

1620-N SERVICE CLOSURE STANDARD

REVISION DATES: 10/01/04, 02/01/05, 09/01/05, 10/01/07, 01/01/10, 01/01/11, 05/01/12, 01/01/16, 08/14/18

EFFECTIVE DATE: 02/14/96, 03/01/13, 06/13/18

I. PURPOSE

This Policy applies to ALTCS/EPD, DES/DDD (DDD) Contractors, and Tribal ALTCS Programs. This Policy establishes requirements regarding the closure of services for ALTCS members.

II. DEFINITIONS

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOA) The written notice to the affected member regarding an Adverse Benefit Determination by the Contractor.

III. POLICY**A. SERVICE CLOSURE REQUIREMENTS**

1. Closure of a member's service(s) may occur for various reasons. The following is a list of the most common reasons. This list is not all-inclusive:
 - a. The member is no longer Arizona Long Term Care System (ALTCS)-eligible, as determined by AHCCCS/DFSM,
 - b. The member dies,
 - c. The case manager and/or physician determine that a service is no longer necessary,
 - d. The member or representative requests discontinuance of the service(s) or refuses services,
 - e. The member moves out of the Contractor service area,
 - f. The member leaves the Contractor service area temporarily and the Contractor is unable to continue services,
 - g. For members who are Elderly and/or have Physical Disabilities (EPD) in a county with choice, the member's Contractor has been changed due to member request, and/or
 - h. Contact has been lost with the member.
2. If the member has been determined ineligible for ALTCS, the member/guardian/designated representative will be informed of this action and the reason(s), in writing, by AHCCCS/Division of Member Services (DMS). This notification will provide information about the member's rights regarding that decision

3. ALTCS Case managers are required to provide community referral information on available services and resources to meet the needs of members who are no longer eligible for ALTCS.
4. If a service is closed because the ALTCS Contractor has determined that it is no longer medically necessary, the member shall be given a Notice Of Adverse Benefit Determination (NOA) regarding the plan to discontinue the service that contains information about his/her rights with regards to that decision.

A NOA is not required if the member/guardian/or designated representative agrees with the closure of a service on the service plan (Exhibit 1620-13).

Refer to Arizona Administrative Code 9 A.A.C. 34 for specific information and timeframes about written member notices. ACOM Policy 414 provides additional requirements for Contractors regarding and examples of Notices of Action.

5. When the member's enrollment will be changed to another Contractor, the ALTCS case manager shall coordinate a transfer between the Contractors. Refer to AMPM Policy 520 for additional requirements for member transitions.
6. The ALTCS case manager is responsible for notification of and coordination with service providers to assure a thorough discharge planning process.
7. If a member is disenrolled from ALTCS, but remains eligible for AHCCCS benefits, the case manager shall direct the member to the AHCCCS website for information regarding available AHCCCS Complete Care (ACC) Contractors and encourage the member to convey their choice of health plans to the AHCCCS Communication Center at 1-800-962-6690.
8. Case notes shall be updated to reflect service closure activity, including, but not limited to:
 - a. Reason for the closure,
 - b. Member's status at the time of the closure, and
 - c. Referrals to community resources if the member is no longer ALTCS eligible.
9. The ALTCS case manager shall update placement history (CA161) and Service Plan information in the case file and Clients Assessment Tracking System (CATS), as applicable. When a service is closed, the end date and service units shall be adjusted accordingly.
10. A member who is disenrolling from ALTCS will generally remain enrolled through the end of the month in which the eligibility is terminated. If the member voluntarily withdraws and wants ALTCS benefits to stop immediately, the disenrollment will be effective with the processing of the withdrawal by DMS.

11. **The member continues to be the responsibility of the Contractor until the member's disenrollment is processed by AHCCCS/DMS and appears on the Contractor's roster.** Members are eligible to receive medically necessary services through their disenrollment date.

12. When the reason for termination is the member's death, the case manager shall end date the service authorization(s) with the date of death.