when a member is deceased along with the date, location, etc.;**

  ✓ **Brief Comments when an eMCR is submitted and details of the changes, etc.**

PMMIS COMMENTS REFRESHER CONT'D

ASAP

Click Here

❑ **If there are no Comments in PMMIS, the assigned Coordinator will contact the CM Supervisor for details and may require an immediate response back.**

❑ **Supervisors know which of their CMs need assistance understanding the importance of adding Comments. Please have the CM(s) review pages 37-50 of the 10/09/2020 Tribal ALTCS Quarterly Meeting PP Deck for detailed examples, link provided to the left.**

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Thank You

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Let's take a quick 10-minute break and meet back here in 15 minutes so we can finish on time.

PMMIS CA166 CRITICAL DATA

Cheryl Begay, Tribal ALTCS CM Coordinator

March 05, 2021

Overview CA166 Critical Data

- Formally known as ACE this screen is inquiry only; no information can be changed on this screen by Tribal CMs.

- Since it's launch in October 2013 the Health–e-Arizona Plus (HEAplus) provides an online system for consumers, eligibility workers, and community assistors. The system supports eligibility determinations and ongoing case management for State programs including Arizona Long-Term Care System.

- Jointly developed by the AHCCCS and DES.

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Overview CA166 Critical Data

- AHCCCS applications can potentially be processed and a determination made by the HEAplus system for consumers or community assisters, without sending the application to an eligibility worker, **if** all necessary information and verification can be provided by the system user.

- HEAplus has increased timeliness of eligibility determinations, and improved customer satisfaction.

- The Centers for Medicare and Medicaid Services (CMS) rated HEAplus in the top 3 percent of Medicaid eligibility systems in the nation.

ICD 10 International Classification of Diseases

- ICD-10 replaced the ICD-9 coding for the classification of disease or health condition, symptoms, and causes, used by hospitals, providers, and others, and is required to be implemented for outpatient dates of service or inpatient dates of discharge on and after 10/1/2015.

- ICD-10 codes will provide better support for patient care and improve management since the codes are more specific than ICD-9, allowing providers to capture more detailed information.

- ICD-10 Codes are composed of 3 to 7 characters 1st character = alpha **category of disease**

- 2nd character = numeric

- 3rd – 7th characters = alpha or numeric
  - ➢ etiology of disease
  - ➢ body part affected
  - ➢ severity of illness

- Is very different from ICD-9 both structurally and conceptually

```
 TR: CA165                    AHCCCS - LONG TERM CARE                  03/03/21
 NTR: _____ I _____  CMP - SERVICE PLAN              14:43:12
 KEY DATE: _____                          WORKER ID: _____          LT02L120
 NAME: _____     AHCCCS ID: _____
 LAST CES DATE: _____   CURR CSMGR: _____   LATEST ACN: _____  BHS: ____
 LAST PC: 1900___ ENR DT: 03/02/2021 DISEN DT: _____   LST RVW DT: _____
 CUR: LOC: _____  PLACEMENT: _   DATE: _____   RSN: ____  NXT RVW DT: _____
 PAS DIAG CDS: A49.9    E11      N19        DIAG 1:   BACTERIAL INFECTION, UNSPECIFI
 DIAG 2: TYPE 2 DIABETES MELLITUS           DIAG 3:   UNSPECIFIED KIDNEY FAILURE
 A   SER  -MOD-   EFF DATE    END DATE   UNITS UNIT CST TOT USD PROV   RSN   MNDD
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____
 _   ___  ___ ___ _____    _____   _____ _____ _____ _____ ____  ____

                           COMMENTS: N

                  Z171 ACTIVE IN HEA        Z011 END OF FILE
 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

DIAGNOSIS CODE SAMPLE

A49.9	• **A**- Certain parasitic diseases. • **49**- Other bacterial diseases. • **9**-Unspecified
E11	• **E**- Endocrine, nutritional, metabolic diseases. • **11**- Type 2 Diabetes Mellitus
N19	• **N**- Diseases of the genitourinary system • **19**-Unspecified Kidney Failure

Exhibit 21-1

SAMPLE ALTCS AUTHORIZATION LETTER

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Douglas A. Ducey
Governor

Jami Synder
Director

October 1, 2015

654321
PROVIDER NAME
PROVIDER ADDRESS
CITY, STATE ZIP

CORRESPONDENCE REQUEST NUMBER: 314748 LTC PA LTR (PROVIDER
LONG TERM CARE KEY INFORMATION: A12345678199

TO PROVIDER NAME:

THIS IS YOUR AUTHORIZATION CONFIRMATION FOR THE SERVICE(S)
REQUIRE AUTHORIZATION FROM THE ARIZONA LONG-TERM CARE SYSTE
ADMINISTRATION. THESE SERVICES HAVE BEEN APPROVED. RECEIP
NOTIFICATION IS NOT A GUARANTEE OF PAYMENT.

PROVIDER ID/NAME   : 654321 (PROVIDER NAME)
RECIPIENT ID/NAME   :A123456789 (EARP, WYATT DOB: 10
RECIPIENT DATE OF BIRTH   : 10/01/66
SERVICE CODE   : T1019 (PERSONAL CARE SERVICES,
DIAGNOSIS CODE   : A49.9, E11, N19
SERVICE DATE FROM   : 09/22/2015
SERVICE DATE THROUGH   : 09/26/2015
UNITS APPROVED   : 48
CASE MANAGER ID   : 999999
CASE MANAGER NAME   : LAST NAME, FIRST NAME
CASE MANAGER PHONE NUMBER : 5209991234

NOTE: THE AUTHORIZATION (PA) NUMBER HAS BEEN ELIMINATED. N
IS REQUIRED ON THE CLAIM FORM. RECEIPT OF THIS NOTICE NOW
PROOF THAT AUTHORIZATION WAS PROVIDED BY THE CASE MANAGER F
SERVICE(S) TO BE RENDERED.

BILLING QUESTIONS SHOULD BE DIRECTED TO THE AHCCCS CLAIMS C
UNIT AT (602) 417-7670 option #4 OR 1-800-794-6862.

ANY QUESTIONS PERTAINING TO THE SERVICE(S) DELIVERED TO AN ALTCS
RECIPIENT SHOULD BE DIRECTED TO THE ACTUAL CASE MANAGER WHO REQUESTED
THE SERVICE(S)

SINCERELY,

AHCCCS ADMINISTRATION

Arizona Health Care Cost Containment System
Fee-For-Service Provider Manual

PROVIDER ID/NAME   : 654321 (PROVIDER NAME)

RECIPIENT ID/NAME   :A123456789 (EARP, WYATT DOB: 10/01/

RECIPIENT DATE OF BIRTH   : 10/01/66

SERVICE CODE   : T1019 (PERSONAL CARE SERVICES, PER

DIAGNOSIS CODE   : A49.9, E11, N19

SERVICE DATE FROM   : 09/22/2015

SERVICE DATE THROUGH   : 09/26/2015

UNITS APPROVED   : 48

CASE MANAGER ID   : 999999

CASE MANAGER NAME   : LAST NAME, FIRST NAME

CASE MANAGER PHONE NUMBER : 5209991234

RESOURCES

- https://www.azahcccs.gov/PlansProviders/Downloads/AHCCCSTutorialGuideForPMMISInterfaceForALTCSCM.pdf

- https://www.azahcccs.gov/shared/MedicalPolicyManual/

- https://www.icd10data.com/

- http://www.icd10codesearch.com/

- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exh21-1.pdf

Questions?

Thank You!

CES >80% OVERCOST OVERVIEW

CES 100% OR >100% OVERCOST OVERVIEW

SERVICE CODE H0018 OVERVIEW

Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

Cheryl Begay – Tribal ALTCS Case Mgmt Coordinator

CES >80% OVERCOST OVERVIEW

Over 80%, but less than 100% CES Approval Request for Tribal ALTCS Programs. This process will roll out to Tribal ALTCS Programs over the next year.

POLICY: 1620-C AND 1620-E (click on links to Policies)

PURPOSE: Placement in a HCBS setting is considered appropriate if the cost of services provided for a specific member does not exceed 100% of the net cost of institutional care for that member, is the least restrictive setting and HCBS meets the member's needs. When the CES percentage is greater than 80% the Tribal Plan Case Manager is responsible for submitting a CES packet to their Tribal ALTCS Program Case Management Supervisor that justifies why the cost is over the established benchmark. The Supervisor will review the submitted CES packet to determine if the overcost is justified.

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CES >80% OVERCOST OVERVIEW CONT'D

❑ The Tribal ALTCS Program CM Supervisor will review all of the available documents to ensure the entire CES packet is complete according to the CES checklist (see sample snapshot to the right).

CES OVERCOST CHECKLIST

PACKET INFORMATION

Member Name:	
Case Manager	
AHCCCS ID :	
Date Received	
Date Approved:	

CHECKLIST

☐	COVER LETTER	
☐	REVIEW ASSESSMENT (6 pages)	Copy of most recent service assessment indicating member's progress and need for more or less services.
☐	Case Notes	Relevant case notes to support service reduction
☐	UAT (Universal Tool Assessment)	
☐	HNT (HCBS Member Needs Assessment Tool)	
☐	AHCCCS ALTCS Member Service Plan (SIGNED & DATED)	By member/representative
☐	CA160 within 30 days of request?	
☐	Do Services match the CA160 (CES Screen)?	
☐	CES LOC Amount (from current rates)	
☐	CES Percentage %.	
☐	Is the % calculated correctly?	
☐	CES between $1 and 100%	Prepare letter of approval
☐	CES over 100% due to transportation only?	Calculate CES w/o transportation. If under 80%, prepare letter of approval.
☐	CES over 100% - **DO NOT CONTINUE TO AUTHORIZE SERVICES.**	Discuss with ALTCS CM Manager to obtain approval. Then prepare appropriate letter.
☐	Copy of NOA	If member/rep were not in agreement with the changes in service's

Evaluator Comments:-

_____

_____

CES >80% OVERCOST OVERVIEW CONT'D

❏ If any documents are missing, return the packet to the CM for the missing documentation.

❏ Once the packet is complete, the Supervisor will review it for cost effectiveness.

REVIEW THE FOLLOWING DOCUMENTS
Note: Each CES Overcost is member specific, therefore each packet will be different.

❏ The cover letter should give an accurate and concise picture of the member's service needs.

❏ The most recent Arizona Long Term Care System (ALTCS) Case Management Service Assessment Form. Click Here

❏ Exhibit 1620-3 -The Uniform Assessment Tool & Guidelines (UAT). Click Here

❏ Exhibit 1620-17 HCBS Member Needs Assessment (HNT). Click Here

❏ Exhibit 1620-14 ALTCS Member Contingency/Back-Up Plan. Click Here (This document will be obsolete once EVV and PCSP goes into effect).

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CES >80% OVERCOST OVERVIEW CONT'D

❑ Exhibit 1620-13- ALTCS Member Service Plan. Click Here

❑ Review PMMIS Cost Effectiveness Study CA160, which identifies the HCBS Percentage according to current level of care that the assigned Case Manager has assessed (see snapshot below).

CES >80% OVERCOST OVERVIEW CONT'D

THINGS TO CONSIDER/LOOK FOR:

❑ It's critical that the Levels of Care (LOC) are consistent on the Service Assessment, HNT and the UAT.

❑ What is the diagnosis of the member? Does the LOC appear consistent with the member's diagnosis?

❑ Has the member had any recent hospitalizations? If so, does the recent hospitalization impact the member's LOC? Will the increase in LOC be a short-term increase, and if so, has the Home Health Agency (HCA) and member's paid caregiver been made aware that the caregiving hours will likely decrease once the member's health improves?

❑ Does the member have any behavior issues that could impact their care?

❑ What is the member's ability to make their needs known, decision making, etc.?

CES >80% OVERCOST OVERVIEW CONT'D

❑ Are there any paid services reflected on the Member Service Plan that could be provided by the Tribe, a Community Service, or IFS in order to reduce costs?

❑ Does the member take any Psychotropic medications, and what conditions are they prescribed for? Does this affect the member's LOC?

❑ What kind of family support system does the member have? Does the member have any family members that are willing/able to provide IFS for any of the ADLs?

❑ Does the member have any Behavioral Health (BH) issues that could impact the LOC?

❑ Are there any specific Plans of Action that the CM needs to follow up on for the member?

❑ Does the Service Plan outline the number of hours and days of the week the member requires paid services, and is it consistent with their diagnosis/LOC?

❑ Review the Case Notes for documentation with regards to Telephonic Assessments having been mailed out for signature, and if received, are the signed originals in the case file?

CES >80% OVERCOST OVERVIEW CONT'D

❑ Is there sufficient documentation/justification in the Comments section of each ADL? i.e. Is the service being provided by a paid caregiver or is Informal Family Support (IFS) providing the care, what time is the service needed, etc.?

❑ The HNT has an appropriate amount of Supervision built in for each Activity of Daily Living (ADL), based upon the LOC assessed. Does the time allotted appear appropriate for the member's diagnosis/LOC?

❑ If Pg 1 of the HNT has a Supervision Need marked, and paid time has been allotted in the General Supervision section, verify that the Comments section is *very specific* with regards to the services being provided, the time of day the services will be provided, who will be providing this service, and most importantly the service must not be covered within any of the other ADLs. In a few cases, there may be justifiable extenuating circumstances to warrant additional Supervision for a particular ADL, but it must be well documented/justifiable.

CES >80% OVERCOST OVERVIEW CONT'D

❑ Do the Case Notes contain any documentation that reflects any special needs, conditions, recent episodes/events, medical appointments, etc. that the CM needs to follow up on?

❑ Are there been any recent alarming weight changes (most notably weight loss) that could affect the member's care? i.e. If there is a significant weight loss, is it due to Failure to Thrive? If yes, is the member receiving Nutritional Supplements? If not, consider recommending the CM follow up on this.

❑ Does the member have any current skin conditions that are of concern to their health?

❑ Does the member have any BH services that should be entered on the CA165 Service Plan? What are they?

APPROVE, IF COST EFFECTIVE:
❑ When the CES HCBS percentage is found to be cost effective, 80 – 99%; a letter of approval (see snapshot on next page) must be written/signed (by the CM's Supervisor) and provided to the Tribal Plan assigned case manager to place a hard copy of the letter into the member's case file.

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CES >80% OVERCOST OVERVIEW CONT'D

❑ A copy of the approval letter will be supplied to the Tribal ALTCS Program Supervisors (snapshot to the right).

Today's date

CM Name
Contractor name
Address

Re: [MEMBER LAST NAME, FIRST NAME]   AHCCCS ID#: Axxxxxxxx

Dear **CM Name**:

I have reviewed your request for Over 80% of Institutional Cost for the above named member. The CA160/CES, dated **MM/DD/YYYY**, indicates the member's HCBS costs are currently at **00**% of the cost of institutional care.

This request is **approved** as AHCCCS considers HCBS to be cost effective if the cost of HCBS is equal to or less than 100% of the cost of institutional care for the member. Please document conversation with member and member's representative that as the cost of care gets closer to 100% of the institutional rate, they need to be considering the possible placement of member to a Skilled Nursing Facility (SNF); or Informal Support (IFS) will be utilized to bring the HCBS percentage down.

NOTE - The Case Manager must request authorization from the [**insert Tribal ALTCS Program Case Management Supervisor Title**] before any changes are made to services that will increase the HCBS percentage. If the HCBS percentage goes over 100% of the cost of institutional care for the member, but is expected to drop below 100% within the next six (6) months, then a CES Overcost packet must be submitted to the Division of Fee for Service Management (DFSM) Tribal ALTCS Nurse for review/approval.

I can be reached at **(XXX) XXX-XXXX** if you have any questions regarding this correspondence.

Thank you.

Sincerely,

[Tribal ALTCS Case Management Supervisor Name/Title]
[Tribal ALTCS Program Name]

cc: File

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Arizona Health Care Cost Containment System

CES >80% OVERCOST OVERVIEW CONT'D

❑ The approved CES Overcost is approved for up to one year from date of approval, provided the HCBS percentage remains the same, or if it goes lower, than what was previously approved.

❑ When the CES Overcost approval date expires, a new CES Overcost packet must be submitted to the Supervisor for review/approval, if the CA160 percentage remains >80% of the cost of institutional care.

❑ If a new review assessment is conducted and the assigned CM determines that the LOC and HCBS CES percentage goes higher than the previously approved >80% cost of institutional care, then a new CES Overcost packet must be submitted to the Supervisor for review/approval.

❑ When rates change, i.e. typically October 1st and January 1st of each year, then a new CES CA160 must be completed and if the HCBS percentage is >80% of the cost of institutional care, then a new CES Overcost packet is required to be submitted to the Supervisor for review/approval.

❑ If the HCBS percentage goes down, from what was previously approved, a new CES Overcost is not required……...provided the time period reflected on the previously approved CES Overcost Letter has not expired.

❑ **If a Tribal Program would like individual training on this topic in the future, please contact Kevin Hoy and he will coordinate the training with the Coordinators.**

CES 100% OR >100% OVERCOST OVERVIEW

PROCESS:

❑ Any CES Overcost that results in 100% or >**100%** of the cost of institutional care, must have a CES Overcost packet faxed to the DFSM Tribal ALTCS for review/approval. Services cannot be prior authorized on CA165 until discussions have occurred on how to decrease the HCBS percentage within the next six months.

❑ The Case Manager must have a written plan in place with the member and member's representative to bring the HCBS percentage below 100% within six (6) months; OR arrange placement for the member in an appropriate setting.

❑ The Supervisor must review and sign their approval.

❑ CM to fax the CES Overcost packet to DFSM Tribal ALTCS for review/approval.

❑ DFSM Tribal ALTCS will review, and if approved, will fax an approval letter to the CM, with an expiration date of up to six months, to place in the member's case file.

![AHCCCS logo] Arizona Health Care Cost Containment System

SERVICE CODE H0018 OVERVIEW

Short-Term Behavioral Health Residential Facility (BHRF)

PURPOSE: Placement in a H0018 setting is considered appropriate if the cost of services provided for a specific member does not exceed 100% of the net cost of institutional care for that member, is the least restrictive setting and will meet the member's Short-Term BHRF needs. Approval is based on a 90-day authorization period. The Tribal ALTCS Case Manager must fax to DFSM Tribal ALTCS, if the CA160 HCBS percentage is >80% of the net cost of institutional care.

POLICY: **310-B**, **320-O**, **320-V**, **(PP Deck)**, **1620-C**, and **1620-E** (Click on links to Policies). These policies are being updated, so more to come on this.

If you have a member with **H0018** services, please contact your assigned Coordinator for assistance and/or questions.

Thank You

Tribal Presentation-Native Health

Native Health

Arizona Long Term Care

Native Health ALTCS

Ak-Chin Indian Community

Cocopah Tribe

Colorado River Indian Tribes

Fort McDowell Yavapai Nation

Fort Mohave Indian Tribe

Havasupai Tribe

Hualapai Tribe

Quechan Tribe

Salt River Pima-Maricopa Indian Community

Yavapai Apache Nation

Yavapai Prescott Tribe

Kaibab-Paiute Tribe

Tonto Apache Tribe

★ These are the tribes we service.

Giving Back to the Community

Dec 2020-Turkey and food boxes delivered to member's. Most were unable to go out in the middle of this pandemic to shop for a holiday meal. The Tribal ALTCS members expressed gratitude and love to the ALTCS case managers who took the time to think about them and hand deliver a box of blessings.
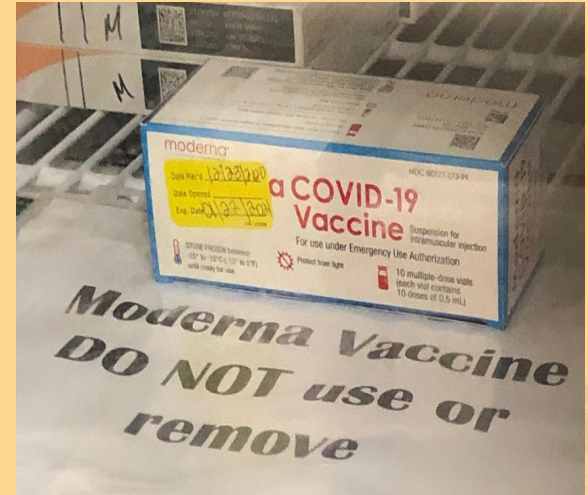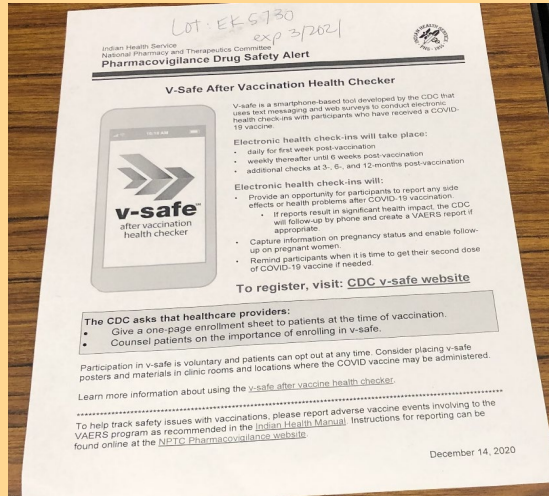
Giving Back to the Community
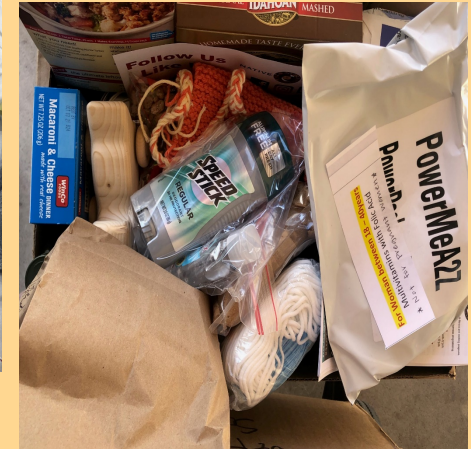
The food boxes contained all the fixing for a holiday meal. Plus socks, facial masks, hand sanitizer and so many other goodies.

TRIBAL ALTCS Members were offered COVID 19 Vaccines in Phase 1 from the Native Health Clinic and as of today Native Health ALTCS members remain a top priority in the fight against COVID 19.

Native Health ALTCS Success Story

Case Manager Latecia Banasau Presentation:

This is Marcus, and his success story. Marcus was injured in a automobile accident in 2016. He sustained a traumatic brain injury and other physically debilitating injuries. Marcus had a long road to recovery & had many obstacles to face. He had to relearn all his ADL's (adult daily living activities), such as how to walk, eat, bathe, groom & dress himself. Last but not least he needed to regain his cognitive ability to think, talk and hold a conversation. With 5 years of therapy, and determination, Marcus has successfully regained partial mobility and independency. He states there were times of depression and the feeling of not being able to continue on what seemed an uphill battle but he was determined. Marcus found the strength and motivation from his kids & from the support of his family then, began to push through.
Today, Marcus is living and leading a happy & positive life. He states if it hadn't been for the ALTCS Program/Services & the ALTCS Case Managers that helped him along the way, he would not be where he is today.
Marcus is very grateful for the Tribal ALTCS program that closed the gaps in services he needed to recover and return home. We, at Native Health ALTCS are so proud of Marcus and acknowledge his long journey to health, wellness & healing.
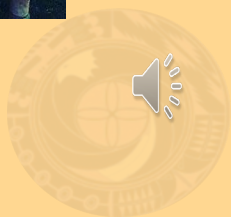
Introducing the Native Health Tribal ALTCS Team

Latecia Banasau
Case Manager

Tanya Jones
Case Manager

Jeremy Bear
Case Manager

Carol Mullett
Program Co-Ordinator
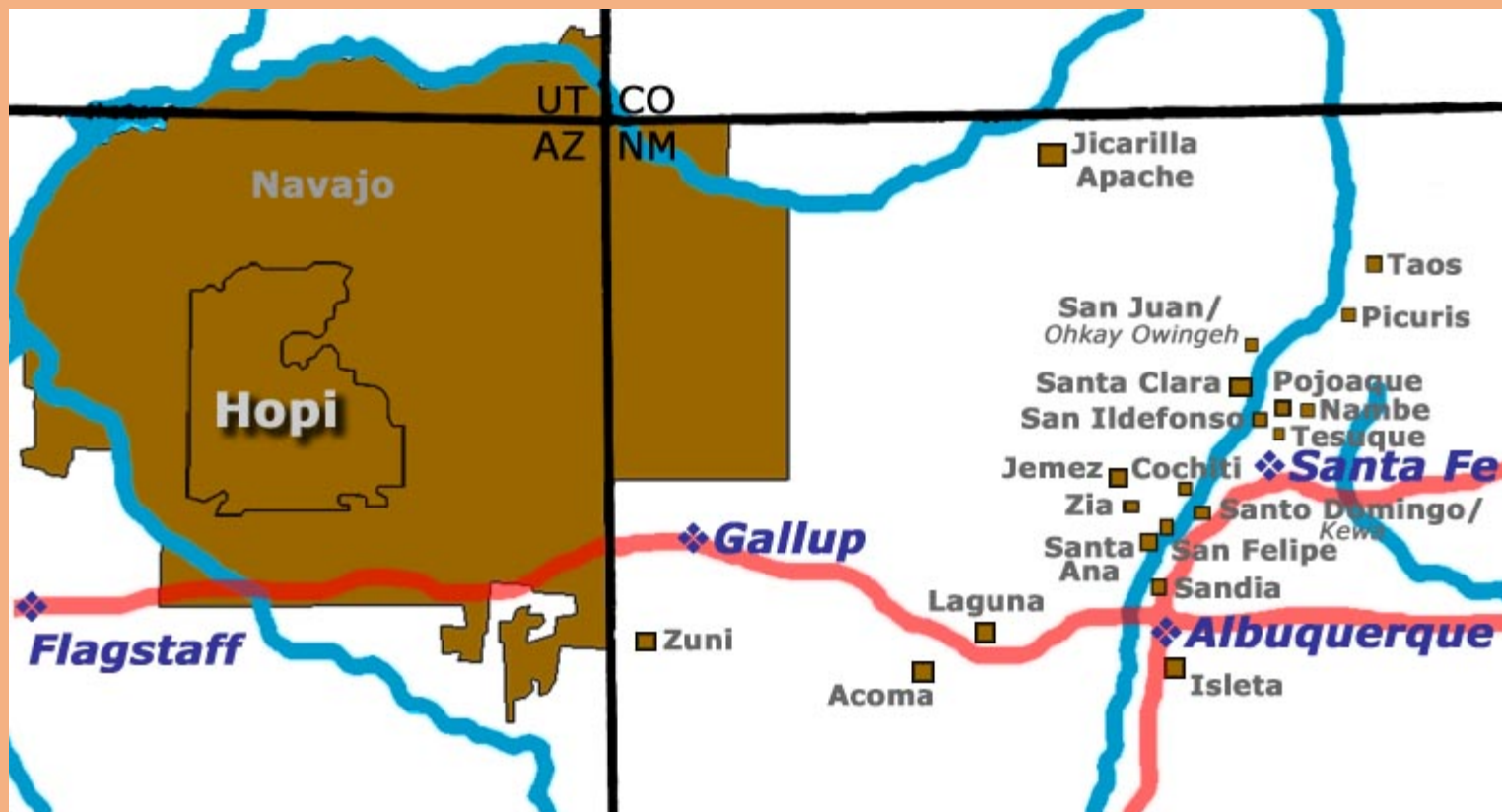
Dedra DeCorse
Program Manager

Jordan Begay
CHW Director

Tribal Presentation-HOPI

AHCCCS
Arizona Health Care Cost Containment System

OFFICE OF AGING & ADULT SERVICES HOPI TRIBE ALTCS PROGRAM

Kykotsmovi, Arizona

HOPI MESAS

First Mesa

Second Mesa

Third Mesa

DEPARTMENT OF HEALTH & HUMAN SERVICES ORGANIZATIONAL CHART

```
                    DEPARTMENT OF HEALTH
                           AND
                    HUMAN SERVICES
```

- **CHR**
- **Non-Emergency** Transportation
- **Office of Aginging & Adult Services**
  - **Arizona Long Term Care**
  - **Congregate & Home Delivered Meals**
  - **Family Caregiver**
  - **Social & Recreation /Transportation**
  - **Enhance Fitness**
- **WIC**
- **Cancer Support Services**
- **Wellness center**
- **Public Compliance Office**
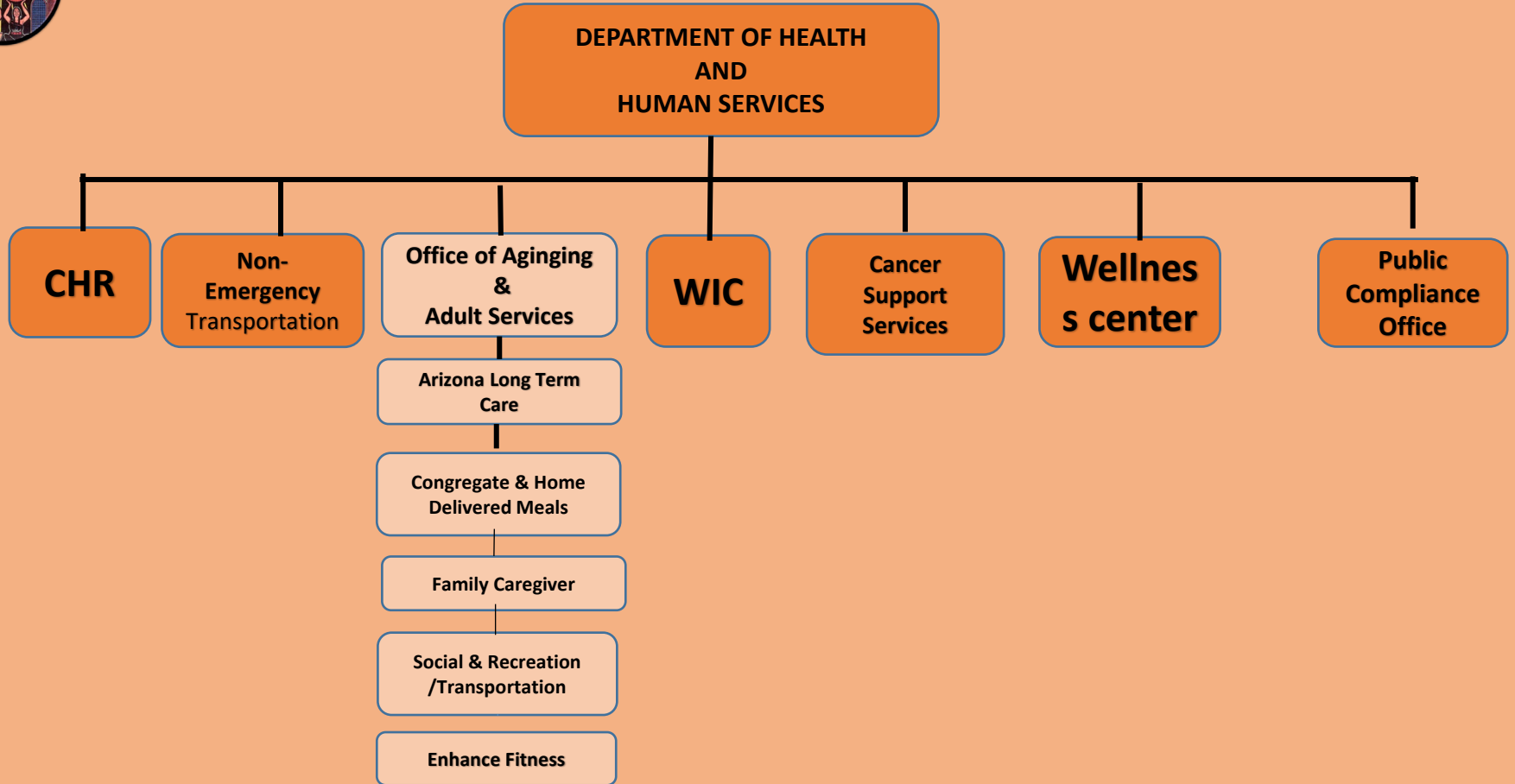
HOPI ALTCS STAFF

Beatrice
Norton
OAAS
Manager

Laurinda Pahovama
Supervisory Case
Manager

Claude
Bakurza
Case
Manager

Gail Pahona
Case
Manager

HOPI CASE LOAD DEMOGRAPHICS

➢ **74 Current Caseload**

➢ **62 Members receiving Home & Community Based Services**
➢ **11 Members in SNF**
➢ **1 Member in ALF**

➢ **48 Female**
➢ **26 Male**

COLLABORATIVE PARTNERS

➢ **Home Agencies**

➢ **Non-Emergency Transportation**

➢ **Hopi CHR Program**

➢ **Hopi Health Care Center**

➢ **Tuba City Regional Health Care Corporation**

➢ **Tribal Revenue Commission**

➢ **Skilled Nursing Homes and Assisted Living Facilities**

➢**Others**

COVID- 19 Barriers

- ➢ **Executive Orders /Stay at Home Orders**

- ➢ **Village closures**

- ➢ **Lack of reliable internet services**

- ➢ **Lack of Laptops, printers, faxes etc. at home**

- ➢ **Lack of access to office & files**
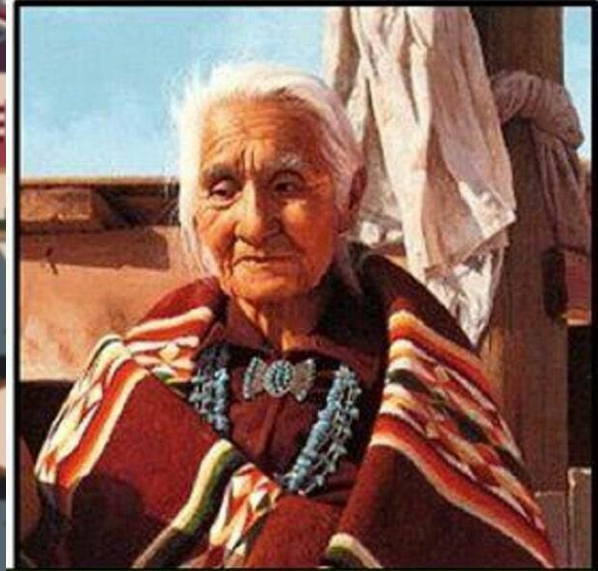
- ➢ **Construction and relocation of programs**

VACCINATIONS

➢ **45 ALTCS members received vaccinations.**

➢ **3 ALTCS members refused**

➢ **90 day waiting period for persons who have tested positive for COVID is now waived**

➢ **Community vaccinations for everyone at Hopi Health Care Center.**

Asquali
(Thank You)

Tribal Plan Recognitions

"Honor your Elders"
For they have the Wisdom
to Teach what we have not
learned yet.