1630 - ADMINISTRATIVE STANDARDS

EFFECTIVE DATES: 10/01/07, 02/01/09, 01/01/11, 05/01/12, 03/01/13, 01/01/16, 10/01/17, 01/08/20, 10/01/21, 10/01/23, 10/01/26

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I. PURPOSE

This Policy applies to ALTCS E/PD, DES DDD (DDD) Contractors; Fee-For-Service (FFS) Program including Tribal ALTCS; and all FFS providers, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes administrative responsibilities related to case management of all members in Arizona Long Term Care System (ALTCS).

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

For purposes of this policy the following terms are defined as:

CASE MANAGEMENT EXPERIENCE	Human service-related experience requiring care coordination across service delivery systems and work involving assessing, evaluating, and monitoring services for individuals with special health care needs related but not limited to conditions such as physical and/or intellectual disabilities, aging, physical and/or behavioral health disorders, and substance use disorder.
DESIGNATED REPRESENTATIVE (DR)	An individual acting on behalf of the member with the written consent of the member or member's legal guardian. As used in this policy the Designated Representative is distinct and separate from the Health Care Decision Maker (HCDM).
NOTICE OF ADVERSE BENEFIT DETERMINATION (NABD)	Written notice to the affected member regarding an Adverse Benefit Determination (otherwise known as Notice of Action) by the Contractor.
SOCIAL WORKER (SW)	An individual who possesses a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education. Social workers shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which they practices and shall possess the skills and professional experience necessary to practice social work.

III. POLICY

A. CASE MANAGER QUALIFICATIONS

The Contractors and Tribal ALTCS programs shall ensure there is a staff of qualified and experienced individuals who are available to provide case management services to members. Individuals hired as case managers shall be **one** of the following :

1. A Social Worker (SW).

2. A licensed Registered Nurse (RN).

3. An individual with a degree in psychology, special education, or counseling, and has at least one year of case management experience as specified in the case management experience definition.

4. An individual with case management experience serving individuals who are elderly and/or individuals with physical or developmental disabilities and/or individuals determined to have a Serious Mental Illness (SMI):
   a. For case managers who will serve individuals who are elderly and/or individuals with physical or developmental disabilities the requirement is two years of case management experience serving these populations,
   b. For case managers who will serve individuals who are elderly and/or individuals with physical or developmental disabilities and have been determined to have an SMI designation, the requirement is:
      i. One year of case management experience serving individuals with physical or developmental disabilities, and
      ii. Two years of case management experience serving individuals determined to have an SMI designation.

B. CASE MANAGEMENT PROCEDURES/TECHNICAL

The Contractor shall maintain case management procedures that are reflective of AHCCCS policies, as defined in AMPM Chapter 1600.

The Contractors and Tribal ALTCS Programs may develop their own standardized forms and tools for recording information regarding members' needs and services. However, all Contractors and Tribal ALTCS Programs shall utilize the following standardized forms as specified in AMPM Chapter 1600, including, but not limited to the following:

1. AMPM Exhibit 1620-3.

2. AMPM Exhibit 1620-10.

3. AMPM Exhibit 1620-17.

The Contractor and Tribal ALTCS Program or Tribal ALTCS Unit shall establish a mechanism to ensure that Client Assessment Tracking System (CATS) data is entered accurately and within established timeframes, as specified in AMPM Exhibit 1620-1.

C. TRAINING

The case managers shall be provided with sufficient orientation and ongoing training on subjects relevant to the population served by the Contractor and Tribal ALTCS Program. The documentation of training dates and staff attendance as well as copies of materials used shall be maintained.

1. The Contractor and Tribal ALTCS Program shall ensure that there is a structure in place to provide uniform training to all case managers. This plan shall include formal training classes as well as mentoring-type opportunities for newly hired case managers.

2. Newly hired case managers shall be provided with orientation and training in a minimum of the following areas:
   a. An overview of the ALTCS program,
   b. The role of the case manager in utilizing a person-centered approach to ALTCS case management, including maximizing the role of the member/Health Care Decision Maker (HCDM) if applicable in decision-making and service planning,
   c. The principle of most integrated, least restrictive settings for member placement,
   d. Member rights and responsibilities,
   e. The federal regulations for the Security and Privacy of Protected Health Information found at 45 CFR Part 164 (HIPAA) and for the Confidentiality of Substance Use Disorder (SUD) Patient Records found at 42 CFR Part 2,
   f. Case management responsibilities, including, but not limited to:
      i. Service planning,
      ii. Monitoring access to care, and
      iii. Notice of Adverse Benefit Determination (NABD).
   g. Case management procedures specific to the Contractor,
   h. The continuum of ALTCS services, including available service delivery options, placement settings and service restrictions/limitations,
   i. The Contractor provider network by location, service type and capacity, including information about community resources for non-ALTCS covered services,
   j. AHCCCS-registered providers, including Indian Health Services (IHS) and tribally owned and/or operated 638 facilities for Tribal ALTCS case managers, as specified in the Intergovernmental Agreement (IGA),
   k. Information on local resources for housing, education and employment services/ programs that could help members gain greater self-sufficiency in these areas,
   l. Responsibilities related to monitoring for and process for reporting of Quality of Care (QOC) concerns, including, but not limited to, suspected abuse, neglect, and/or exploitation,
   m. Responsibilities related to monitoring for and reporting of fraud, waste, and abuse,
   n. Information on resources related to caregiver stress and burnout,
   o. General medical information, such as symptoms, medications, health literacy, and treatments for diagnostic categories common to the ALTCS population served by the Contractor or Tribal ALTCS Program ,

p. General social service information, such as family dynamics, care contracting, dealing with difficult people, and risk management, including safety precautions for case managers,
q. Behavioral health information, including identification of member's behavioral health needs, covered behavioral health services and how to access those services, and the requirements for initial and quarterly behavioral health consultations,
r. Case management responsibilities including processes for making referrals for SMI determinations and standards related to the provision of services for members determined to have an SMI designation,
s. End of life person centered planning, services, and supports including covered services and how to access those services within the Contractor's network,
t. Pre-Admission Screening and Resident Review (PASRR) process,
u. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards for members under the age of 21, and
v. ALTCS management information system, CATS which maintains member-specific data such as Cost Effectiveness Studies, Placement/Residence codes, behavioral health codes, review dates and, for Tribal Contractors, service authorizations. The level of orientation to CATS shall be dependent on the level of direct usage by the Contractor case managers.

3. In addition to orientation and training requirements listed above, all case managers shall be provided with regular ongoing training on topics relevant to the population(s) served. The following are examples of topics that could be covered:
   a. Policy updates and new procedures,
   b. Refresher training for areas found deficient through the Contractor's and Tribal ALTCS Program internal monitoring process,
   c. Interviewing skills,
   d. Assessment/observation skills,
   e. Cultural competency, including but not limited to culturally and linguistically appropriate practices, reducing bias, promoting inclusion, communication styles, cultural differences based on individual demographics, and disability and aging sensitivity training,
   f. Member rights,
   g. Physical/behavioral health conditions,
   h. Innovations in health care delivery and research,
   i. Medications – side effects, contraindications, and poly-pharmacy issues, and
   j. End of life care.

4. Training may also be provided by external sources, for example:
   a. Consumer advocacy groups,
   b. Providers (physical or behavioral health), and
   c. Accredited training agencies.

5. The Contractor shall ensure that a staff person(s) is designated as the expert(s) on housing, education and employment issues, and resources within the Contractor's service area. In general, these individuals shall be available to assist case managers with up-to-date information designed to aid members in making informed decisions about their independent living options.

6. The following only apply to DDD and the E/PD Contractors:
   a. The staff designated as the housing expert is responsible for identifying housing resources and building relationships with housing providers and public housing authorities for the purpose of developing innovative practices to expand housing options, assisting case managers in making appropriate referrals for members in need of housing and tracking referrals and outcomes. The Contractor shall identify members with housing needs and develop a monitoring process to support transition or post-transition activities including, but not limited to: transition wait times, transition barriers, monthly income amounts, housing options chosen, and counties chosen for transition, and
   b. The staff designated as the employment expert shall be available to assist subcontractors with up-to-date information designated to aid members in making informed decisions about employment, including but not limited to: ADES/Rehabilitation Services Administration (RSA) and ARIZONA@WORK. Furthermore, this individual is responsible for educating case managers on how to incorporate the Arizona Disability Benefits 101 (www.az.db101.org) resource tool into personal goal development planning discussions with members and developing and implementing strategies to educate members on the resource tool. The Contractor shall attend ad hoc technical assistance meetings for the purpose of enhancing program delivery to increase successful employment outcomes for members.

D. CASELOAD MANAGEMENT

Adequate numbers of qualified and trained case managers shall be provided to meet the needs of members, and shall meet the caseload ratios detailed below, except as otherwise specified in this policy.

The Contractors and AHCCCS Tribal ALTCS Unit shall have written protocols to ensure newly enrolled ALTCS members are assigned to a case manager immediately upon enrollment.

1. Members Who Are Elderly and/or Physically Disabled (E/PD):

   The following formula represents the maximum number of members allowable per E/PD case manager. Each case manager's caseload shall not exceed a weighted value of 96:
   a. For members in an institutional setting, a weighted value of **1.0** is assigned. The case managers may have up to 96 members (96 x 1.0 = 96),
   b. For members in a Home and Community Based Services (HCBS) (own home) setting, a weighted value of **2.2** is assigned. The case managers may have up to 43 members (43 x 2.2 = 96 or less),
   c. For members in an Alternative HCBS setting, a weighted value of **1.8** is assigned. The case managers may have up to 53 members (53 x 1.8 = 96 or less),
   d. For members in Acute Care Only (ACO) status, a weighted value of **1.0** is assigned. The case managers may have up to 96 members (96 x 1.0 = 96), and
   e. If a mixed caseload is assigned, there can be no more than a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

(# of members in an institutional setting x 1.0)
+
(# of members in an HCBS (own home) setting x 2.2)
+
(# of members in an Alternative HCBS setting x 1.8)
+
(# of members in Acute Care Only (ACO) status x 1.0)

= 96 or less

2. Members with an SMI designation:

   The following formula represents the maximum number of members allowable per E/PD case manager serving members determined to have an SMI. Each case manager's caseload shall not exceed a weighted value of 96:
   a. For members in an institutional setting determined to have an SMI, a weighted value of **1.4** is assigned. Case managers may have up to **68** members with an SMI determination (68 x 1.4 = 96 or less),
   b. For members in an HCBS (own home) setting determined to have an SMI, a weighted value of **3.0** is assigned. Case managers may have up to **32** members with an SMI determination (32 x 3.0 = 96),
   c. For members in an Alternative HCBS setting determined to have an SMI, a weighted value of **1.9** is assigned. Case managers may have up to **50** members with an SMI determination (50 x 1.9 = 96 or less),
   d. For members in Acute Care Only (ACO) status determined to have an SMI, a weighted value of **1.0** is assigned. Case managers may have up to 96 ACO members with an SMI determination (96 x 1.0 = 96), and
   e. If a mixed caseload is assigned, there can be no more than a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

(# of members in an institutional setting x 1.0)
+
(# of members determined to have an SMI who are in an institutional setting x 1.4)
+
(# of members in an HCBS (own home) setting x 2.2)
+
(# of members determined to have an SMI who are in an HCBS (own home) setting x 3.0)
+
(# of members in an Alternative HCBS setting x 1.8)
+
(# of members determined to have an SMI who are in an Alternative HCBS setting x 1.9)
+
(# of members in Acute Care Only (ACO) status x 1.0)
+
(# of members determined to have an SMI who are in Acute Care Only (ACO) status x 1.0)

= 96 or less

3. For members enrolled with Division of Developmental Disabilities (DDD) a 1:48 caseload ratio is required for all members except for the following:
   a. For members with complex behavioral health needs and skilled nursing needs, the caseload ratio is 1:24,
   b. For members who utilize the Parents as Paid Caregiver (PPCG) or Spouses as Paid Caregiver service models, the caseload ratio is 1:43,
   c. Early intervention (Birth to 3-years) the caseload ratio is 1:43, and
   d. Targeted support coordination caseload ratio shall be 1:80.

4. Caseload Exceptions:
   The Contractor shall receive authorization from AHCCCS Division of Managed Care (DMC) prior to implementing caseloads whose values exceed those specified above. Lower caseload sizes may be established at the discretion of the Contractor or the Tribal ALTCS Programs and do not require authorization.

The Contractor's annual Case Management Plan shall describe how caseloads will be determined and monitored.

E. ACCESSIBILITY

The Member/HCDM shall be provided adequate information in order to be able to contact the case manager or Contractor/Tribal ALTCS Program's office for assistance.

The Contractor shall also provide adequate information to Member/HCDM for what to do in cases of emergencies and/or after hours.

A system of back-up case managers shall be in place and members who contact an office when their primary case manager is unavailable shall be given the opportunity to be referred to a back-up for assistance.

There shall be a mechanism to ensure Members/HCDM and providers are called back in a timely manner when messages are left for case managers (not to exceed 48 hours, from the date the message was left).

F. TIME MANAGEMENT

The Contractors and Tribal ALTCS Programs shall ensure that case managers are not assigned duties unrelated to member-specific case management for more than 10% of their time if they carry a full caseload.

G. CONFLICT OF INTEREST

The Contractors and Tribal ALTCS Programs shall ensure that case managers are not:

1. Related by blood or marriage to a member, or any paid caregiver of a member, on their caseload.

2. Financially responsible for a member on their caseload.

3. Empowered to make financial or health-related decisions on behalf of a member on their caseload.

4. In a position to financially benefit from the provision of services to a member on their caseload.

5. Providers of ALTCS services for any member on their caseload.

6. Individuals who have an interest in, or are employed by, a provider of ALTCS services for any member on their caseload.

Exceptions to the above may be made under limited circumstances with prior approval from AHCCCS. A limited circumstance may include a geographic area where it is unavoidable to have a case manager who may also have a provider interest.

H. SUPERVISION

A supervisor to case manager ratio shall be established that is conducive to a sound support structure for case managers. A process shall be established for reviewing and monitoring supervisor staffing assignments and/or the need for reassignments to adhere to the Contractor's and Tribal ALTCS Program defined supervisor to case manager ratio. Supervisors shall have adequate time to train and review the work of newly hired case managers as well as provide support and guidance to established case managers.

A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of member assessments and service authorizations shall be established and applied, at a minimum, on a quarterly basis. The Contractor/Tribal ALTCS Programs shall ensure that 100% of the Contractor's/Tribal ALTCS Program's case managers have chart(s) audited within the Contract year. For Contractors, this shall be described within the Contractor's annual Case Management Plan.

As part of the Contractor/Tribal ALTCS Program's internal monitoring system, the Contractor/Tribal ALTCS Programs shall implement a process for ensuring, tracking, and monitoring, the new Person-Centered Service Plan (PCSP) Performance Standards at minimum on a quarterly basis as specified in Attachment B.

Results from this monitoring include the development and implementation of continuous improvement strategies to address identified deficiencies, including the identification of and need for higher level case management supervisor/management involvement and/or the need for more frequent case monitoring, shall be documented and made available to AHCCCS upon request.

I. INTER-DEPARTMENTAL COORDINATION

The Contractor shall establish and implement mechanisms to promote coordination and communication across disciplines and departments within their own organization, with particular emphasis on ensuring coordinated approaches with the Chief Medical Officer (CMO), as appropriate, Medical Management (MM) and Quality Management (QM). For example, there should be coordination of information between case management, MM, and QM regarding poly-pharmacy issues to ensure measures are taken to effectively address this issue.

The Contractor shall ensure that the CMO is available as a resource to case management and that the CMO is advised of medical management issues as needed. Tribal ALTCS Programs shall utilize the AHCCCS Division of Fee-for-Service Management (DFSM) Medical Director as a resource for medical management issues as needed.

J. REPORTING REQUIREMENTS

The PCSP Performance Standards specified in Attachment B shall be submitted quarterly to AHCCCS by all Contractors, as specified in the Contract Section F, Attachment F3, Contractor Chart of Deliverables.

A Case Management Plan shall be submitted annually to AHCCCS by all ALTCS EPD Contractors and a Case Management and Targeted Case Management Plan shall be submitted by the DDD Contractor, as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables. Tribal ALTCS Programs are not required to submit a plan. The case management Plan shall address how the Contractor will implement and monitor the case management and administrative standards specified in AMPM Chapter 1600, including specialized caseloads.

An evaluation of the Contractor's Case Management Plan from the previous year shall also be included in each Case Management Plan, highlighting lessons learned, and strategies for improvement.

The Contractor shall submit the Case Management Plan Checklist with the annual case management Plan. The Case Management Plan Checklist shall contain page numbers that indicate where the specific requirements can be found in the Case Management Plan narrative. The Case Management Plan Checklist shall be included for the Case Management Plan to be accepted, as specified in Attachment A.