Tribal ALTCS Quarterly Meeting

Friday, February 28, 2020

WELCOME TO ALL!

Agenda Overview

- Rachel Hunter: New Staff, EVV, Person Centered Planning
- Kevin Hoy: Ice Breaker, Tribal ALTCS Webpage
- Soni Fisher: Case Manager's Face to Face Discussion with Member, SOC, Provider Training Information
- Rachel Hunter: Audit Results, Future WIGS
- Lunch
- Shannon Shiver: QOC Overview
- Bandana Chetty & JD Simon: Home Modifications
- Rachel & Soni: Tribal Plan Recognitions

EVV
Business Requirement & System Changes

Purpose:

The purpose of this document is to describe the requirements necessary to be in compliance with the new (EVV) regulation designed around tracking the Medical Necessity Determination Date (MNDD) for long term care services.

Project Scope

To add the MNDD on each long term care service line on the CA165 panel in the Client

Assessment and Tracking System (CATS). To add MNDD to LT-SER01R/U Table. To populate

pre-EVV service plan records' MNDD field with a placeholder date.

Add MNDD to Service Lines on CA165

Column header will be titled 'MNDD'

- Date format will be MM/DD/YY

- Should not allow invalid dates (e.g. 13/02/89)

- Date cannot be greater than the 'END DATE' of the service

- MNDD will be a mandatory field

- MNDD can be edited until the 'TOT USD' field is populated (if value is greater than 0)

Current Panel Layout

```
 TR: CA165                 AHCCCS - LONG TERM CARE                01/14/20
 NTR: ____   I _____    CMP - SERVICE PLAN             09:47:20
 KEY DATE: _____                          WORKER ID:       LT02L120
 NAME:   SCREEN                   EXAMPLE          AHCCCS ID: A00000001
 LAST CES DATE: 10/01/2019  CURR CSMGR: 000009   LATEST ACN:        BHS: G
 LAST PC: 110007 ENR DT: 12/19/1988 DISEN DT:         LST RVW DT: 09/17/2019
 CUR: LOC: _    PLACEMENT: Q   DATE: 10/22/2015  RSN: 01  NXT RVW DT: 12/17/2019
 PAS DIAG CDS: 06B                      DIAG 1:  CORONARY DISEASE
 DIAG 2: _____    DIAG 3: _____
 A   SER  -MOD-   EFF DATE   END DATE   UNITS UNIT CST TOT USD PROV  RSN
 _ Z3133 ___     07/01/1999 06/30/2000   366  105.57      0 017419 50
 _ Z3133 ___     07/01/2000 09/30/2000    92  105.57      0 017419 10
 _ Z3030 ___     09/01/2000 12/30/2000     8   33.00      0 175928 50
 _ Z3133 ___     10/01/2000 12/30/2000    90  109.89      0 017419 50
 _ Z3030 ___     12/31/2000 12/31/2000     1   33.00      0 175928 50
 _ Z3133 ___     01/01/2001 03/31/2001    90  109.89      0 017419 50
 _ Z3030 ___     01/01/2001 06/30/2001    12   33.00      0 175928 50
 _ Z3133 ___     04/01/2001 06/30/2001    90  109.89      0 017419 50


                          COMMENTS: N


                  Z171 ACTIVE IN HEA       Z022 MORE DATA AVAILABLE
 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

Modified Panel Layout


```
 TR: CA165                        AHCCCS - LONG TERM CARE                  01/14/20
 NTR: ▮      I  _____     CMP - SERVICE PLAN                    09:47:20
 KEY DATE: _____                          WORKER ID:                LT02L120
 NAME:   SCREEN                      EXAMPLE         AHCCCS ID: A00000001
 LAST CES DATE: 10/01/2019  CURR CSMGR: 000009   LATEST ACN:              BHS: G
 LAST PC: 110007 ENR DT: 12/19/1988 DISEN DT:         LST RVW DT: 09/17/2019
 CUR: LOC: _    PLACEMENT: Q   DATE: 10/22/2015  RSN: 01  NXT RVW DT: 12/17/2019
 PAS DIAG CDS: 06B                        DIAG 1: CORONARY DISEASE
 DIAG 2: _____                       DIAG 3: _____
 A   SER   -MOD-   EFF DATE   END DATE   UNITS UNIT CST TOT USD PROV  RSN   MNDD
 _  Z3133   ___   07/01/1999 06/30/2000   366   105.57       0 017419 50  01/01/80
 _  Z3133   ___   07/01/2000 09/30/2000    92   105.57       0 017419 10  01/01/80
 _  Z3030   ___   09/01/2000 12/30/2000     8    33.00       0 175928 50  01/01/80
 _  Z3133   ___   10/01/2000 12/30/2000    90   109.89       0 017419 50  01/01/80
 _  Z3030   ___   12/31/2000 12/31/2000     1    33.00       0 175928 50  01/01/80
 _  Z3133   ___   01/01/2001 03/31/2001    90   109.89       0 017419 50  01/01/20
 _  Z3030   ___   01/01/2001 06/30/2001    12    33.00       0 175928 50  01/01/20
 _  Z31__   ___   04/01/2001 06/30/2001    90   109.89       0 017419 50  04/01/20

                              COMMENTS: N

                     Z171 ACTIVE IN HEA        Z022 MORE DATA AVAILABLE
 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

Additional Screen Information:

System Default Date:

AHCCCS will determine a default date prior to 'Go Live Day'

Service plan line errors:

- EW14 - END DT REQ'D

- C019 - INVALID DATE

- EW13 - END DT < EFF DT

- TBD1 - MNDD > END DT

When a user receives an error message the cursor will be placed on the field with the error.

Support Rather Than Fix

Questions to help get there:

Group 1 - What can others do to help you be successful?

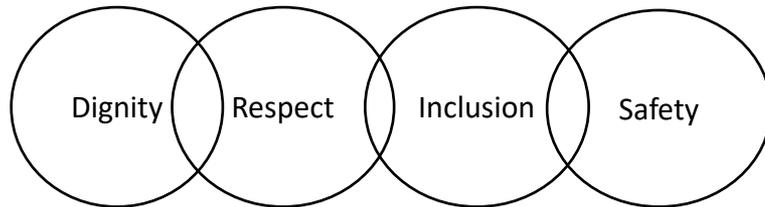**Group 2 -** Has anyone ever said or done something to help you in the past?

- o What did they say or do?

Group 3 - What has worked in the past to help your day go by better?

Group 4 - What support have you had in the past?

PERSON CENTERED PLANNING

What people want

Dignity Respect Inclusion Safety

Person-Centered Thinking (PCT)

Inspires and guides respectful listening which leads to actions, resulting in people who:

➢ **Have positive control over the life they desire and find satisfying**

➢ **Are recognized and valued for their contributions (past, current and potential) to their communities**

➢ **Are supported in a web of relationships, both natural and paid, within their communities.**

https://www.youtube.com/watch?v=jsLUidiYm0w

New TRIBAL ALTCS Webpage

DELIVERABLES

Two Required Reports
Due Dates; listed on the web

Case Load Ratio

Shows Case count per CM
Illustrates caseload types
Late submission can effect individual and all Tribal Plans
Indicates much more.....

Supervisory Audit Report

Gives Supervisor insight to case organization
Review member's current services array
Indicators of how internal office is functioning

Future ideas on Deliverables

EXCEL spreadsheet containing:
- Self calculating audit tool
- Self calculating case load ratio report
- Post this spreadsheet on Tribal ALTCS webpage
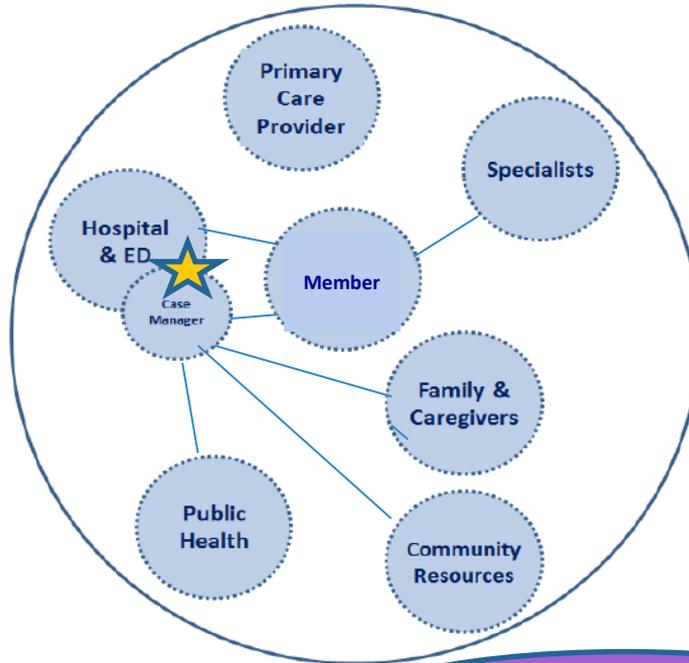- Any other ideas?

Share of Cost (SOC)

- SOC is usually associated with a member's placement in a Skilled Nursing Facility (SNF).

- In an Alternative HCBS setting, i.e. Assisted Living Facility (ALF), it is called the "Room and Board" amount.

- It is uncommon for a member to have a SOC while residing at home and receiving LTC services. However, it is *possible* that Eligibility may require the member to have an Income Only Trust…**IF**…the member's gross monthly accountable income exceeds the maximum allowable limit to qualify for the ALTCS program.

The Case Manager's Role

The CM supports members going through a difficult time

CM's create long term plans for their members, based upon the members functional abilities, medical conditions, etc.

CM's are compassionate, problem solvers for their members.

Primary Care Provider

Specialists

Hospital & ED

Member

Case Manager

Family & Caregivers

Public Health

Community Resources

CM's advocate for their members

Anything else you can think of?

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

- Having Face-to-Face communication with your members adds the "*personal touch*" and promotes a sense of community, with the ability of the member to interact and socialize.

- Explain your role to the member, with regards to their care; YOU are the member's advocate, and you will be following every aspect of their medical care, while they are on ALTCS.

- Sets the foundation for **Trust**, and ultimately creates a better relationship between you and your member.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

- Speak to your members in a *Respectful* tone.

- Be the person your member looks forward to seeing, not the one they dread seeing and try to avoid.

- Be a positive presence in your member's life.

- Many members have multiple major medical conditions, and are home bound. You may be the person they look forward to seeing.

- Some medical conditions can result in the member suffering from depression, which may come across as anger. Be kind.

AHCCCS
Arizona Health Care Cost Containment System

The Case Manager's Role
Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression

- While helping someone with depression you may experience difficult emotions, including helplessness, frustration, anger, fear, guilt or sadness. These feelings are normal. However, keeping a positive attitude with the member can be crucial in their recovery.

- People with depression don't just "snap out of it" by sheer force of will.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression, Con't.

- When someone is depressed, it's not that they are lazy. It's just thinking about doing the things that may help them feel better can seem exhausting or impossible to put into action.

- Have patience as you encourage your member to take the first small steps.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression, Con't.

- Ways to start the conversation:
  - *"I've been feeling concerned about you lately"*.
  - *"Recently, I have noticed some differences in you and wondered how you are doing"*.
  - *"I wanted to check in with you because you have seemed pretty down lately"*.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression, Con't.

- Questions you can ask:
  - "*When did you begin to feel like this?*"
  - "*Did something happen that made you start feeling this way?*"
  - "*How can I best support you right now?*"
- Remember, being supportive involves offering encouragement and hope.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression, Con't.

- Things you can say that <u>MAY</u> help:
  - "*You're not alone. I'm here for you during this difficult time*".
  - "*Even if I'm not able to understand exactly how you feel, I care about you and want to help*".
  - "*You're important to me. Your life is important to me*".
  - "*Please tell me what I can do now to help you*".

The Case Manager's Role

Helping someone with Depression, Con't.

- Things you should **AVOID** saying/doing:
  - "*This is all in your head. You should be feeling better by now*".
  - "*Everyone goes through tough times*".
  - "*Try to look at the bright side*".
  - "*I can't do anything about your situation*".
  - "*Just snap out of it*".
  - Do **NOT** raise your voice, as it will just escalate the situation.

AHCCCS
Arizona Health Care Cost Containment System

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Helping someone with Depression, Con't.

- The risk of suicide is real.
  - If you believe the member is at risk for suicide, do **NOT** leave them alone.
  - Call 911 or call the National Suicide Prevention Lifeline at 1-800-273-TALK.

The Case Manager's Role

Successful Face-to-Face Discussions and Interactions with Your Member

Develop more frequent monitoring:

- **When a member has an urgent/emergent medical or mental health condition that has recently changed. Between scheduled visits, you should either**:

  - Call the member every **30** days; ask how they are doing, or if there is anything they need. Document the case file.

  - Make home/facility visits on more frequent intervals, i.e. every **30** days, rather than every 90 days.

Audit Results Review

Tribal ALTCS – 2019 Audit Results

Tribal ALTCS Programs	2015	2017	2019
Program 1	74%	78%	96%
Program 2	55% (NTC)	89%	89%
Program 3	50%	36%(NTC)	97%
Program 4	73%	85%	94%
Program 5	75%	90%	98%
Program 6	54%	40% (NTC)	84%
Program 7	48%	92%	96%
Program 8	76%	91%	90%

Full Compliance	90 – 100%
Substantial Compliance	75 - 89%
Partial Compliance	50 - 74%
Non-Compliance	0 - 49%

Overall Audit Results for Two Audit Periods

2017 - 6 Tribal ALTCS Plans

CM 1	CM 2	CM 3	CM 4	CM 5	CM 6	CM 7	CM 8	CM 9	CM 10	CM 11	CM 12	CM 14	CM 17	CM 18	Avg
91%	89%	77%	80%	83%	85%	86%	25%	81%	82%	69%	84%	81%	81%	81%	**81%**

2019 - 8 Tribal ALTCS Plans

CM 1	CM 2	CM 3	CM 4	CM 5	CM 6	CM 7	CM 8	CM 9	CM 10	CM 11	CM 12	CM 14	CM 17	CM 18	Avg
100%	98%	83%	99%	91%	92%	98%	75%	94%	87%	84%	95%	100%	88%	88%	**93%**

AHCCCS
Arizona Health Care Cost Containment System
Reaching across Arizona to provide comprehensive
quality health care for those in need

Home Modifications

- Policy AHCCCS AMPM 1240-I

- Includes but not limited to: ramp, shower, grab bars, widen doors/lever handles, high rise toilet, roll under sink

- Purpose: Deter the risk of an increase in home and community based services or institutionalization

- Must have a specific adaptive purpose enabling the member to function with greater independence in the home

- Must be medically necessary and have an impact on member ability to independently perform Activities of Daily Living (ADLs)

- Exclusions: general maintenance, home improvement, repair

AHCCCS
Arizona Health Care Cost Containment System

Home Modification Request Overview

- Bandana reviews initial packet

- FFS Medical Documentation Form (fax cover sheet)

- Uniform Assessment tool

- Service Assessment form

- Home Mod Request/Justification form

- Incomplete packet sent back to Case Manager with reason

- Complete packet reviewed for approval by Nurse

Review Process

- Nurse reviews documentation in packet for medical necessity

- If approved, bid notification letters sent to Case Manager and Contractors – 30 days to submit bids

- Bids reviewed and award letters sent to Case Manager and Contractor

- Contractor receives pended authorization –90 days to complete approved modifications

- After project is complete Contractor submits completion docs to AHCCCS – member sign off and after pictures

- Authorization is approved and Contractor is able to submit for billing

Home Mod Request/Justification Form

Current Common Errors

- Missing Documentation
- Missing Maps
- Incomplete Forms
- Lack of resubmission of documents

Proposed Changes Coming

- Section A is going to include check boxes
- Case Manager & Supervisor will have to sign off on form
- Check boxes for the Modification Requested
- Ramps will now include 'Landing'
- Walk-in and Roll-in Shower will now include 'Handheld Shower Head'

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED DOCUMENTATION.		

Fax completed form to: AHCCCS-DFSM-CMSU Unit Fax: (602) 254-2426	Tribal Contractor	
	Case Manager	
	Address	
Send: Service Assessment Uniform Assessment Tool (UAT)	Phone/Fax	
	Signature/Date	

1. MEMBER'S NAME _____ DOB_____ AHCCCS ID# _____

2. MEMBER'S ADDRESS _____
City/Zip Code   Phone # or Alternative Phone #

3. PCP'S INFORMATION _____   _____   _____
PCP Name   Phone #   Fax #

Diagnosis & Code (Related to need)

4. MEMBER RESIDES IN (check one):   HOME   Own?   Or   Rent?   OTHER (specify)

5. CURRENT ADL STATUS   ☐ Independent   ☐ Mod Assist   ☐ Dependent
   Bladder/Bowel Status   ☐ Continent   ☐ Mod Incontinent   ☐ Total Incontinent
   Mental Status   ☐ Alert   ☐ Confused

6. CURRENT MOBILITY STATUS   ☐ Independent   ☐ Walker/Cane   ☐ Wheelchair

7. DESCRIBE MODIFICATION(S) BEING REQUESTED (USE SEPARATE SHEET OF PAPER IF NEEDED):

| MODIFICATION REQUESTED	JUSTIFICATION	APPROVED	DENIED
Ramp with Handrails			
Walk-in Shower			
Roll-in Shower			
Grab Bars – Shower or Toilet (Circle)			
Widen Doors- Bathroom, Bedroom, Front (Circle)			
Lever Handles-Bathroom, Bedroom, Front Door (Circle)			
High Rise Toilet or Roll Under Sink (Circle)			
Special Request- Please Explain			

QUESTIONS

Thank You.

JD Simon – Tribal ALTCS Nurse – 602-417-7554

Bandana Chetty – Tribal ALTCS Specialist – 602-417-7548

Tribal Plan Recognitions
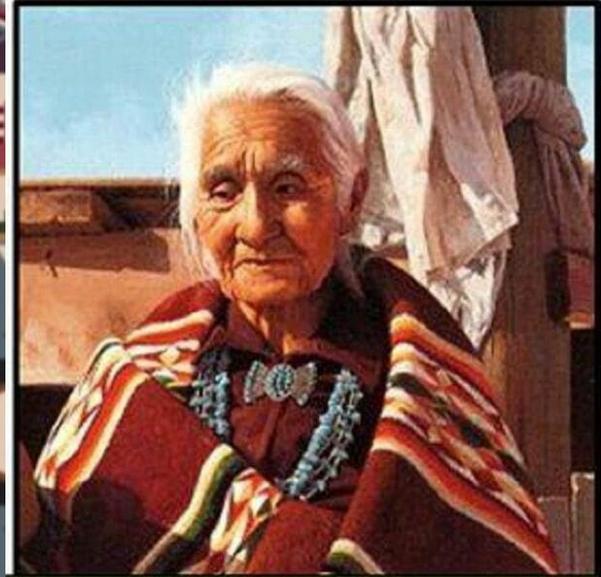
"Honor your Elders"
For they have the Wisdom
to Teach what we have not
learned yet.