

Arizona Long Term Care Systems (ALTCS)  
Tribal ALTCS Supervisors Quarterly Meeting  
October 17, 2019

<b>Hosted by and Location:</b>	<b>AHCCCS</b> <b>White Mountain Apache Tribe, HonDah Casino and Resort</b> <b>Pinetop, AZ</b>
<b>Tribal ALTCS Attendance:</b>	<p><b>Gila River Indian Community</b> – Diane Montes</p> <p><b>Hopi Tribe</b> –Laurinda Pahovama and Claude Bakurza</p> <p><b>Navajo Nation/Chinle</b> – Byron Wesley</p> <p><b>Navajo Nation/Fort Defiance</b> – Gloria Morgan</p> <p><b>Navajo Nation/Tuba City</b> – Casey Etsitty</p> <p><b>Navajo Nation/Dilkon</b> – Nyana Leonard</p> <p><b>Navajo Nation/Window Rock</b> – Marie Keyonnie and Deannah Neswood-Gishey</p> <p><b>Pascua Yaqui</b> – Rene Harbaugh, Barbara Ortiz, Patsy Triana, and Soni Guzman</p> <p><b>San Carlos Apache Tribe</b> – Ernestine Cruzado</p> <p><b>Tohono O’Odham</b> – Matilda Lopez and Lucile Lewis</p> <p><b>White Mountain Apache</b> – Reyedel Charley Sr, Eileen Altaha, Joycelynn Thompson, Jessica Rudolfe, and Jessie Johnson</p> <p><b>Native American Community Health</b> – Annie Langdeaux, Jeanna Wilson, and Candace Wilson</p>
<b>AHCCCS Staff:</b>	Rachel Hunter and Soni Fisher

<p><b>Rachel Hunter</b> AHCCCS Tribal ALTCS Administrator</p>	<p><b>Welcome to all Tribal Health Plans &amp; Introductions.</b></p>
<p><b>Reyedel Charley,</b> WMAT Director of Client Business Office</p>	<p><b>Prayer/Blessing</b></p>

<p><b>Rachel Hunter,</b> AHCCCS Tribal ALTCS Administrator</p>	<p><b><u>PLATE TEAM BUILDING EXERCISE:</u></b></p> <ol style="list-style-type: none"> <li>1. Exercise in learning how clear Supervisors/Managers verbal instructions are when a case manager cannot see, and is expected to follow the Supervisor’s verbal instructions to maneuver around scattered plates on the floor, without stepping on any plates.</li> <li>2. Exercise in how well case managers understand the instructions of their Supervisor/Manager, when they cannot see and are strictly following verbal instructions to maneuver around scattered plates on the floor, without stepping on any plates.</li> <li>3. There were four teams, consisting of one CM and one Supervisor on each team. Everyone seemed to have a great time participating in the exercise, watching and cheering on their co-workers during the exercise.</li> <li>4. Everyone learned something about giving accurate verbal instruction as well as listening and following verbal instructions.</li> </ol>
<p><b>Soni Fisher,</b> Tribal ALTCS CM Coordinator</p>	<p><b><u>Tribal ALTCS Data Metrics (see presentation):</u></b></p> <ol style="list-style-type: none"> <li>1. In comparing the metrics from a year ago, member overdue reviews dropped dramatically to historic all-time lows. You <u>all</u> deserve massive cudos for all your hard work!!!</li> <li>2. Even comparing the 2<sup>nd</sup> quarter metrics to 3<sup>rd</sup> quarter metrics is impressive. Good Job!!</li> </ol>
<p><b>Rachel Hunter,</b> AHCCCS Tribal ALTCS Administrator Prepared by: <b>Cheryl Begay</b></p>	<p><b><u>0194 Prior Authorization Request Form</u></b></p> <ol style="list-style-type: none"> <li>1. Long Term Care (LTC) member’s support teams</li> <li>2. Specific terminology used when coordinating care for LTC member.</li> <li>3. Guiding Principles of Case Management – 1610</li> <li>4. Template and Recommendations for Specialty Rate Request</li> </ol>
<p><b>Soni Fisher,</b> AHCCCS Tribal ALTCS CM Coordinator</p>	<p><b><u>ATTENDANT CARE SERVICES (see attached presentation)</u></b></p> <ol style="list-style-type: none"> <li>1. A possible Quality of Care issue recently came to our attention with regards to two members residing in one household, with one Caregiver providing services to both members. This presented many concerns to AHCCCS, as follows: <ol style="list-style-type: none"> <li>a. How many hours is the Caregiver working each week between the two members? If the Caregiver is being paid to work 77 hours a week, then is providing IFS to the members after that, our concern is for the health and safety of our members.</li> <li>b. Review the diagram on page 3 of the attached presentation to see where services are overlapping between the two members. Due to the overlapping services, one or both of the members may be at risk throughout the day.</li> <li>c. Both members should have a Managed Risk Agreement in place, acknowledging that they are aware there’s a real possibility of them being at risk of being harmed.</li> </ol> </li> </ol>

- d. It is important to identify the exact hours (page 5 of the Service Assessment) that the Caregiver will be providing services throughout the day, rather than providing a lump sum of time, i.e. 6am - 8am, 11am-12pm, 5-6pm, 8-10pm, versus 5 hours. We need to mitigate any possible fraud, waste and abuse allegations, **before** they occur.
- e. Caregiver Burnout is a real thing that may consist of physical, emotional, and/or mental exhaustion. Caregiver Burnout may result in unintentional neglect of one or both of the members. Both members are at a higher risk of falls and/or injury.
- f. With EVV a Caregiver will be assigned one Login ID and the system will not allow a Caregiver to be logged in for more than one member at a time.
- g. Please take time to review the HCBS cases within your office and if you find some of your members are in this situation, please notify your assigned Coordinator asap. These types of situations need to be resolved before EVV goes into effect in 2020.
- h. You may need to explore other options, such as bringing in a second Caregiver for one of the members, to ensure both members are receiving the quality of care that the case manager has assessed, and that neither are put in an at risk situation.
- i. You can suggest periodic Respite Care to avoid Caregiver burnout.
- j. You can explore possible IFS that could watch one member, while the paid Caregiver is attending to the other member. Note: Informal Support must be agreed upon by all parties.

**SUPERVISOR OVERDUE REVIEW RESPONSES (see attached presentation)**

1. When providing responses to overdue reviews on the Weekly Projected Overdue Reports, Supervisors need to be specific as to **why** the review is overdue. Replying “CM completed review on xx/xx/xx date” is not sufficient.
2. Member Specific Reasons are acceptable reasons why it’s overdue.
3. CMs conducting reviews late is considered non-compliant, unless specific corroborating circumstances are noted.
4. Questions Supervisors should be asking their CMs are:
  - a. Did the member request that the review be postponed due to conflicting appointments ***the member*** has? If so, make sure it’s documented in the case file. This would be an acceptable Member Specific reason.
  - b. Was the review completed late due to CM conducting it late? What was the reason? If the CM is out on sick leave, extended sick leave, etc. the Supervisor should already have a plan in place, as to which CM will conduct those reviews, to ensure on-time reviews are conducted.
  - c. Is the CM planning to go on vacation? PLAN AHEAD! The CM and Supervisor should meet to map out a plan on how to conduct reviews ahead of time, for any members due during the time period the CM will be out.
  - d. When considering monsoon, fire, flood and winter seasons, Supervisors need to PLAN AHEAD!! Check the weather forecast. Your CMs know their members, and which ones are difficult to get to during bad weather. If the

weatherman predicts rain, fire, flood, or snow for the following week or two, the Supervisor should meet with their CMs to determine which members are difficult to get to during bad weather and conduct those reviews *before* the bad weather hits.

### AMPM Policy 1620-E #2

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620E.pdf> states the following:

Member needs, placement and services **must** be reviewed, with the member present, **within the following timeframe**:

- a. **At least every 180 days for a member in an institutional setting** (this includes members receiving hospice services and those in non-Medicare certified institutional settings),
- b. **At least every 90 days** for a member receiving Home and Community Based Services (HCBS),
- c. **At least every 90 days for a member receiving acute care services only and living in his/her “own home” or an Alternative HCBS setting.** Acute care service monitoring for these members may be conducted on-site, via telephone or by certified letter. However, an on-site visit with the member must be completed at least once a year.  
**Acute Care Only members residing in a non-contracted or uncertified institutional setting must have an on-site visit at least every 180 days,**
- d. **At least every 180 days for DDD members 12 years or older residing in a group home, unless the member is medically involved or Seriously Mentally Ill/Severely Emotionally Disturbed (SMI/SED).** For members with medically involved needs or determined SMI/SED, on-site visits must be conducted at least every 90 days.

Refer to AMPM Exhibit 1620-1 for required Case Management Timeframes (link attached).

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

Contractors may develop standards for more frequent monitoring visits of certain members and/or specific types of placements at their discretion. However, **at a minimum, Contractors must adhere to the case management review standards outlined in this policy.**

Case managers are expected to attend nursing facility care planning meetings on a periodic basis to discuss the member’s needs and services jointly with the member/guardian/designated representative and care providers. At a minimum, case managers must consult with facility staff during 180-day visits to assess changes in member Level of Care.

### AMPM Policy 1620-E #3

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620E.pdf> states the following, which is a Member Specific Reason for a review being late:

If a case manager is unable to conduct a review visit as specified above **due to the refusal by the member and/or the member/guardian/designated representative to comply with these provisions**, services cannot be evaluated for medical necessity and therefore, will not be authorized. A Notice of Adverse Benefit Determination (NOA) must then be issued to the member setting forth the reasons for the denial/discontinuance of services.

### AMPM Policy 1620-E #9

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620E.pdf> states the following, regarding not being able to make contact with a member:

If the case manager is unable to contact a member to schedule a visit, a letter **must be sent to the member/guardian/designated representative requesting contact by a specific date (10 business days from the date of the letter is the suggested timeframe).** If no response is received by the designated date, the case manager **must send an electronic Member Change Report (eMCR), indicating loss of contact, to the local Arizona Long Term Care System (ALTCS) Eligibility office for possible disenrollment from the ALTCS program.** The eMCR must be sent after 30 days of no contact with a member. Disenrollment will not occur if the local office is able to make contact with the member or authorized representative and confirm that the member does not wish to withdraw from the ALTCS program.

5. In their responses to overdue reviews, Supervisors must provide the dates that attempts were made to complete the review, the dates door hangers were left, the

dates loss of contact letters were mailed, the dates eMCRs were submitted, and provide the reason *why* the review was overdue. This information must also be documented on the CA300 screen. Saying "Repeated Attempts Made" is not sufficient.

6. Supervisors must have a corrective Plan of Action with their CM's that are conducting overdue reviews, detailing what procedures will be implemented, in order to ensure that future overdue reviews do not occur. This correction Plan of Action must be placed in the case file(s).
7. If the reason provided that reviews are overdue is because a large number of the CM's reviews are all due the same week, that will be reported as non-compliant. It would benefit the Supervisor/CM to plan ahead to conduct some of those member case reviews early, i.e. 1 to 3 weeks early. This will then reset that member's the *next 90-day review due date* to an earlier timeframe, and space out the reviews so they don't all coincide within the same week in the future.

### [RESPECTING OUR MEMBERS TIME, HOME AND SPACE \(see attached presentation\)](#)

1. Respecting our members Time, Home and Space is a major component of Person-Centered Planning. We suggest CMs doing one of the following:
  - a. Mail a letter to the member (i.e. two weeks before the due date), notifying them of the upcoming review date and time.
  - b. Or, in lieu of mailing a letter, the CM could have a letter prepared (ahead of time), with the future quarterly review date/time reflected, then take it with them to the current review and leave it with the member as a reminder.
  - c. Explain in the letter that if you do not hear from the member by xx/xx/xx date (i.e. a week before the due date) you will assume that the date and time of the review works for the member. Place a copy of the letter in the case file, noting the date the letter was left with the member.
  - d. Or, in lieu of a letter, the CM could also take an Appointment Reminder card with them to the current review, reflecting the next date/time, and other pertinent information reflected. Place a copy of the appointment card in the case file.
  - e. Place a courtesy call to the member the day before the review date to confirm the date/time with the member.
  - f. A discussion occurred in the meeting where Supervisors mentioned that since some of their members cannot read, they suggest to the CMs to place something on the member's calendar, such as a big ★, so that the member knows that the CM will be visiting on that date. This is a good suggestion as well.

Doing any of these things will eliminate CMs showing up at a members home unannounced, only to find that the member is not home. *Don't Waste Your Time.*

This will also save on fuel, wear and tear on tribal vehicles, as well as save the CM time that they could be devoting to other members.

	<p>2. Person Centered Planning ensures that we treat our elder members with the same respect that we want our own elder family members to be treated.</p> <p><b><u>SUPERVISOR CASE REVIEW TOOL (see attached presentation and Audit Tool worksheet)</u></b></p> <p>1. Supervisors can utilize any audit tool that works for them, when auditing their CMs cases. AHCCCS Tribal ALTCS provided a sample audit tool that we created for our program audits, that allowed us to compare (at the glance) the Levels of Care assessed on the Service Assessment, UAT, and HNT (if HCBS) to ensure they are the same. See Audit Tool worksheet attached.</p>
<p><b>Soni Fisher and Rachel Hunter</b></p>	<p><b><u>TEAM BUILDING – MEMBERS’ GOALS (see samples and responses attached)</u></b></p> <p>1. Attendees were split up into four different teams and given a member scenario, and given a timeframe to come up with some <i>basic</i> goals that a member may want. Some of the examples were as follows:</p> <ol style="list-style-type: none"> <li>a. Member wants to be able to sit outside and watch the sun rise/set two times a week. CM to talk with the Caregiver to work out a plan to make this happen for the member.</li> <li>b. Member wants to take a walk a couple times a week. Maybe walk to a store (if one is close) and get an ice cream, popsicle, etc. It doesn’t have to be anything major, just so that the member can get out. CM to talk with the caregiver to work out a plan to make this happen.</li> <li>c. Member wants to see their children/grandchildren more often. CM to talk to the member’s rep to work out a plan with the family to go see the member more often.</li> </ol>
<p><b>Soni Fisher and Rachel Hunter</b></p>	<p><b><u>TEAM BUILDING – HNT &amp; UAT PROCESS (see samples and responses attached)</u></b></p> <ol style="list-style-type: none"> <li>1. Attendees were split up into four different teams and given a real member scenario that AHCCCS found during the audits.</li> <li>2. The teams worked together to complete the HNT and UAT, and in particular documenting the exact reason and time of day that the General Supervision (if applicable) would be provided.</li> <li>3. One individual in each team acted as the Supervisor, utilizing the Audit Tool that AHCCCS had provided, to ensure that the Levels of Care were the same on the documents.</li> <li>4. We ran out of time for this exercise, due to going over in other areas, but each team did a great job!! Two of the teams determined the member was a Level 1 LOC and the other two teams determined that the member was a Level 2 LOC. All teams had justification for their assessments and the LOC was appropriate. Congratulations!!!</li> </ol>
<p><b>Rachel Hunter, AHCCCS Tribal ALTCS</b></p>	<p><b><u>DAILY ROSTER</u></b></p> <ol style="list-style-type: none"> <li>1. Daily Rosters are sent by AHCCCS to ensure that each Tribal ALTCS Program is aware of their newly enrolled members, deceased members, dis-enrolled members, etc. It is not the intension of AHCCCS to utilize the Daily Rosters as a punitive tool</li> </ol>

Administrator	<p>against CMs, but rather as informational and/or instructional tools for the Programs.</p> <ol style="list-style-type: none"> <li>The manner in which the assigned Program leader and/or supervisor utilize the Daily Rosters is not within AHCCCS’ control, however it is the Program leader and/or supervisor responsibility to ensure that his/her case managers have immediate access to this information each work day.</li> <li>AMPM Chapter 1620-A Initial Contact/Visit Standards need to be followed by Tribal ALTCS Programs to meet requirements for this standard. <a href="https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620A.pdf">https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620A.pdf</a></li> </ol> <p><b><u>PERSON CENTERED PLANNING</u></b></p> <ol style="list-style-type: none"> <li>Verbal Updates provided on how the piloting of the Person Centered Planning is going. Review/discussion proposed revisions to the PCSP document.</li> <li>Review timelines &amp; next steps (follow-up training, curriculum/training manual, train-the-trainer, etc.)</li> </ol> <p><b><u>ELECTRONIC VISIT VERIFICATION UPDATES</u></b></p> <ol style="list-style-type: none"> <li>Update provided on Arizona-specific configuration to track and monitor timely service delivery and access to care for members.</li> <li>Provider webinar notification was distributed 11/07/19.</li> </ol>
Soni Fisher and Rachel Hunter	<p><b><u>LTC PROGRAM RECOGNITIONS – these CMs were presented with a Certificate of Achievement for not having any Overdue Reviews within the previous quarter.</u></b></p> <ol style="list-style-type: none"> <li>Annie Langdeaux, Native Health Tribal ALTCS</li> <li>Richard Tsosie, Navajo Nation Tribal ALTCS, Tuba City office</li> <li>Sonia Guzman, Pascua Yaqui Tribal ALTCS, Guadalupe office</li> <li>Nyana Leonard, Navajo Nation Tribal ALTCS, Dilkon office</li> </ol>
DFSM ALTCS Team	<p><b>Recognition &amp; Closing</b></p> <ul style="list-style-type: none"> <li>➤ <i>Next Tribal ALTCS Supervisor’s Quarterly meeting will be in January 2020, location and date to be announced. If any Programs are interested in Hosting the Quarterly Meeting, please let your Coordinator know. Thank you.</i></li> <li>➤ <i>We have some exciting news to announce that recently occurred within the AHCCCS Tribal ALTCS unit:</i> <ol style="list-style-type: none"> <li><i>Kevin Hoy recently joined our team as the Tribal ALTCS Supervisor</i></li> <li><i>Bandana Chetty recently joined our team as the Tribal ALTCS Specialist</i></li> <li><i>JD Simon has permanently joined our team as the Tribal ALTCS Nurse</i></li> </ol> <p><i>Please join us in welcoming these talented individuals to our team.</i></p> </li> </ul>