

1640 TARGETED CASE MANAGEMENT STANDARDS

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

REVISION DATES: 03/01/13, 06/21/18

I. PURPOSE

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

II. DEFINITION

DDD PLANNING DOCUMENT

A Planning Document is developed by the Planning Team to identify needed services. It also includes the goals and objectives to be attained. The Planning Document directs the provision of safe, secure, and dependable active treatment in areas necessary for individuals to achieve full social inclusion, independence, and personal and economic well-being.

“Planning Document” means the same as “Individual program plan” defined in A.R.S. § 36-551, and incorporates:

- a. The Individual Support Plan (ISP) (which replaces the individual program plan, the placement evaluation, and the individualized service plan referenced in A.R.S. § 36-557); and
- b. The Individual Family Service Plan (IFSP); or
- c. The Person Centered Plan.

DDD STATE-FUNDED SERVICES

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, in order to enhance their functioning and ensure the maximum potential for independence, productivity, and integration into the community.

INVENTORY FOR CLIENT AND AGENCY PLANNING (ICAP)

A DDD standardized assessment tool which provides information regarding the member's medical condition and diagnoses, motor skills, social and communication skills, personal living skills, community living skills, social and leisure activities, and problem behaviors, if any.

**TARGETED CASE
MANAGEMENT (TCM)**

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 (DDD), is responsible for providing Targeted Case Management (TCM) services, however, members getting TCM services receive their acute services through the AHCCCS Complete Care (ACC) Contractors. Members shall be given a choice of available Contractors and primary care providers registered with AHCCCS and a choice of DDD case managers. Members are not required to accept case management services.

A. TCM 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 case management contact except under the following circumstances:

1. New DDD members eligible for TCM. An initial visit for newly eligible DDD TCM members 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. Members receiving non-medically related services funded by the Arizona Early Intervention Program (AzeIP). An initial TCM visits for members receiving non-medically related services funded by AzeIP 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. Members residing in any licensed residential setting. TCM visits shall occur every 180 days from the date that the placement began.
4. 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. Members receiving State-funded services. A face-to-face visit shall occur at least annually.

B. RESPONSIBILITIES OF TARGETED CASE MANAGEMENT

1. Targeted Case Management managers are responsible for, the following core components. This is not an all-inclusive list of TCM case manager responsibilities:

- a. Informing the member of service options, including medical services available from Contractors based on assessed needs,
- b. Coordinating and participating in the plan of care ISP meetings, including developing, revising and monitoring of the ISP,
- 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/resources,
- f. Providing assistance to strengthen the role of family as primary caregivers,
- g. Providing assistance to reunite families with children who are in an alternative setting whenever possible,
- h. Preventing costly, inappropriate and unwanted out-of-home placement, and
- i. Identifying services provided by other agencies to eliminate costly duplication.

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. Identifying new members who are eligible for TCM services and assigning case managers,
 - d. Ensuring the member is informed of the assignment of the case manager, when the case manager is changed and how the case manager can be contacted,
 - e. Assisting the member with requesting a new case manager from those available if member is dissatisfied with the assigned case manager,
 - f. Informing ongoing members receiving TCM of visit options and requesting their decision on the options, and
 - g. Following the Contractor's prescribed timeframe requirements for completion of the Inventory for Client and Agency Planning (ICAP) and DDD Planning Document:
 - i. The ICAP shall be done at the initial visit, when functional limitations are in question and upon request from the Medical Director,
 - ii. The DDD Planning Document shall be developed at the time of the initial visit for new members eligible for TCM , and completed annually thereafter,
 - iii. The DDD Planning Document shall consist of a narrative including, but not limited to:
 1. Identification of member as enrolled in TCM,
 2. A description of the type and frequency of contact requested or required,
 3. Identification of TCM contacts made and/or attempted,

4. Demonstration of attempts made to contact member, including certified letter (when applicable),
 5. A description of member abilities, supports and needs, and
 6. Member refusal, when applicable.
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2. The completed DDD Planning Document shall be signed by the member/guardian/designated representative and a copy of it sent to the member/guardian/designated representative within 15 business days following its completion. The DDD Planning Document may be completed by telephone if the member is not receiving DDD state-funded services. A face-to-face visit to complete the DDD Planning Document is required if the member is receiving DDD state-funded services. When completed by telephone, the DDD Planning Document shall be sent to the member/guardian/designated representative for signature within 15 business days of the telephone conversation.
 3. The Contractor shall establish and maintain an internal monitoring system of the TCM program, and make results available at the time of AHCCCS' Operational Review of the Contractor to include a summary/analysis and corrective action plan, when applicable.