

**1600 - CHAPTER OVERVIEW**

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Chapter 1600 provides process and administrative standards for Arizona Long Term Care System (ALTCS) and targeted case management. These standards must be included in policies and procedures developed by Contractors for case management of their enrolled members. Standards set forth in this chapter may be exceeded in order to meet the needs of enrolled members.

For the purpose of this chapter, the following definitions apply:

1. **Contractor(s)** – unless otherwise specified, means Contractors for ALTCS managed care members, Tribal Contractors for ALTCS Fee-For-Service (FFS) members and the Targeted Case Management Contractor for acute care members with developmental disabilities.
  - a. Tribal case management for on-reservation FFS members may be provided by the Tribal government through an Inter-Governmental Agreement (IGA) with AHCCCS or, if there is no IGA between AHCCCS and a Tribal government, case management is provided through a special Tribal case management Contractor.
  - b. Contractors and the Targeted Case Management Contractor have formal contracts with AHCCCS.
2. **Managed Risk Agreement** - A document that the case manager must develop with the member which outlines risks to the member's safety and well-being as a result of choices or decisions made by the member. Alternatives offered to the member and the member's choices with regard to placement and services must be documented. The managed risk agreement, signed by the member or guardian must be kept in the member's case file.
3. **Member(s)** – those individuals who are eligible for ALTCS or targeted case management and are enrolled with a Contractor.
  - a. Eligible individuals who are Elderly and/or have a Physical Disability (E/PD) and are enrolled with a Program Contractor.
  - b. Eligible individuals who have a developmental disability and are enrolled with the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD).
  - c. Eligible E/PD individuals who are Native American and living on a reservation (or lived on a reservation immediately prior to placement in an institutional facility that is

located off-reservation) and are enrolled in the ALTCS FFS program and receive ALTCS services through a Tribal Contractor.

- d. Eligible individuals with developmental disability who qualify financially for the Title XIX and Title XXI acute care programs, but do not meet the functional requirements of the ALTCS program, may receive targeted case management services through ADES/DDD. These members receive their acute care services through an AHCCCS acute care Contractor.
  - (i) **Service Plan** – for ALTCS, a uniform system of tracking member services, date ranges and units of services authorized by the ALTCS Contractor. It does not specifically refer to the CA165 screen in the Client Assessment and Tracking System (CATS), except for ALTCS Tribal Contractors

Information regarding other ALTCS topics, such as acute care services, provider qualifications and FFS quality and utilization management is also included in this manual. Refer to the [Manual Table of Contents](#) for guidance.

Refer to the AHCCCS FFS Provider Manual and the Encounter Reporting User Manual for complete information regarding claims and encounter reporting procedures for covered services, the provider registration process, and rate determination methodologies used for ALTCS services, required financial reporting for nursing facilities and general billing information. Both of these manuals are available from the AHCCCS Web site at [www.azahcccs.gov](http://www.azahcccs.gov).

Refer to the Eligibility Manual, available from the AHCCCS web site at [www.azahcccs.gov](http://www.azahcccs.gov) for information on the financial and medical eligibility determination processes for ALTCS members.

Forms requiring a member's signature are available in Spanish. Refer to Appendix K, Select ALTCS Case Management Forms in Spanish, for these forms.