

## CES OVERCOST HCBS “HOME” SETTING CHECKLIST

### SECTION A. REQUESTOR INFORMATION

|  |                             |  |
|--|-----------------------------|--|
| <b>Submit to:</b> AHCCCS/DFSM Tribal ALTCS via<br><b>TIBCO:</b> <a href="https://tiwebprd.statemedicaid.us">https://tiwebprd.statemedicaid.us</a><br>or<br><b>EMAIL:</b> tribalaltcs.generalmailbox@azahcccs.gov | <b>TRIBAL ALTCS PROGRAM</b> |  |
|  | <b>CASE MANAGER NAME</b>    |  |
|  | <b>PHONE/FAX NUMBER</b>     |  |

### SECTION B. MEMBER INFORMATION

|  |                     |  |
|--|---------------------|--|
|  | <b>MEMBER NAME:</b> |  |
|  | <b>DOB:</b>         |  |
|  | <b>AHCCCS ID:</b>   |  |

### SECTION C. CHECKLIST

**Date:** \_\_\_\_\_

**Documents Attached**

- Fax Cover Sheet with >80% CES checked <https://www.azahcccs.gov/PlansProviders/Downloads/PriorAuthorizations/PAMedicalDocumentationForm.pdf>
- Cover letter (summarize the following in the cover letter: the members medical condition, paid and IFS supports, family involvement, home environment, services/units being authorized, and must include the CES CA160 date and percentage, within last 30 days)
- Case Notes (*from most recent PCSP review to current*)
- UAT (Universal Tool Assessment)
- HNT (HCBS Member Needs Assessment Tool)
- Most recent PCSP (Person-Centered Service Plan) AMPM 1620-10 (all pages)
- Case manager has verified that services on CA165 match the CA160 CES screen
- Managed Risk Agreement, when applicable
- Notice of Adverse Benefit Determination (NOA), when applicable
  
- CES exceeding 100%** (101% or higher): **STOP** in addition to the documentation above, case manager also to include the following documentation for DFSM Tribal ALTCS to review.
  - Clinical documentation, within last 30 days, from Provider (i.e. NP, PA, MD or DO from PCP or specialist) detailing member’s medical condition that justifies CES to exceed 100%
  - The Cover Letter must also to include the conversation/care coordination between the Team (Provider, member/authorized rep, case manager, etc.) and the plan to reduce the services below 100% within the next six months (whether iUntitledncreasing Informal Support (IFS) or community resources being provided at no charge to AHCCCS).
  - The Case Manager has advised the member of the cost effectiveness limitations of the program and discussed other options when the cost of HCBS is expected to exceed 100% of net institutional cost for more than six months.

### SECTION C. ATTACH ALL REQUIRED DOCUMENTATION AND SIGNATURES

NOTE: If all necessary documents are not included in the request, or signatures provided below, then the request/packet cannot be processed.

|   |                          |  |
|---|--------------------------|--|
| Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with CES Overcost. | <b><u>SIGNATURES</u></b> |  |
|   | <b>CASE MANAGER</b>      |  |
|   | <b>SUPERVISOR</b>        |  |