

**1200 – CHAPTER OVERVIEW**

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This Chapter provides a description and discussion of the amount, duration and scope of Home and Community Based Services (HCBS), including alternative residential settings and institutional services provided by AHCCCS through the Arizona Long Term Care System (ALTCS) to members who are elderly and/or have physical disabilities and to members who are determined to have Developmental Disabilities (DD) who require an institutional level of care (this term is also referred to as at immediate risk of institutionalization). The member is the primary focus of the ALTCS program. The member, and family/significant others, as appropriate, are active participants in the planning and evaluation of services provided to members. The member's Instrumental Activity of Daily Living (IADL) capacity, as well as the Activity of Daily Living (ADL) capacity must be taken into consideration when determining the service plan that is appropriate to the member's needs. Members are to be maintained in the most integrated setting appropriate for their needs. To that end, members are afforded choice in remaining in their own home, or choosing an alternative residential setting versus entering or remaining in an institution.

Members are those individuals who are eligible for ALTCS services and enrolled with an ALTCS Contractor, the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) or a Tribal Contractor. All services provided to ALTCS members with DD are provided through ADES/DDD. Managed Care Contractors provide long term care services within their network. Tribal Contractors authorize long term care services through a FFS network. The financial and medical eligibility determination process for ALTCS members is conducted by the AHCCCS Division of Member Services. For purposes of this Chapter, ALTCS Contractors, ADES/DDD and Tribal Contractors will be referred to as ALTCS Contractors or Contractors, unless otherwise noted to increase clarity.

The Chapter also provides information regarding the approved settings in which HCB and institutional services may be provided. Service providers must be appropriately licensed, registered or certified by a State governing board or agency and must be registered as an AHCCCS provider. To serve members enrolled with a Managed Care Contractor, including ADES/DDD, service providers, with certain limited exceptions, must also be contracted with the Contractor.

Each ALTCS member is assigned a case manager, through the Contractor, who coordinates care with the member's primary care provider and is responsible for authorizing and monitoring all services provided through ALTCS as described in this Chapter. The number and frequency of HCB services or the placement of a member in an alternative residential, community residential or community behavioral health setting is determined by member need and through the Cost Effectiveness Study conducted by the member's case manager. Detailed information regarding ALTCS case management functions and responsibilities can be found in AMPM Policy 1600.

ALTCS provides HCBS for its members through a Section 1115 Waiver from the Centers for Medicare and Medicaid Services (CMS). Contractors are encouraged by AHCCCS to, whenever possible, serve members in their own home or assist members with placement in HCB alternative settings. The cost of room and board in an HCB setting is not covered by ALTCS.

### **Managed Care**

ALTCS requires the Managed Care Contractors to implement Prior Authorization (PA) procedures for inpatient hospital services, and also encourages them to implement PA and medical management methods for other services, as they deem appropriate. To obtain information regarding Contractor PA requirements for specific services, contact the member's Contractor.

If an ALTCS service requiring PA is denied, reduced, suspended or terminated by a Contractor (including ADES/DDD), the member must be notified of the action. Contractors must comply with the notice of action requirements specified in Arizona Administrative Code Title 9, Chapter 34 (9 A.A.C. 34).

### **Fee-For-Service (FFS)**

Elderly or physically disabled American Indians who are living "on-reservation" or who have lived on a reservation prior to admission into an off-reservation nursing facility and have been determined eligible for the ALTCS program are enrolled with an ALTCS Tribal Contractor. Tribal Contractors, through assigned tribal case managers, are responsible for providing case management services and for authorizing certain services, including most ALTCS HCBS and institutional services.

Although the Tribal Contractor is responsible for authorizing many ALTCS services, there are specific services that may only be authorized by the AHCCCS Administration through the Division of Fee-For-Service Management (DFSM) Care Management Systems Unit (CMSU). AHCCCS reimburses the services through its FFS ALTCS Program whether the services are authorized by the Tribal Contractor or the DFSM CMSU Unit (Tribal Contractors provide the assessment and authorization for services only. They do not reimburse the provider for services). Some services do not require prior authorization. These services include emergency services (medical and behavioral health), and EPSDT services, including dental, for members under age 21.

Refer to AMPM Policy 800 for additional information on AHCCCS FFS PA requirements.

### **Licensing Exceptions for On-Reservation Facilities and Providers**

1. Most health care facilities located on Native American reservations, and Indian Health Service hospitals regardless of location, are not required to be licensed by the State of Arizona. However, some facilities may require Federal certification. An example is Medicare/Medicaid certification for nursing facilities.

2. Registration of these on-reservation tribal service providers and settings is coordinated by AHCCCS and approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

### **Out-of-State Services Providers**

Services provided outside the State of Arizona, by out-of-state service providers, are covered as provided for under Title 42 of the Code of Federal Regulations (42 C.F.R.), Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states or are services needed due to a medical emergency. Providers must register with AHCCCS for reimbursement. Services furnished to AHCCCS members outside of the United States are not covered. AHCCCS will not register providers who are located outside of the United States.

**NOTE:** “United States” (U.S.) is as defined in AMPM Policy 300.

### **Exhibits/Appendices**

The following Exhibits can be found at the end of each policy in this Chapter. Appendix J can be found at the end of this Manual. Managed Care Contractors are not required to conform to those Exhibits/Appendices that are specifically designated for the use of the AHCCCS FFS program.

1. Exhibit 1210-1 identifies durable medical equipment included in the FFS per diem rate for nursing facilities and intermediate care facilities for persons with intellectual disabilities.
2. Exhibit 1210-2 lists the medical supplies included in the FFS per diem rate for institutional services.
3. Exhibit 1220-1 provides a copy of the Level I Pre-Admission Screening and Resident Review reporting form.
4. Exhibit 1240-1 identifies medical supplies included in the FFS rate for home health nursing visits.
5. Exhibit 1240-2 identifies covered home health nursing services that may be provided by professional nurses (Registered Nurses and Licensed Practical Nurses).
6. Exhibit 1240-3 provides a copy of the AHCCCS/ALTCS FFS Home Modification Request/Justification form.
7. Exhibit 1250-1 identifies whether service authorization is to be obtained from the case manager or, if PCP orders are required, for the various components of ALTCS services.
8. Exhibit 1250-2 provides a table of ALTCS services, service codes and applicable units of service,



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9. Appendix J contains information and the required form for mileage reimbursement for independently registered FFS providers of certain in-home services.

Refer to the AHCCCS FFS Provider Manual and the IHS/Tribal Billing Manual for FFS claims billing information. Both of these manuals are available on the AHCCCS Web site ([www.azahcccs.gov](http://www.azahcccs.gov)).

Refer to the specific Contractor for managed care claims billing information.