

**1640 - TARGETED CASE MANAGEMENT STANDARDS**

EFFECTIVE DATES: 01/01/01, 10/1/04, 01/01/16, 08/14/18, 08/01/24

APPROVAL DATES: 03/01/13, 06/21/18, 06/06/24

**I. PURPOSE**

This Policy applies to DES/DDD (DDD) Contractor. This Policy establishes administrative responsibilities related to Targeted Case Management (TCM) Standards.

**II. DEFINITION**

For purposes of this Policy, the following terms are defined as:

<b>DDD PLANNING DOCUMENT</b>	A written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.
<b>DDD STATE-FUNDED SERVICES</b>	Services provided to individuals who are financially eligible for the Title XIX and Title XXI acute care programs, but do not meet the functional requirements of the ALTCS program, to enhance their functioning and ensure the maximum potential for independence, productivity, and integration into the community.
<b>TARGETED CASE MANAGEMENT (TCM)</b>	A covered service provided by the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) to members with developmental disabilities who are financially eligible for the Title XIX and Title XXI acute care programs, but do not meet the functional requirements of the ALTCS program.

**III. POLICY**

The Contractor shall provide Targeted Case Management (TCM) services, pursuant to 42 CFR 440.169, to DES/DDD members who are financially eligible for the Title XIX and Title XXI ACC program but who do not meet the functional eligibility requirements of the ALTCS program. The non-ALTCS DES/DDD members who become eligible for TCM services are entitled to case management services through DES/DDD but shall receive their physical and behavioral health services through an ACC Contractor. TCM members shall be given a choice of available ACC Contractors and primary care providers. TCM members are not required to accept and may refuse TCM services; however, this will result in disenrollment from TCM.

**A. TARGETED CASE MANGEMENT SERVICES**

Members accepting TCM may reside in any of the Contractor's approved settings and may choose the type (on-site visit, telephone, letter) and frequency of TCM contact except under the following circumstances:

1. For members newly eligible for DDD TCM, an initial TCM visit shall occur within 10 business days of the member's eligibility for TCM and then shall occur every 90 days from the date of the last TCM visit, for the first six months. Thereafter, members may choose the type and frequency of contact.
2. For members receiving non-medically related services funded by the Arizona Early Intervention Program (AzEIP), an initial TCM visit shall occur within 10 business days of the member's eligibility for TCM services and shall occur every 90 days from the date of the last TCM visit, thereafter.
3. For members residing in a licensed residential setting, TCM visits shall occur every 180 days from the date that the placement began.
4. For members receiving attendant care provided by the family, an initial TCM visit shall occur within 30 days from the start of the service and shall occur every 90 days thereafter.
5. For members receiving State-funded services, a face-to-face TCM visit shall occur at least annually.
6. The TCM Case Manager shall not be required to hold the initial 10-day and two 90-day meetings if the member loses TCM eligibility but becomes eligible again within six months.
7. The TCM Case Manager shall treat the member as a newly eligible TCM member if more than six months have lapsed since losing TCM eligibility.

**B. RESPONSIBILITIES OF TARGETED CASE MANAGEMENT**

1. The TCM Case Managers are responsible for the following core components including but not limited to:
  - a. Informing the member of service options, including medical services available from ACC Contractors based on assessed needs, while identifying and avoiding any duplication of services,
  - b. Coordinating and participating in the care planning meetings, including developing, revising, and monitoring of the DDD planning document,
  - c. Locating, coordinating, and arranging social, educational, and other resources to meet the member's needs,
  - d. Providing necessary information regarding the member's functioning level and any changes in the member's level of functioning to assist the provider in planning, delivering, and monitoring services,
  - e. Providing family members, or other caregivers, the support necessary to obtain optimal benefits from available services and resources,
  - f. Providing assistance to strengthen the role of family as primary caregivers, and
  - g. Providing assistance to reunite families with children who are in an alternative setting whenever possible, and preventing costly, inappropriate, and unwanted out-of-home placement.

**C. ADMINISTRATIVE RESPONSIBILITIES OF THE CONTRACTOR**

1. The Contractor's administrative responsibilities include, but are not limited to the following components:
  - a. Ensuring staff are qualified and employed in sufficient numbers to meet case management needs and responsibilities,
  - b. Ensuring staff receives initial and ongoing training regarding case management responsibilities for the TCM program,
  - c. Ensuring TCM case manager staffing is sufficient to cover case manager absenteeism and turnover,
  - d. Identifying new members who are eligible for TCM services and assigning case managers,
  - e. Ensuring the member is informed of the assignment of the case manager, when the TCM case manager is changed and how the TCM case manager can be contacted,
  - f. Assisting the member with requesting a new TCM case manager from those available if member is dissatisfied with the assigned TCM case manager,
  - g. Informing ongoing members receiving TCM of visit options and requesting their decision on the options, and
  - h. Following the Contractor's prescribed timeframe requirements for completion of the DDD planning document, the DDD planning document shall:
    - i. Be developed at the time of the initial visit for new members eligible for TCM, and completed annually thereafter,
    - ii. Consist of a narrative including, but not limited to:
      - 1) The date the Case Manager was notified that the member is TCM eligible,
      - 2) Identification of member as enrolled in TCM,
      - 3) A description of the type and frequency of contact requested or required,
      - 4) Identification of TCM contacts made and/or attempted,

- 5) Demonstration of attempts made to contact member, including certified letter (when applicable),
  - 6) A description of member abilities, supports and needs, and
  - 7) Member refusal, when applicable.
2. The completed DDD planning document shall be signed by the member/HCDM, and a copy of it sent to the member/HCDM, within 15 business days following its completion. A face-to-face, on-site visit to complete the DDD planning document is required if the member is receiving DDD state-funded services. The DDD planning document may be completed by telephone if the member is not receiving DDD State-funded services. When the DDD planning document is completed by telephone, the DDD planning document shall be sent to the member/HCDM for signature within 15 business days of the telephone conversation.
3. The Contractor shall establish, implement, and maintain an internal monitoring system of its TCM program which includes but is not limited to monitoring of case management staffing adequacy and case load sizes and make results available at the time of AHCCCS' Operational Review of the Contractor to include a summary, analysis of the aggregated data, a description of the continuous improvement strategy the Contractor has taken to resolve identified deficiencies, and proposed Corrective Action Plan (CAP), when applicable. The Contractor shall conduct this internal monitoring at least quarterly. CAPs shall be approved by AHCCCS prior to implementation by the Contractor. Modifications to the corrective action plan shall be agreed to by AHCCCS and the Contractor.
4. The Contractor shall submit a Case Management and Targeted Case Management Plan as specified in Contract.