1021 – CONTRACTOR CARE MANAGEMENT

EFFECTIVE DATES: 10/01/21, 10/01/22, 01/01/23

APPROVAL DATES: 06/01/21, 05/05/22, 03/15/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. The Contractor shall ensure the provision of care management to assist members who may or may not have a chronic disease but have physical or behavioral health needs or risks that require immediate Contractor intervention. This care coordination shall assure members receive the necessary services to prevent or reduce an adverse health outcome. The Contractor is responsible for adhering to all requirements for medical management as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

III. POLICY

The Contractor shall have in place a Contractor Care Management process with the primary purpose of coordinating care and assisting in accessing resources for members with multiple or complex conditions and who require intensive physical, and/or behavioral health support services. The Contractor shall have multiple methods for referring a member to the Care Management program, including but not limited to referrals from the member/caregiver, internal sources and/or provider.

Care management is typically expected to be short-term and time-limited in nature. Care management services may include assistance in making and keeping needed physical and/or behavioral health appointments, following up and explaining hospital discharge instructions, health coaching and referrals related to the member's immediate needs, Primary Care Provider (PCP) reconnection, and offering other resources or materials related to wellness, lifestyle, and prevention. Clinical resources and assessment tools utilized shall be evidenced-based.
The Contractor Care Management program shall establish a process to ensure coordination of member physical and behavioral health care needs across the continuum, based on early identification of health risk factors or special care needs, as defined by the Contractor. Coordination shall ensure the provision of physical and behavioral services in any setting that meets the member's needs in the most cost-effective manner available.

The Contractor care managers are expected to have direct contact with members for the purpose of providing information and coordinating care. The Contractor's care management system shall automatically document the staff member's name and ID and the date and time the action or contact with the member occurred. The Contractor's care management system shall also provide automatic prompts and/ or reminders to follow-up with the member as specified in the member's care plan.

Contractor Care Management shall occur at the Contractor level and is an administrative function. If the Contractor intends to delegate a portion of the Care Management functions, prior approval by AHCCCS is required. Request for approvals shall be submitted as specified in ACOM Policy 438.

Contractor care managers are not performing the day-to-day duties of the ALTCS Case Manager, the provider Case manager, the TRBHA case manager, or the Tribal ALTCS case manager; however, Contractor care managers work closely with case managers to ensure the most appropriate service plan and services for members. Refer to AMPM Policy 570 for provider case management requirements. ALTCS Contractors and Tribal ALTCS shall refer to the additional ALTCS Case Management Standards as specified in AMPM Section 1620. TRBHA care coordination responsibilities are specified in the respective IGA.

The Contractor shall develop member selection criteria for the Contractor Care Management model to determine the service intensity or targeted interventions a member may require to help achieve improved health outcomes and reduce risk and cost. For example, the Contractor shall integrate data from medical and behavioral health claims or encounters, pharmacy claims, laboratory results, Health Risk Assessments (HRA)s, Electronic Medical Records (EMR), health services programs within the organization, or other advanced data sources to develop the selection criteria. The Contractor shall stratify members for their Care Management program for targeted interventions, on at least an annual basis.

A. CONTRACTOR CARE MANAGER RESPONSIBILITIES

Care management includes a comprehensive assessment of the member and development and implementation of a care plan that includes but is not limited to:

1. Initial assessment of members:
   a. Health status
   b. Physical and behavioral health history, including medications and cognitive function ,
   c. Activities of daily living,
   d. Social Determinants of health, and

2. Life planning activities, including but not limited to, wills, living wills, advance directives, health care powers of attorney, end of life care and advance care planning.

3. Evaluation of:
   a. Cultural and linguistic needs and preferences,
   b. Visual and hearing needs and preferences,
   c. Caregiver resources, and
   d. Availability of services, including community resources.

4. Development of a care management plan, including self-management tools, prioritized goals that consider member and caregiver preferences and desired level of involvement.

5. Identification of barriers.

6. Facilitation of referrals and a follow-up process to determine if members act on referrals made.

7. Development of a schedule for follow-up and communication with member.

8. A process and timeframe for monitoring the effectiveness of the care management plan

Contractor care managers shall work with the ALTCS case manager, provider Case manager, TRBHA case manager, Tribal ALTCS case manager, PCP, and/or specialist(s) to coordinate and address member needs in a timely manner. The Contractor care manager shall continuously document interventions and changes in the plan of care.

B. CONTRACTOR RESPONSIBILITIES

1. The Contractor shall establish policies and procedures that reflect integration of services to ensure continuity of care by:
   a. Ensuring that, in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements including, but not limited to, as specified in 45 CFR Part 160 and 164, Arizona statutes and regulations, and to the extent applicable in 42 CFR 457.1220, 42 CFR 438.100(a)(1), and 42 CFR 438.100(b)(2)(vi),
   b. Allowing each member/Health Care Decision Maker (HCDM) to select a PCP, TRBHA, or behavioral health provider, if appropriate, who is formally designated as having primary responsibility for coordinating the member's overall health care,
   c. Ensuring each member has an ongoing source of care appropriate to their needs as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(1),
   d. Ensuring each member receiving care coordination has an individual or entity that is formally designated as primarily responsible for coordinating services for the member, such as the Contractor care manager, ALTCS case manager, TRBHA case manager, Tribal ALTCS case manager or provider case manager. The member/HCDM shall be provided information on how to contact their designated person or entity as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(1),
   e. Specifying under what circumstances services are coordinated by the Contractor, including the methods for coordination and specific documentation of these processes,
   f. Coordinating the services for members between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(i),
   g. Coordinating covered services with the services the member receives from another Contractor and/or FFS as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(ii) and (iii),
   h. Coordinating covered services with community and informal supports that are generally available through contracting or non-contracting providers, in the Contractor's service area as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(iv),
   i. Ensuring members receive end of life care and advance care planning as specified in AMPM Policy 310-HH,

j. Establishing timely and confidential communication of data and clinical information among providers, as specified in AMPM Policy 940. This includes the coordination of member care among the PCP, AHCCCS Contractor(s), and tribal entities to include Tribal ALTCS and TRBHA. At a minimum, the PCP shall communicate all known primary diagnoses, comorbidities, and changes in condition to the Contractor and/or FFS provider and Tribal provider to include TRBHA and Tribal ALTCS when the PCP becomes aware of the need for Contractor, Tribal ALTCS, or TRBHA involvement in care,
k. Ensuring that the Contractor is providing pertinent diagnoses and changes in condition to the PCP in a timely manner. The Contractor shall facilitate this communication exchange as needed and establish monitoring activities such as record review to ensure that the exchange occurs as specified in AMPM Policy 940,
l. Ensuring that Contractor care managers provide consultation to a member's inpatient and outpatient treatment team and directly engage the member/HCDM and designated representative as part of the Contractor Care Management program,
m. The Contractor shall ensure that individuals admitted to a hospital who are identified as in need of behavioral health services are responded to as specified below:
    i. Upon notification of an individual who is not currently receiving behavioral health services, the Contractor shall ensure a referral is made to a provider agency within 24 hours,
n. The Contractor shall ensure that provider agencies attempt to initiate services with the individual within 24 hours of referral and that the provider agency schedules additional appointments and services with the individual prior to discharge from the hospital,
    i. For members already receiving behavioral health services, the Contractor shall ensure coordination, transition, and discharge planning activities are completed in a timely manner.
o. Ensuring policies reflect care coordination for members presenting for care outside of the Contractor's provider network,
p. The Contractor shall identify and coordinate care for members with Substance Use Disorders (SUD) and ensure access to appropriate services such as Medication Assisted Treatment (MAT) and Peer Support Services, and
q. Coordinate care for members with High Needs and/or High Costs (HNHC) who have physical and/or behavioral health needs. Care coordination and interdisciplinary team meetings shall occur at least monthly, or more often, as needed, to affect change and if needed to discuss barriers and outcomes. The Contractor shall implement the following, which includes planning interventions for addressing appropriate and timely care for the identified members as well as:
    i. Specifying methodologies, inclusion criteria, interventions and member outcomes based on data analysis, and
    ii. The Contractor may include additional criteria if the Contractor determines necessary.
r. The Contractor shall submit an overview of the HNHC program, which shall include the above requirements, in the Medical Management (MM) Program Plan submission, AMPM Policy 1010, Attachment A,
s. The Contractor shall submit counts of distinct members that are considered to have High Cost Behavioral Health needs based on Contractor-developed criteria. The Contractor shall submit the High- Cost Behavioral Health Report on Attachment E, as specified in Contract,

t. The Contractor shall develop policies and implement procedures for members with Special Health Care Needs (SHCN), as specified in Contract and AMPM Policy 520, including:
   i. Identifying members with SHCN,
   ii. Ensuring an assessment by an appropriate health care professional for ongoing needs of each member,
   iii. Ensuring adequate care coordination among providers or TRBHAs,
   iv. Ensuring a mechanism to allow direct access to a specialist as appropriate for the member's condition and identified needs (e.g., a standing referral or an approved number of visits), and
   v. Additional care coordination activities based on the needs of the member.

2. The Contractor shall implement measures to ensure that members/HCDM and designated representatives involved in Contractor Care Management:
   a. Are informed of particular health care conditions that require follow-up,
   b. Receive, as appropriate, training in self-care and other measures they may take to promote their own health, and
   c. Are informed of their responsibility to comply with prescribed treatments or regimens.

3. The Contractor Care Management service plan shall focus on achieving member wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The Contractor care manager shall also assist the member/HCDM in identifying appropriate providers, TRBHAs, or other FFS providers, and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the member and the Contractor.

4. The Contractor shall proactively provide care coordination for members who have multiple complaints regarding services or the AHCCCS program. This includes members who do not otherwise meet the Contractor criteria for Contractor Care Management, as well as members who contact governmental entities for assistance, including AHCCCS.

5. The Contractor shall report their monitoring of members awaiting admission and those members who are discharge ready from ASH. Form can be found on the AHCCCS website under Resources, Oversight of Health Plans – System of Care.
   a. Demonstrate proactive care coordination efforts for all members awaiting admission to, or discharge from ASH,
   b. Not limit discharge coordination and placement activities based on pending eligibility for ALTCS,
   c. In the case a member has been awaiting admission to, or discharge from ASH for an excess of 90 days:
      i. The Contractor shall complete and submit a barrier analysis report to include findings, performance improvement activities and implementation plan, and
      ii. Submit a status report for each member who is continuing to await admission or discharge as specified in Contract.

6. In the event that a member's mental status renders themself incapable or unwilling to manage their medical condition and the member has a skilled medical need, the Contractor shall arrange ongoing medically necessary nursing services in a timely manner.

7. The Contractor shall identify and track members who utilize Emergency Department (ED) services inappropriately four or more times within a six-month period. Interventions shall be implemented to educate the member/HCDM on the appropriate use of the ED and divert members to the right care in the appropriate place of service.

   Contractor Care Management interventions to educate members/HCDMs shall include, but are not limited to:
   a. Outreach phone calls/visits,
   b. Educational letters,
   c. Behavioral health referrals,
   d. HNHC program referrals,
   e. Disease/chronic care management referrals,
   f. Exclusive pharmacy referrals, and
   g. Social Determinants of Health (SDOH) resources.

   The Contractor shall submit the Emergency Department Diversion Summary, Attachment A as specified in Contract, identifying the number of times the Contractor intervenes with members utilizing the ED inappropriately.

8. The Contractor shall monitor the length of time adults and children remain in the ED while awaiting behavioral health placement or wrap around services. Immediately upon notification that a member who requires behavioral health placement or wrap around services is in the ED, the Contractor shall coordinate care with the ED and the member's treatment team to discharge the member to the most appropriate placement or wrap around services. The Contractor's CMO involvement is required for members experiencing a delay in discharge from institutional settings or the ED.

   The Contractor shall submit the 24 Hours Post Medical Clearance ED Report utilizing Attachment B as specified in Contract.

9. The Contractor shall develop a plan specifying short- and long- term strategies for improving care coordination and the Care Management program as specified in the MM Program workplan. In addition, the Contractor shall develop an outcome measurement plan to track the progress of the strategies. The plan specifying the strategies for improving care coordination and the outcome measurement shall be reported in the annual MM Program Plan, and submitted as specified in Contract utilizing AMPM Policy 1010, Attachment A and Attachment B.