1. Within seven business days of a new member’s enrollment, the assigned case manager, or designee, must initiate contact with the member or member representative, even when a member is enrolled during a hospital stay. If the member resides in a nursing facility or other residential setting, the case manager, or designee, will contact the facility to inform the facility of the member’s enrollment. Initial contact may be made via telephone, a face-to-face visit or by letter, if the case manager is unable to contact the member by other approaches.

For members enrolled during an hospital stay, the assigned case manager shall participate in proactive discharge planning and follow up activities for these members as outlined in AMPM Policy 1020.

An on-site visit to initiate service planning must be completed by the case manager within 12 business days of the member’s enrollment. If information obtained during the initial contact or from the Pre-Admission Screening Tool completed by AHCCCS during the eligibility determination indicates the member has more immediate needs for services, the on-site visit should be completed as soon as possible.

In accordance with A.A.C. R9-21-307, for ALTCS E/PD and Tribal ALTCS members determined to have an SMI, the case manager must identify service providers to meet the member’s needs within 5 days of the initial assessment.

Within 10 days of the initial assessment, the case manager shall request the identified providers participate in the development of the member’s service plan. Additionally, within 20 days of the initial assessment the case manager must convene the interdisciplinary team to review and discuss the implementation of the member’s services.

The on-site visit must be conducted at the member’s place of residence in order to develop the member’s service plan. Confirmation of the scheduled on-site visit is recommended prior to the meeting.
The member must be present for, and be included in, the on-site visit. The member representative must be contacted for care planning, including establishing service needs and setting goals, if the member is unable to participate due to cognitive impairment, the member is a minor child and/or the member has a legal guardian.

Service must be initiated within 30 days of the member’s enrollment. Refer to Exhibit 1620-1 for a chart of Case Management Timeframes.

2. If the case manager is unable to locate/contact a member via telephone, visit or letter, or through information from the member’s relatives, neighbors or others, another letter requesting that the member contact the case manager should be left at, or sent to, the member’s residence. If there is no contact within 30 calendar days from the member’s date of enrollment, the case must be referred to the member’s Arizona Long Term Care Services (ALTCS) eligibility worker, via the electronic Member Change Report (MCR) process, for potential loss of contact. A hard copy of the MCR may be found in Exhibit 1620-2.

Only when AHCCCS Division of Member Services staff are also unable to contact the member or representative, will the process of disenrolling the member be initiated.

3. All contact attempted and made with, or regarding, an ALTCS member must be documented in the member’s case file.

The case manager is responsible for explaining the member’s rights and responsibilities under the ALTCS program to the member or member representative, including the procedures for filing a grievance and/or an appeal. A copy of these rights and responsibilities must also be provided in writing (generally via the Member Handbook). The member or member representative must sign and date a statement indicating that they have received the member rights and responsibilities in writing, that these rights and responsibilities have been explained to them and that they clearly understand them.