



1630 ADMINISTRATIVE STANDARDS

REVISION DATES: 10/01/17, 01/01/16, 03/01/13, 05/01/12, 01/01/11, 02/01/09, 10/01/2007

INITIAL

EFFECTIVE DATE: 10/01/2004

Administrative responsibilities related to case management of enrolled members include the following:

A. CASE MANAGER QUALIFICATIONS

Individuals hired as case managers must be ~~either one of the following:~~

1. A ~~degreed~~ Ssocial Wworker

2. A licensed Rregistered Nnurse

~~2.~~, OR

~~3.~~

3. ~~A~~ An individual with at least ~~person with a minimum of two years' years' of~~ with case management experience serving ~~to~~ persons who are elderly and/or persons with physical or developmental disabilities and/or members determined to have a Serious Mental Illness (SMI). -

a. For case managers who will serve persons who are elderly and/or persons with physical or developmental disabilities, the requirement is two years of case management experience serving these populations.

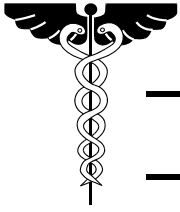
b. Effective October 1, 2019, Ffor case managers who will serve persons who are elderly and/or persons with physical or developmental disabilities and have been determined to have an SMI, the requirement is:

i. -One year of case management experience serving elderly and/or persons with physical or developmental disabilities, and

ii. three ~~two~~ years ~~ss~~ of case management experience serving these ~~populations~~ members determined to have an SMI.

B. CASE MANAGEMENT PROCEDURES/TECHNICAL

Contractors are responsible for maintaining case management procedures that are reflective of AHCCCS policy, as defined in this Chapter.



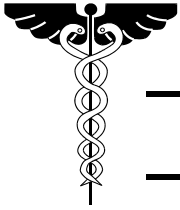
Contractors may develop their own standardized forms and tools for recording information regarding members' needs and services. However, all Contractors must utilize the standardized forms found in this Chapter, including, but not limited to the Uniform Assessment Tool (Exhibit 1620-3), the Member Service Plan (Exhibit 1620-13), the Contingency Plan (found in Exhibit 1620-14) and the HCBS Needs Tool (Exhibit 1620-17).

Contractors will establish a mechanism to ensure that CATS data is entered accurately and within established timeframes (ten business days of the date the action took place).

C. TRAINING

Case managers must be provided with adequate orientation and ongoing training on subjects relevant to the population served by the Contractor. Documentation of training dates and staff attendance as well as copies of materials used must be maintained.

1. Contractors must ensure that there is a structure in place to provide uniform training to all case managers. This plan should include formal training classes as well as mentoring-type opportunities for newly hired case managers.
2. Newly hired case managers must be provided orientation and training in a minimum of the following areas:
 - a. The role of the case manager in utilizing a member-centered approach to Arizona Long Term Care System (ALTCS) case management, including maximizing the role of the member and their family in decision-making and service planning.
 - b. The principle of most integrated, least restrictive settings for member placement.
 - c. Member rights and responsibilities
 - d. Case management responsibilities as outlined in this Chapter, including, but not limited to service planning, contingency plans, reporting service gaps and Notices of Action.
 - e. Case management procedures specific to the Contractor.
 - f. An overview of the AHCCCS/ALTCS program.

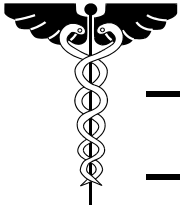


- g. The continuum of ALTCS services, including available service delivery options, placement settings and service restrictions/limitations.
- h. The Contractor provider network by location, service type and capacity. Included in this should be information about community resources for non-ALTCS covered services.
- i. Information on local resources for housing, education and employment services/program that could help members gain greater self-sufficiency in the areas.
- j. Responsibilities related to monitoring for and reporting of quality of care concerns, including, but not limited to, suspected abuse, neglect and/or exploitation.
- k. General medical information, such as symptoms, medications and treatments for diagnostic categories common to the ALTCS population service by the Contractor.
- l. General social service information, such as family dynamics, care contracting, dealing with difficult people, risk management.
- m. Behavioral health information, including identification of member's behavioral health needs, covered behavioral health services and how to access those services within the Contractor's network and the requirements for initial and quarterly behavioral health consultations.
- n. End of life care including person centered planning, services and supports including covered services and how to access those services within the Contractor's network

o. re-Admission Screening and Resident Review (PASRR) process

p. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards for members under the age of 21, and

q. ALTCS management information system Client Assessment Tracking System (CATS) that 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 will be dependent on the level of direct usage by the Contractor case managers.



3. In addition to review of areas covered in orientation, all case managers must also 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 internal monitoring process,
- c. Interviewing skills,
- d. Assessment/observation skills,
- e. Cultural competency,
- f. Member rights,
- g. Medical/behavioral health issues, and/or
- h. Medications – side effects, contraindications and poly-pharmacy issues.

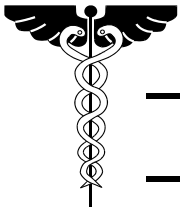
h.i. End of life care

4. Training may also be provided by external sources, for example:

- a. Consumer advocacy groups,
- a.b. Providers (for example, medical or behavioral health), and
- b.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, ~~Thi~~these individuals must be available to assist case managers with up-to-date information designed to aid members in making informed decisions about their independent living options.

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 purposes 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.

b.The staff designated as the employment expert must receive training from the Work Incentive Information Network (www.wiinaz.org). The staff is also 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, developing and implementing strategies to educate members on the resource tool and report member employment outcomes to the WIIN.

D. CASELOAD MANAGEMENT

Adequate numbers of qualified and trained case managers must be provided to meet the needs of enrolled members.

Contractors must have written protocols to ensure newly enrolled ALTCS members are assigned to a case manager immediately upon enrollment.

MEMBERS WHO ARE ELDERLY AND/OR HAVE PHYSICAL DISABILITIES (E/PD)

~~Each case manager's caseload must not exceed a weighted value of 96.~~ The following formula represents the maximum number of members allowable per E/PD case manager; each case manager's caseload must not exceed a weighted value of 96:

1. For ~~institutionalized~~ members in an institutional setting, a weighted value of **1.0** is assigned. Case managers may have up to 96 ~~institutionalized~~ members ($96 \times 1.0 = 96$).
2. For ~~HCBS (own home)~~ members in an HCBS (own home) setting, a weighted value of **2.2** is assigned. Case managers may have up to 43 ~~HCBS~~ members ($43 \times 2.2 = 96$ or less).
3. For ~~assisted living facility (ALF)~~ members in an Alternative HCBS setting, a weighted value of **1.8** is assigned. Case managers may have up to 53 ~~ALF~~ members ($53 \times 1.8 = 96$ or less).
4. For ~~Acute Care Only (ACO)~~ members in Acute Care Only (ACO) status, a weighted value of **1.0** is assigned. Case managers may have up to 96 ~~ACO~~ members ($96 \times 1.0 = 96$).

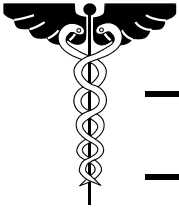


5. If a mixed caseload is assigned, there can be no more than a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

$$\begin{aligned}
 & \text{(# of members in an institutional setting x 1.0)} \\
 & \quad \pm \\
 & \text{(# of HCBS members in an HCBS (own home) setting x 2.2)} \\
 & \quad + \\
 & \text{(# of ALF members in an Alternative HCBS setting x 1.8)} \\
 & \quad + \\
 & \text{(# of ACO members in Acute Care Only (ACO) status x 1.0)} \\
 & \quad + \\
 & \text{(# of Nursing Facility (NF) members x 1.0)} \\
 & \hline
 & = 96 \text{ or less}
 \end{aligned}$$

In addition, effective October 1, 2019, 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 must not exceed a weighted value of 96:

1. 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).
2. 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).



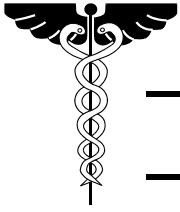
3. For members in an Alternative HCBS setting determined to have an SMI, a weighted value of 1.9 is assigned. Case managers may have up to 50 members with an SMI determination (50 x 1.9 = 96 or less).
4. For members in Acute Care Only (ACO) status determined to have an SMI, a weighted value of 1.0 is assigned. Case managers may have up to 96 ACO members with an SMI determination (96 x 1.0 = 96).
5. 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:

$$\begin{aligned}
 & \text{(# of members in an institutional setting x 1.0)} \\
 & \quad \pm \\
 & \text{(# of members determined to have an SMI who are in an institutional} \\
 & \text{setting x 1.4)} \\
 & \quad \pm \\
 & \text{(# of members in an HCBS (own home) setting x 2.2)} \\
 & \quad \pm \\
 & \text{(# of members determined to have an SMI who are in an HCBS (own} \\
 & \text{home) setting x 3.0)} \\
 & \quad \pm \\
 & \text{(# of members in an Alternative HCBS setting x 1.8)} \\
 & \quad \pm \\
 & \text{(# of members determined to have an SMI who are in an Alternative} \\
 & \text{HCBS setting x 1.9)} \\
 & \quad \pm \\
 & \text{(# of members in Acute Care Only (ACO) status x 1.0)} \\
 & \quad \pm \\
 & \text{(# of members determined to have an SMI who are in Acute Care Only} \\
 & \text{(ACO) status x 1.0)} \\
 & \hline
 & \text{= 96 or less}
 \end{aligned}$$

± A DDD case manager's caseload must not exceed a per District average ratio of 1:40 members, regardless of setting.

Caseload Exceptions – Contractors must receive authorization from AHCCCS/Division of Health Care Management prior to implementing caseloads whose values exceed those outlined above. Lower caseload sizes may be established at the discretion of the Contractor and do not require authorization.

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



E. ACCESSIBILITY

Members and/or member representatives must be provided adequate information in order to be able to contact the case manager or Contractor office for assistance, including what to do in cases of emergencies and/or after hours.

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

There must be a mechanism to ensure members, representatives and providers are called back in a timely manner when messages are left for case managers.

F. TIME MANAGEMENT

Contractors must ensure that case managers are not assigned duties unrelated to member-specific case management for more than 15% of their time if they carry a full caseload.

G. CONFLICT OF INTEREST

Contractors must 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, and
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 must be established that is conducive to a sound support structure for case managers. Supervisors must 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, must be established and applied, at a minimum, on a quarterly basis.

Results from this monitoring including the development and implementation of continuous improvement strategies to address identified deficiencies must be documented and made available to AHCCCS upon request.

I. INTER-DEPARTMENTAL COORDINATION

The Contractor should 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 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 should ensure the Medical Director is available as a resource to case management and that s/he is advised of medical management issues as needed.

J. REPORTING REQUIREMENTS

A Case Management Plan must be submitted annually to AHCCCS on or before November 15th by all -Contractors. Tribal Contractors are not required to submit a plan. The plan must address how the Contractor will implement and monitor the case management and administrative standards outlined in this Chapter, including specialized caseloads.

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