



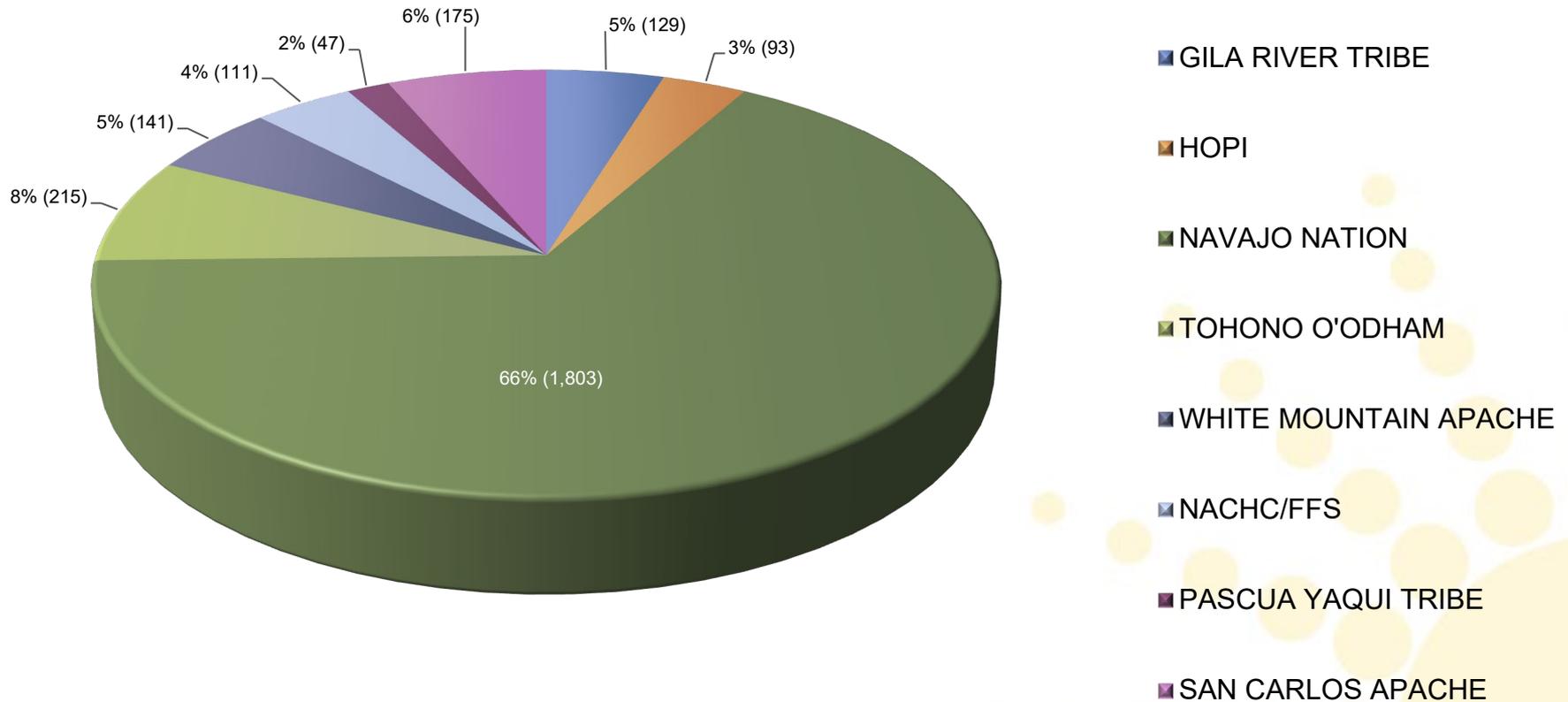
Tribal ALTCS Program 4th Quarterly Meeting 2019

Data Metrics

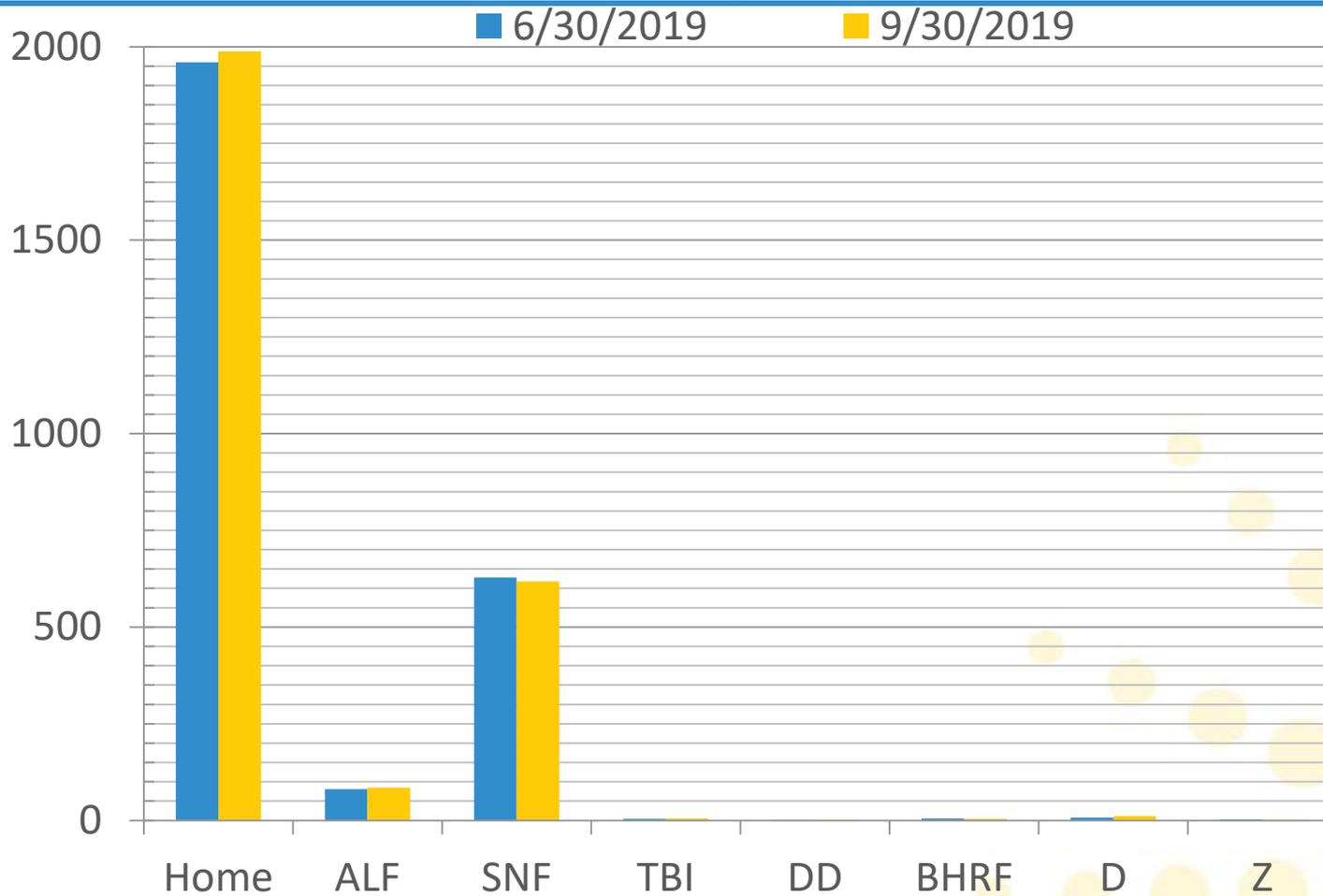
Prepared/Presented by:

Soni Fisher, AHCCCS Tribal ALTCS CM Coordinator

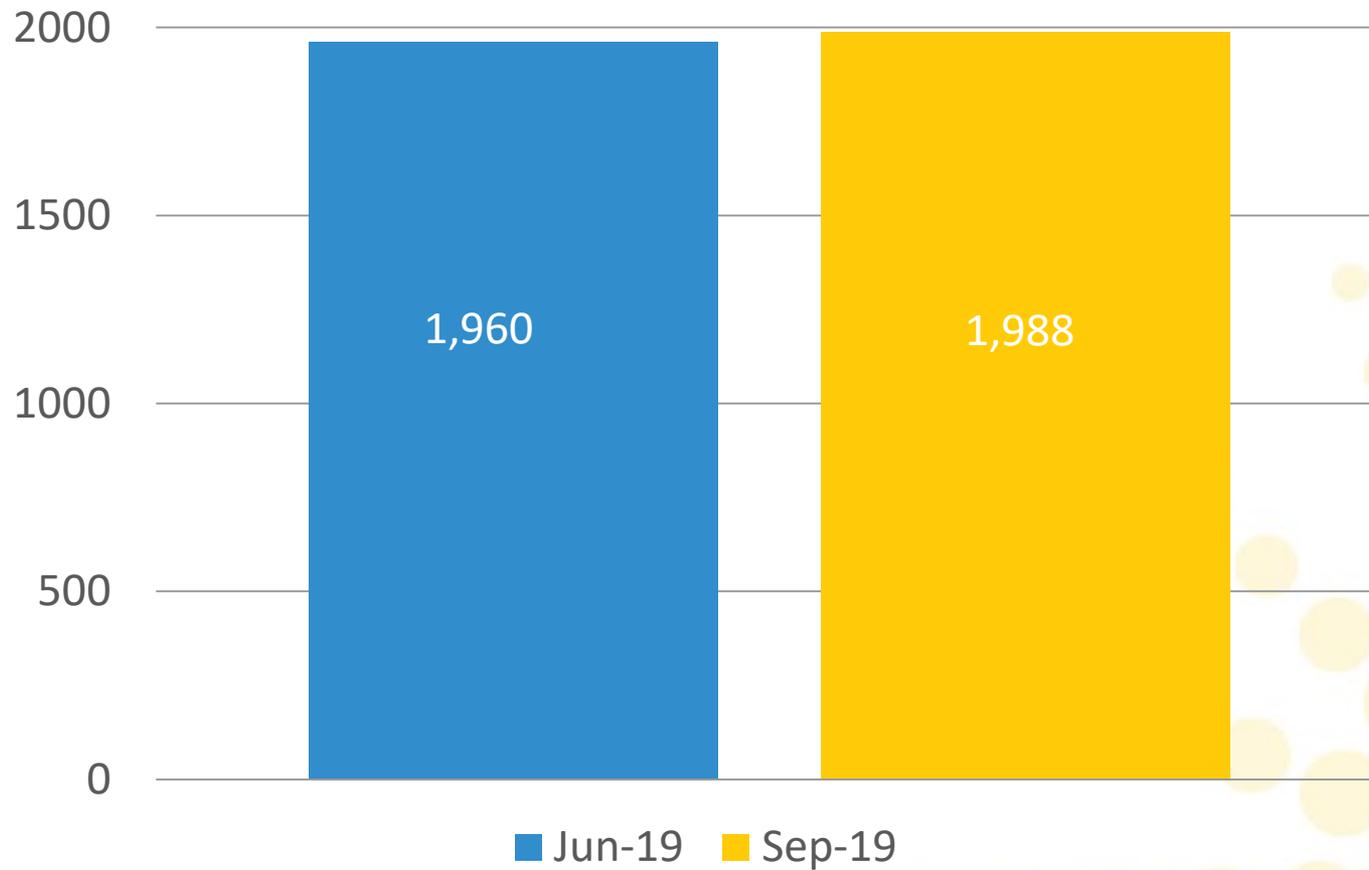
Population as of 09/30/2019



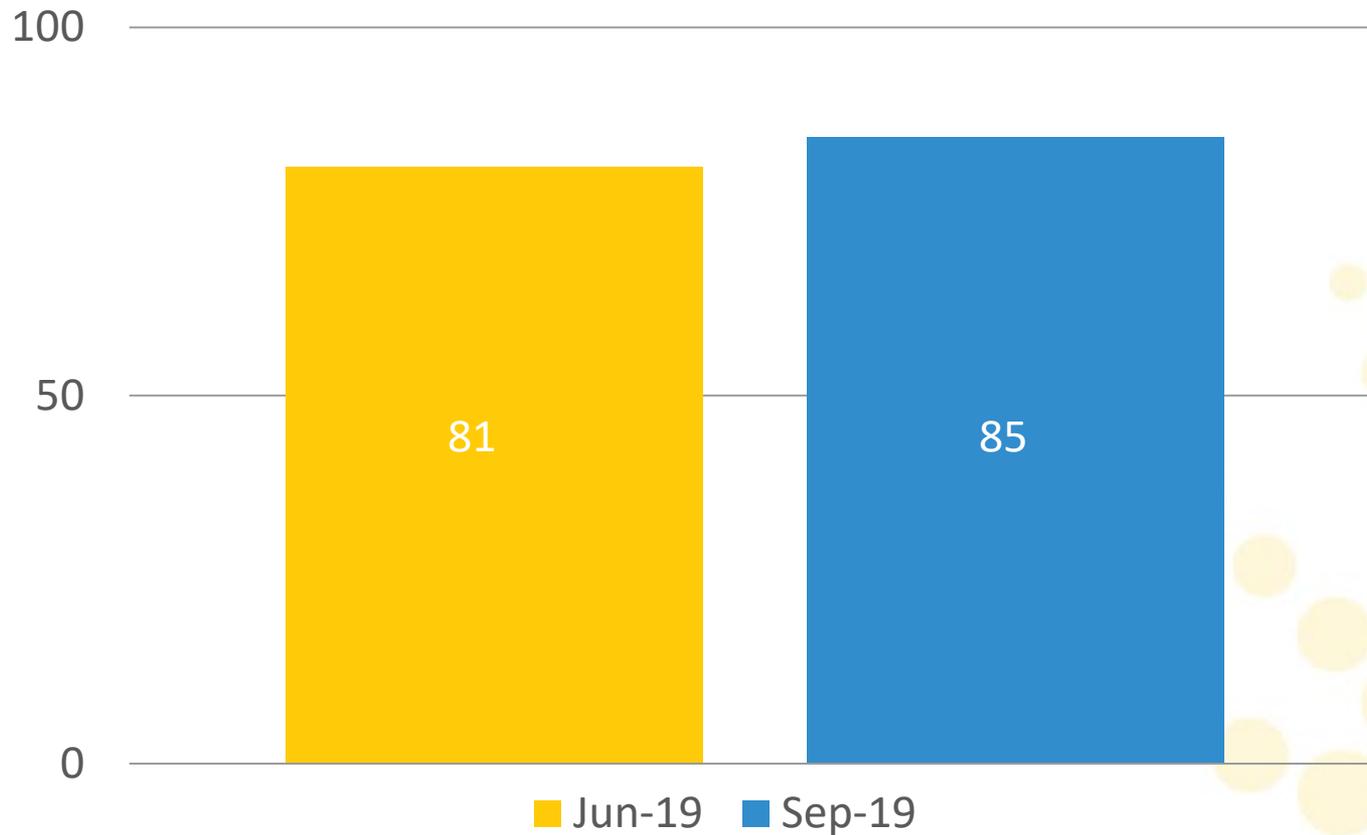
Tribal ALTCS Placement Comparison



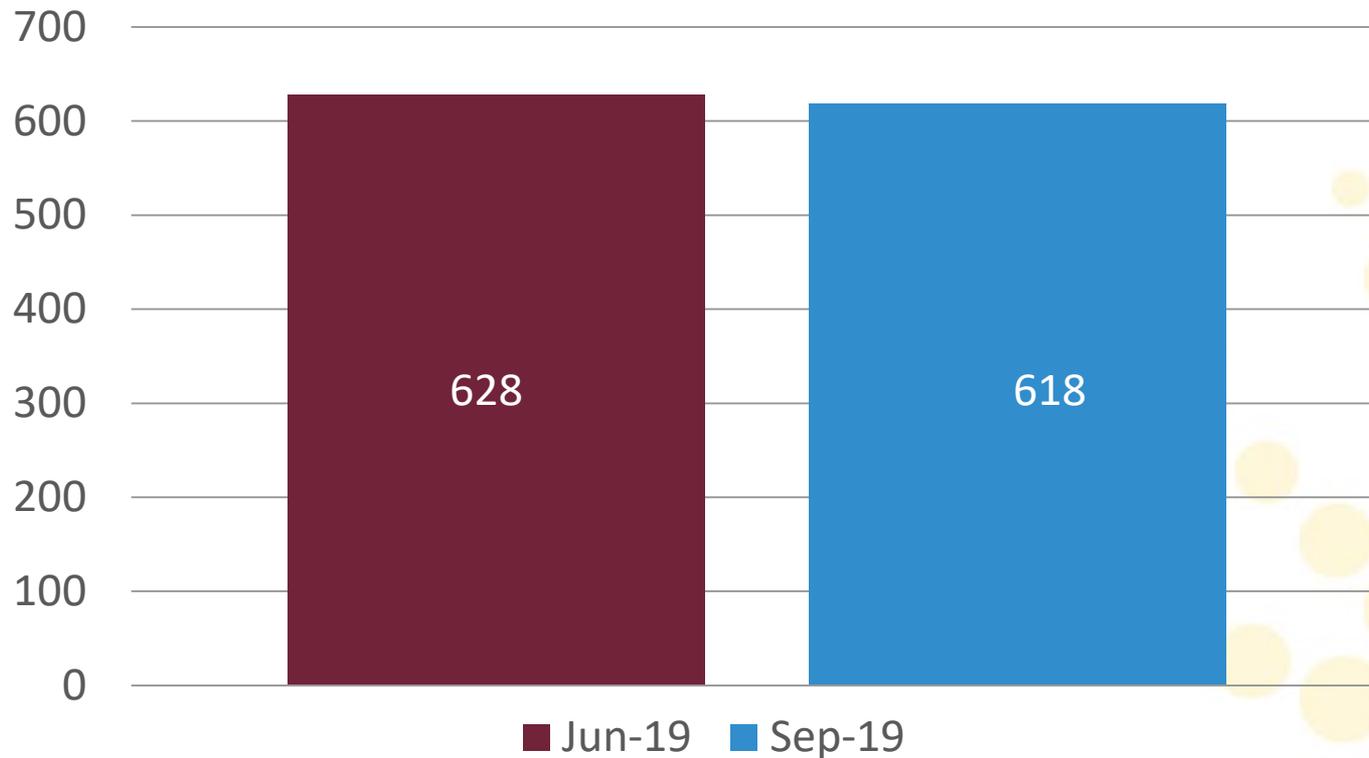
Members in Home Placement



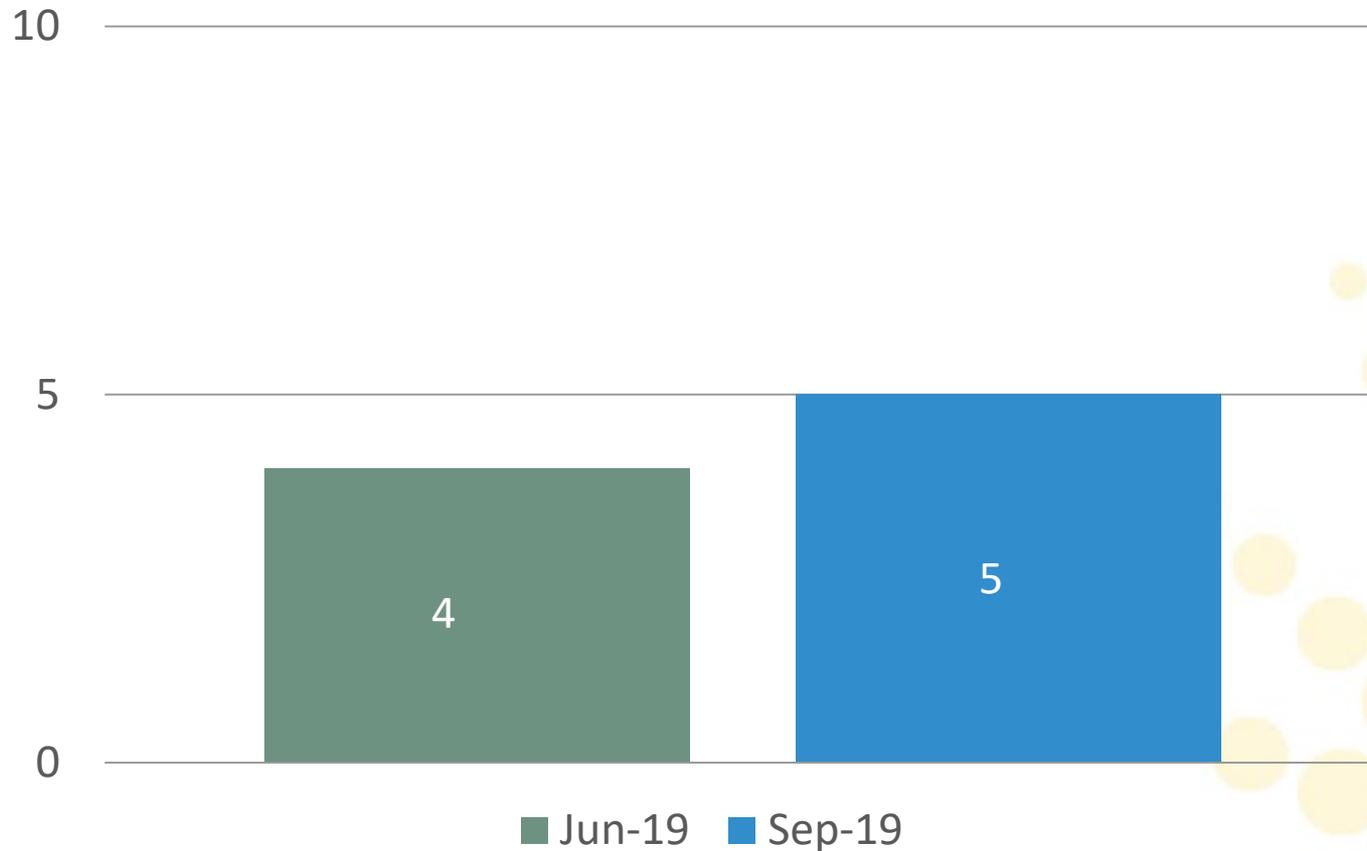
Members in ALF Placement



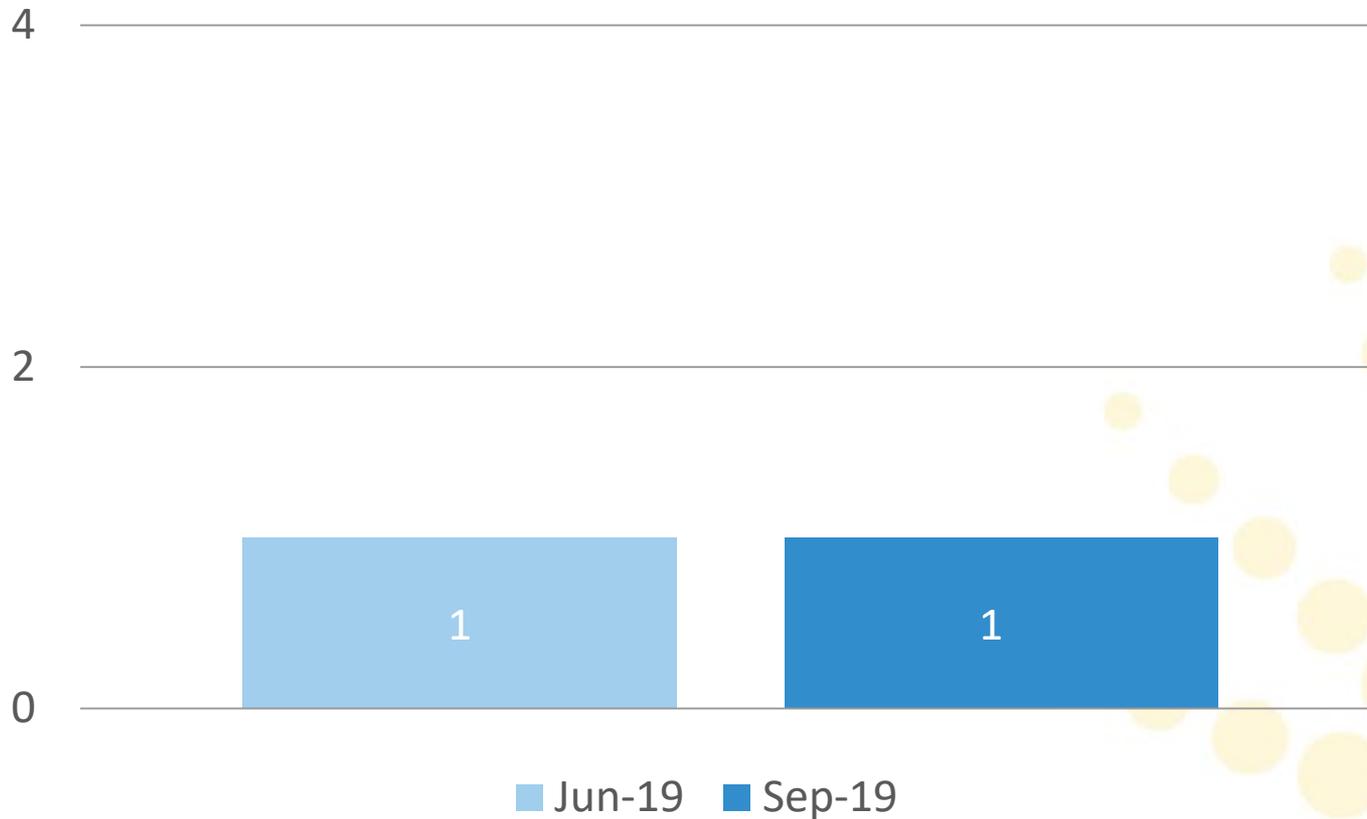
Members in SNF Placement



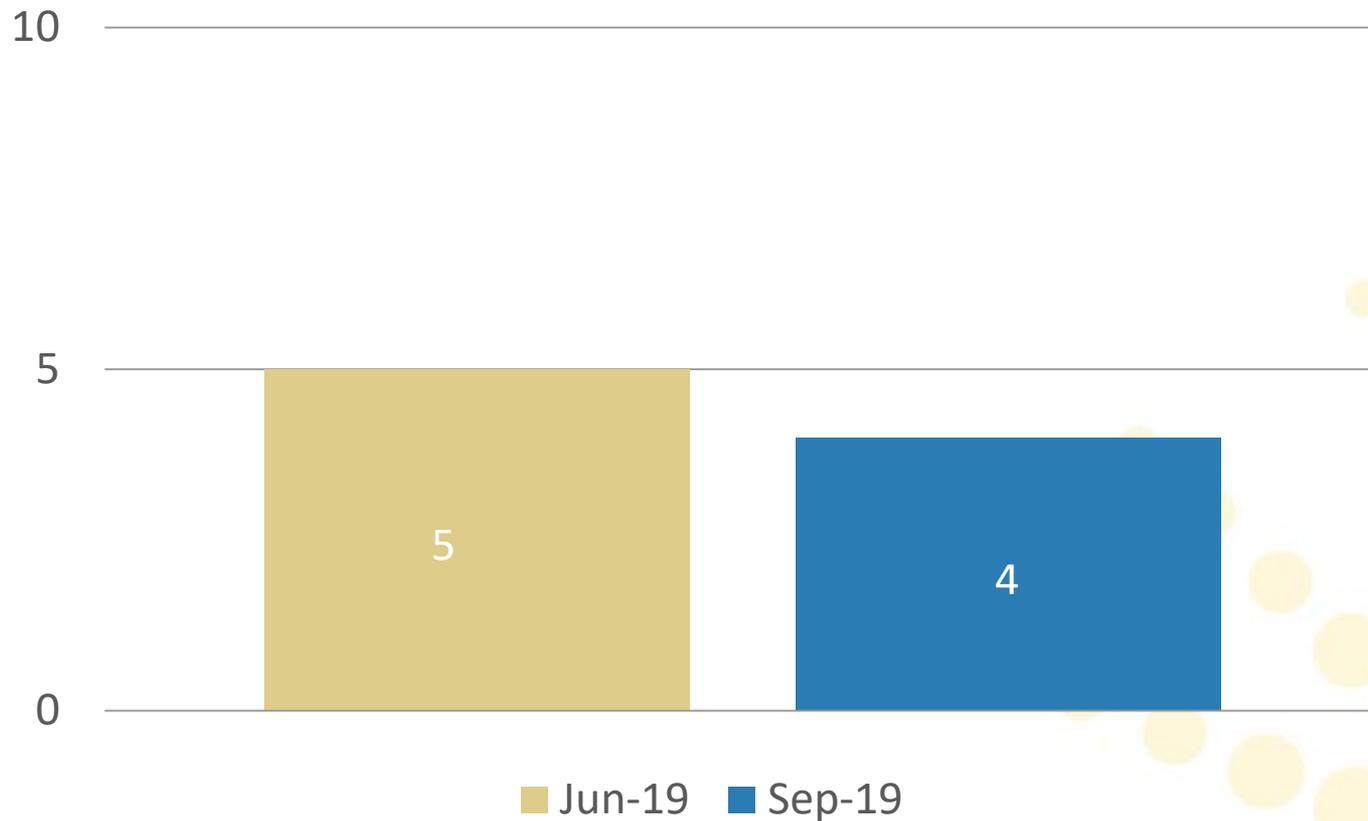
Members with TBI Placement



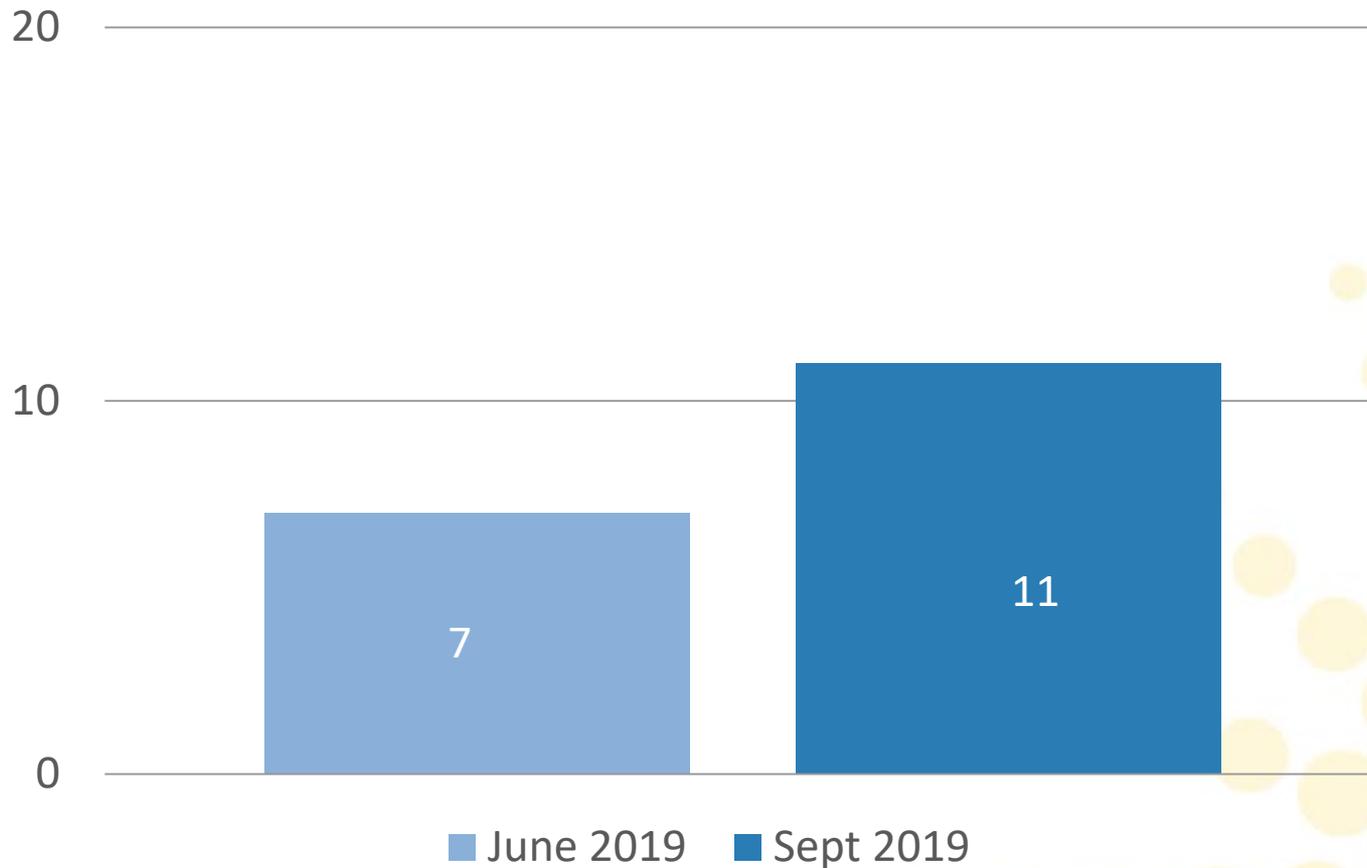
Members in DDD Placement



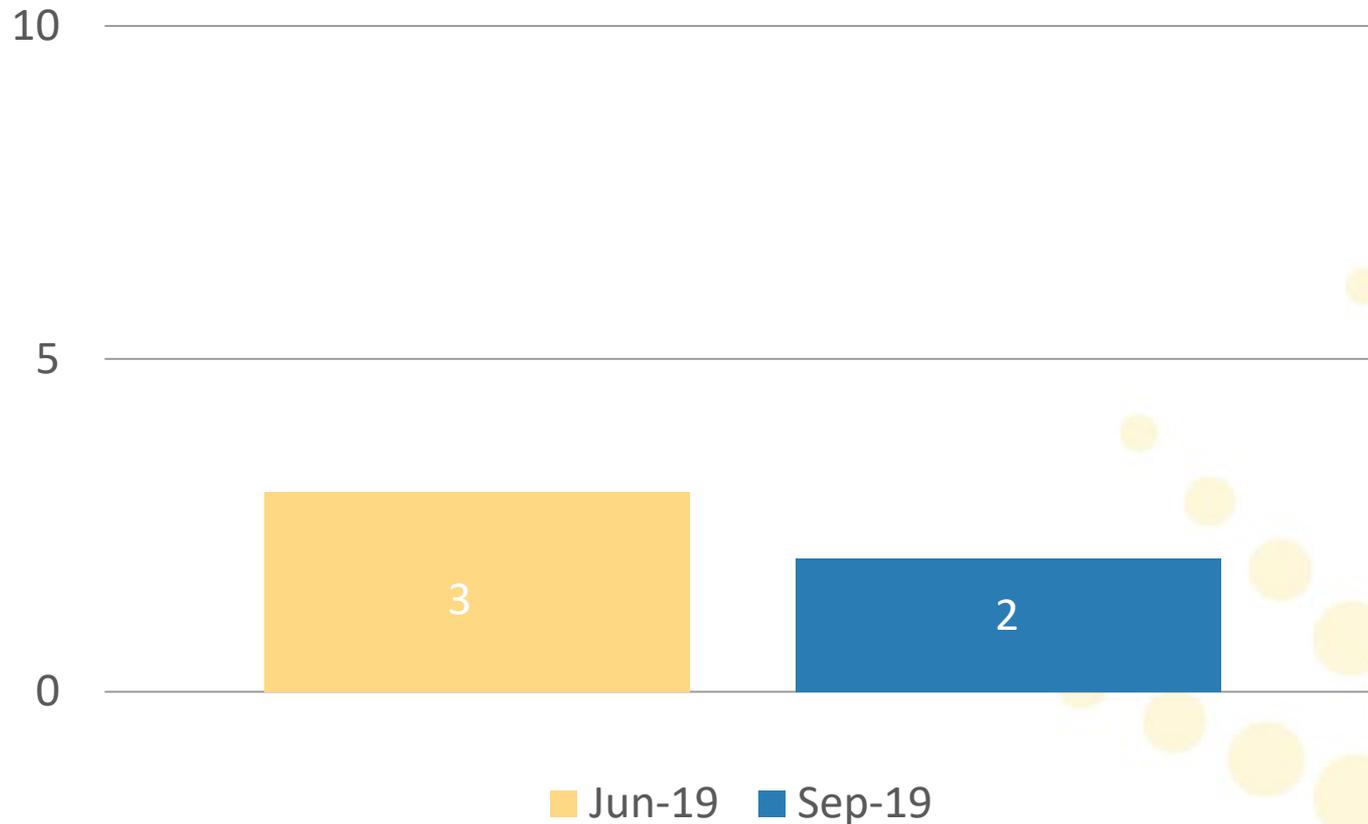
Members in BHRF Placement



Members in D Placement (Acute Care Only)

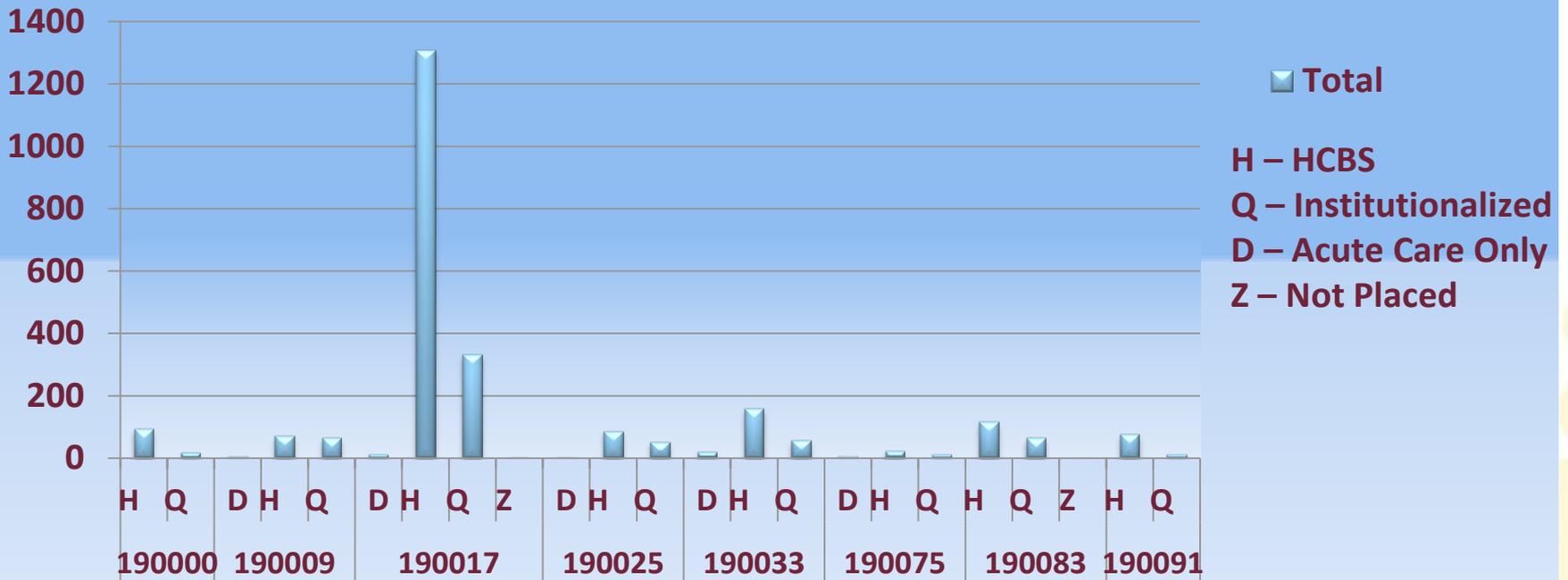


Members in Z (Not Placed) Setting (not to exceed 30 consecutive days)

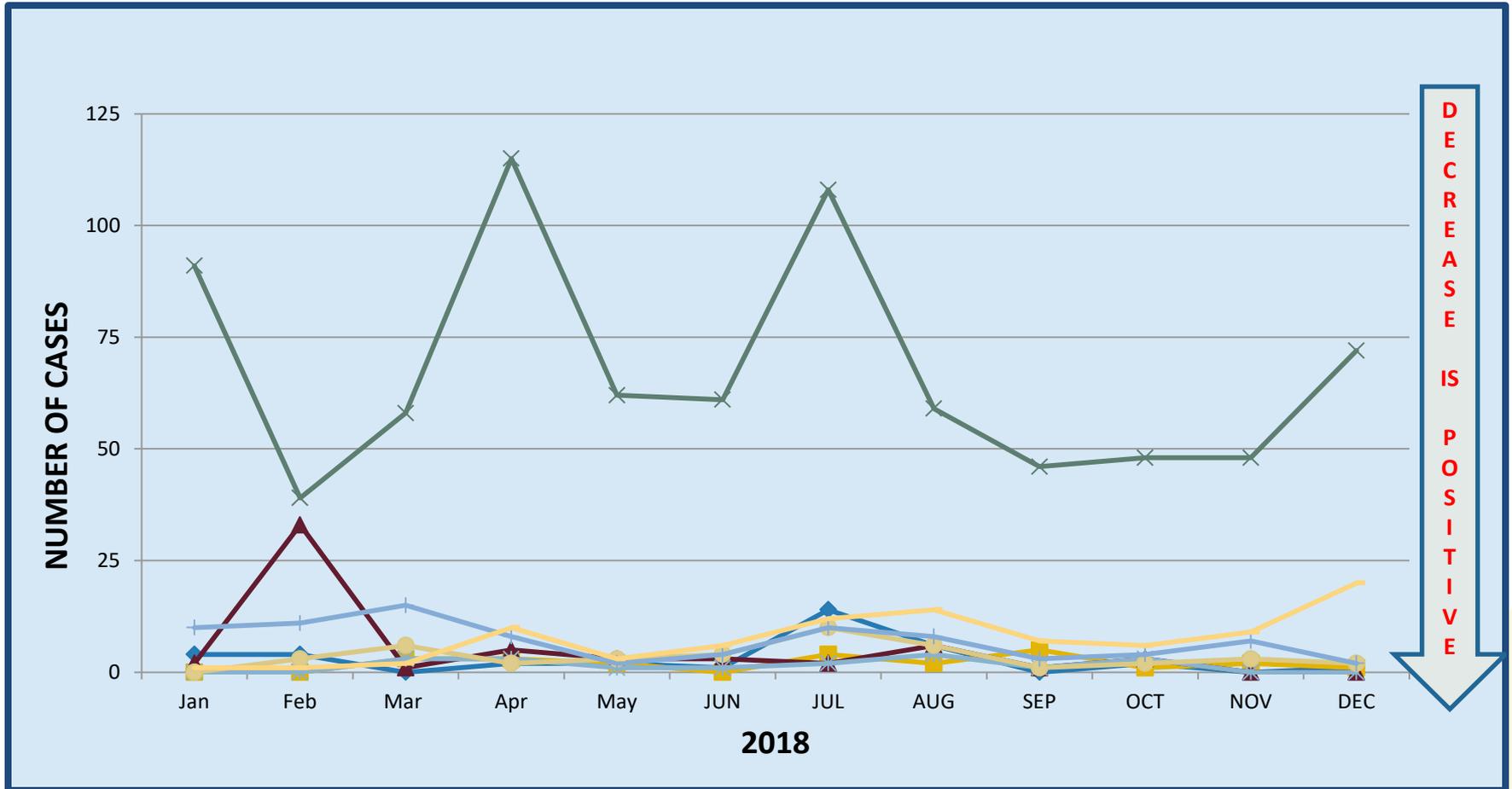


Placement By Contractor

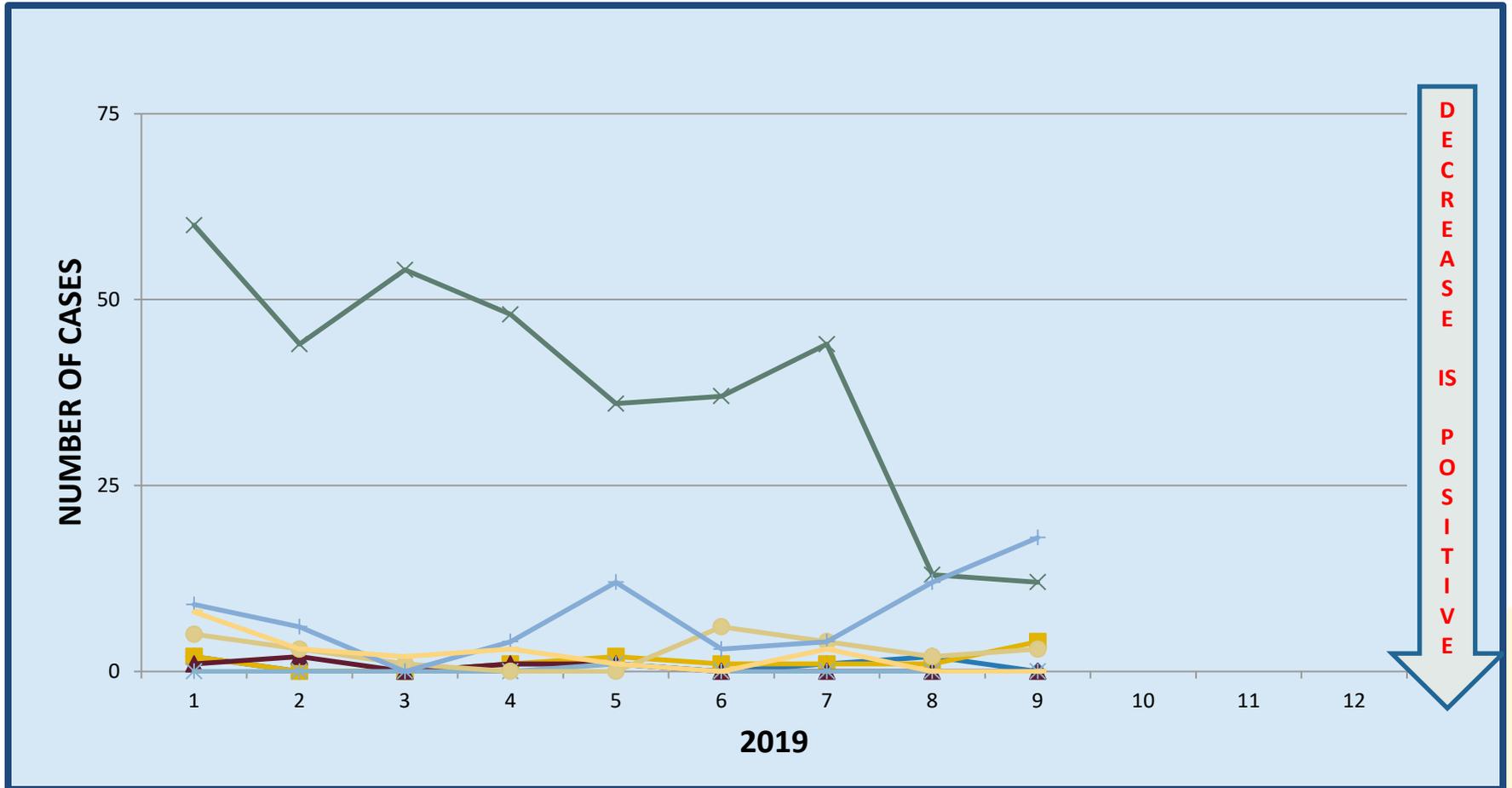
TRIBAL ALTCS - PLACEMENT
SEPTEMBER 30, 2019



TRIBAL ALTCS OVERDUE CM REVIEW 2018



TRIBAL ALTCS OVERDUE CM REVIEW 2019



TRIBAL ALTCS

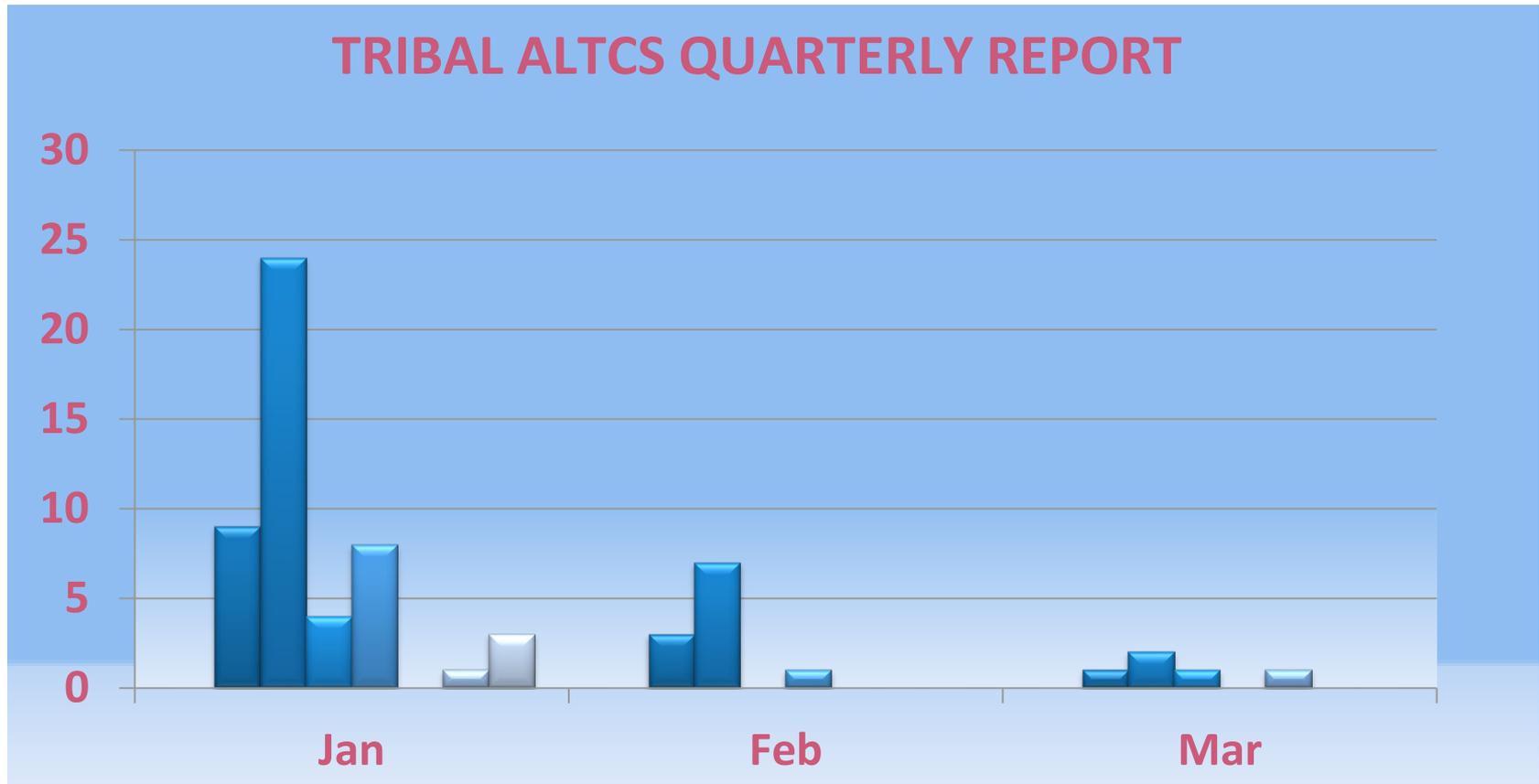
OVERDUE CM REVIEW Sept 2019



NO SERVICE LINES

2nd Quarter Fiscal Year 2019

TRIBAL ALTCS QUARTERLY REPORT



NO SERVICE LINES

3rd Quarter Fiscal Year 2019

TRIBAL ALTCS QUARTERLY REPORT



NO SERVICE LINES

4th Quarter Fiscal Year 2019

TRIBAL ALTCS QUARTERLY REPORT



NO SERVICE LINES

- DOD Disenrollment

- The end dates on RP160, CA161 and CA165 must all match, or it will show up on the NSL Report.

- Example: DOD reported as 08/30/19

```
TR: RP160 ACT: I AHCCCS - RECIPIENT USER-ID: 5WH 10/10/19
NTR: _____ INQUIRE ENROLLMENT 10:16:14
RP01L060
SEX DOB DOD 08/30/2019

EN S BEGIN END CHANGE ORIGINAL RATE RISK LAST LAST
HEALTH PLAN TP T DATE DATE REASON POSTING CODE CAT MODIFIED USR

19 P MA A 09/19/18 08/30/19 DE DECEASE 10/08/19 2200 DUAL 10/08/19 OC1
19 P RB A 10/01/17 09/18/18 AO PLAN CH 09/28/17 2200 SSIW 09/19/18 BAT
19 P MA A 04/01/14 09/30/17 RC RATE CO 04/03/14 2220 SSIW 09/28/17 BAT
13 J MA A 03/01/14 03/31/14 CO COUNTY 02/26/14 2220 SSIW 04/03/14 033
```

NO SERVICE LINES

- DOD (Disenroll Date) is 08/30/19. Placement End Date reflected as 08/30/19.



TR:	CA161	AHCCCS - LONG TERM CARE		10/10/19		
NTR:	I	PLACEMENT MAINTENANCE		10:19:02		
		WORKER ID:	LT02L115			
NAME:		AHCCCS ID:				
LAST CES DATE:		CURR CSMGR:	LATEST ACN:	BHS:		
LAST REVIEW DATE:	07/09/2019	NEXT REVIEW DATE:	01/05/2020			
LATEST PC:		ENROLL DATE:	DISENROLL DATE: 08/30/2019			
CTRT TYPE:		BEHAVIORAL HEALTH CODE:		F		
PLACEMENT	RES	PLACEMENT	PLACEMENT	PLACEMENT	WORKER	DATE LAST
CDE	CDE	REASON	BEG DATE	END DATE	ID	MODIFIED
Q	2	05	12/04/2013	01/09/2014		01/24/2014
H	1	13	01/10/2014	03/31/2014		04/09/2014
Q	2	03	04/01/2014	08/30/2019		09/05/2019

NO SERVICE LINES

- If there is a gap in service on CA165, determine where the member was when they deceased and enter the services, Example: If member was in the hospital, then input:

```

TR: CA165                AHCCCS - LONG TERM CARE                10/10/19
NTR: I                    CMP - SERVICE PLAN                10:10:25
KEY DATE:                WORKER ID:                LT02L120
NAME:                    AHCCCS ID:
LAST CES DATE: 07/09/2019  CURR CSMGR: 079675  LATEST ACN:                BHS:
LAST PC:                ENR DT:                DISEN DT: 08/30/2019  LST RVW DT:
CUR: LOC:                PLACEMENT:                DATE:                RSN:                NXT RVW DT:
PAS DIAG CDS: 03H                DIAG 1: NO DESCRIPTION FOUND
DIAG 2:                DIAG 3:
A SER -MOD- EFF DATE  END DATE  UNITS  UNIT  CST  TOT  USD  PROV  RSN
- 0192 - 03/25/2019 03/31/2019 7 180.52 7
- 0192 - 04/01/2019 04/30/2019 30 180.52 30
- 0192 - 05/01/2019 05/31/2019 31 180.52 31
- 0192 - 06/01/2019 06/17/2019 17 180.52 17
- S5135 - 06/17/2019 06/17/2019 18 4.65 18
- A23 - 06/18/2019 07/01/2019 14 0.00 0
- 0192 - 07/02/2019 07/31/2019 30 180.52 25
- 0192 - 08/01/2019 08/29/2019 29 180.52 25
  
```

A23 08/30/2019 08/30/2019 1 0.00 029108

Contact

Rachel Conley
Tribal ALTCS Administrator
AHCCCS – Division of Fee for Service
602-417-4180
Rachel.Conley@azahcccs.gov

Cheryl Begay
Tribal ALTCS Coordinator
AHCCCS – Division of Fee for Service
602-417-4338
Cheryl.Begay@azahcccs.gov

ALTCS Tribal Case Manager Supervisor
AHCCCS – Division of Fee for Service
602-417-

Soni Fisher
Tribal ALTCS Coordinator
AHCCCS – Division of Fee for Service
602-417-4033
Soni.Fisher@azahcccs.gov

Questions?



Thank You.

