

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: ARIZONA  
CASE MANAGEMENT SERVICES

A. TARGET GROUP:

The target population is comprised of persons who meet the following definition of developmental disability.

"Developmental Disability" is defined in State law and means a severe and chronic disability which originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual. This term shall include mental retardation, cerebral palsy, epilepsy, and autism as defined by the State. This disability results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

A child under the age of six years of age may be considered eligible if there is a strong demonstrated potential that the child is or will become developmentally disabled. Children must have an identified delay in one or more areas of development as measured by a culturally appropriate and recognized developmental assessment tool.

Persons for whom federal financial participation is requested are those who are financially eligible for the Title XIX acute care program but who do not meet the functional eligibility requirements of the Arizona Long Term Care System program (ALTCS). These individuals are typically eligible for Supplemental Security Income (SSI) and may reside in a variety of settings (e.g., nursing facilities, group homes, foster homes or their own homes).

X The target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions (SMDL, July 25, 200).

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

X Entire State

\_\_\_ Only in the following geographic areas (authority of section 1915 (g) (1) of the Act is invoked to provide services less than statewide).

C. COMPARABILITY OF SERVICES:

\_\_\_ Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

X Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B).

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D. DEFINITION OF SERVICES:

For the purposes of Targeted Case Management, services will be limited to case management services provided to individuals who are financially eligible for the Title XIX acute care program but who are not eligible for the ALTCS program.

Case management is the process of needs assessment, setting objectives related to needs, service scheduling, program planning, and evaluating program effectiveness. The Department of Economic Security Division of Developmental Disabilities (DES/DDD) provides services which ensure that the changing needs of the person and the family are recognized on an ongoing basis and the widest array of appropriate options are provided for meeting those needs.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. 42 CFR 440.169(e). The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Case management will assist individuals in gaining access to needed medical, social, educational and other support services and will consist of the following:

- Informing members of options including medical services available from AHCCCS health plans, based on assessed needs.
- Developing a Plan of Care.
- Locating, coordinating, arranging social, educational and other resources to meet member needs.
- Providing necessary information to providers about the member's functioning level to enable the provider to plan, deliver and monitor services.
- Monitoring the member's progress and compliance with the Plan of Care.
- Informing providers of changes in the member's condition.
- Coordinating and participating in Individual Service Program Plan meetings.
- Informing the family of members or other caregivers of the support needed to obtain optimal benefits from available services.
- Revising the Plan of Care.
- Recording the delivery of case management services.
- Case management, in the context of Family Support, consists of activities designed to:
  - 1) Strengthen the role of the family as primary care-giver, thereby reducing dependency upon government support;
  - 2) Prevent costly, inappropriate and unwanted out-of-home placement and maintain family unity;
  - 3) Reunite families with children with disabilities who have been placed in government funded out-of-home placement, whenever possible; and
  - 4) Identify services provided by different agencies to eliminate costly duplication.

Members are not required to accept case management services. Should a member refuse to accept case management services, this refusal shall not be used as a basis to restrict the member's access to other Medicaid services. The provision of case management services shall not restrict the member's choice of the available health plans and primary care providers in the AHCCCS system. If a member is dissatisfied with their assigned case manager, he/she will be provided the opportunity to choose another case manager from those available.

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E. QUALIFICATIONS OF PROVIDERS:

Qualified providers of case management services are case managers employed by the DES/DDD who meet the following criteria:

- Human Service Specialist I - Bachelors' degree with a major in child development, social work, rehabilitation, counseling, education, sociology, psychology or other closely related field focusing on assisting individuals in accessing services and identifying social or behavioral problems of individuals in the community; or two years of work experience equivalent to a Human Service Worker II.
- Human Service Specialist II - Two years of work experience equivalent to a Human Services Specialist I; OR a Bachelor's degree in social work, rehabilitation, counseling, education, sociology, psychology or other closely related field focusing on the provision of helping services in the community and one year of required experience; OR a Master's degree.
- Human Service Specialist III - Two years of work experience equivalent to a Human Service Specialist II.
- Human Services Unit Supervisor - Two years of work experience equivalent to a Human Services Specialist II or Human Services Specialist III.
- Registered Nurse - Licensed by the State of Arizona to practice professional nursing case management services.
- Qualified case managers must have considerable knowledge of the DES/DDD policies, procedures and practices. They have extensive knowledge of the common human needs, growth, personality and behavior of the individuals they case manage. Case managers have knowledge of the developmental and behavioral problems of children, their causes, symptoms and treatment and the effects and problems of foster care placements. They have knowledge of developmental disabilities and their effects on adults and children. They have knowledge of cultural, environmental and community influences on the behavior and development of individuals in specific member groups. Qualified case managers have an understanding of the laws governing placement, custody and treatment of children and adults. They are knowledgeable about the resources available in the community that can be utilized on behalf of applicants or members.

All case managers hired since July 1, 1990 are required to completed a competency based training curriculum prior to completing their original probation. This curriculum consists of the following seven training modules:

1. Introduction to Case Management
2. Intake and Eligibility
3. Assessment
4. Plan Development
5. Facilitation Skills
6. Plan Coordination
7. Monitoring and Reassessment

TN No. 96-15

Supersedes

TN No. None

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- Eligible recipients will have free choice of the providers of case management services available from DES/DDD.
- Eligible recipients will have free choice of the providers of other medical care under the plan.\*

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment will not be made for services for which another payer is liable or for services for which no payment liability is incurred.

Payments will not be made under this State Plan for targeted case management services for persons enrolled in the ALTCS program since Arizona currently provides ALTCS case management under an 1115 Research and Demonstration Waiver.

Arizona is proposing the same reimbursement arrangement as is used for ALTCS case management. As required, the targeted case management reimbursement methodology is described in Attachment 4.19-B. The reimbursement proposal is based on the following facts regarding the targeted group:

- Individuals in the targeted case management group meet the financial requirements of Title XIX and require the same case management supports as those in the ALTCS program (i.e., planning, coordination and brokering of support and services).
- Case management for this group of developmentally disabled members is frequently more difficult than for ALTCS participants due to the lack of government resources to meet their needs. As a result, case managers must often provide more direct support to a family or individual.

\* AHCCCS is waived from this requirement under 1115 waiver authority. Recipients shall have a choice of available health plans and primary care providers in the AHCCCS system.

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H. Case Records (42 CFR 441.18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows: (i) the name of the individual; (ii) the dates of the case management services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; (viii) a timeline for reevaluation of the plan.

I. Limitations

Case Management does not include, and Federal Financial Participation is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)).