



DFSM Tribal ALTCS 4th Quarter Case Management Supervisor Meeting

Thursday, October 27, 2022

WELCOME TO ALL!

Agenda Overview

- **Morning Prayer:** Byron Wesley, Navajo Nation Chinle Supervisor
- **Charlotte Little:** Welcome!
- **Ice Breaker: Cheryl Begay**
- **Cheryl Begay:** Reviewing and updating all CA screens at each review
- **Rachel Conley:** EVV Updates and MNDD Dates
- **Break – 10 minutes**
- **Soni Fisher:** CES Overcost Process/Packet
- **Soni Fisher:** Weekly Projected OD, Weekly NSL and Weekly Dummy PID 029108
- **Bandana Chetty:** Dummy AHCCCS PID 029108
- **Vanessa Torrez:** PA Request Data & Documents Required for PA extension
- **Vanessa Torrez/Soni Fisher:** Alternative Setting Prior Auth Request & CES Overcost
- **Rachel Conley:** Closing



Meeting Reminders



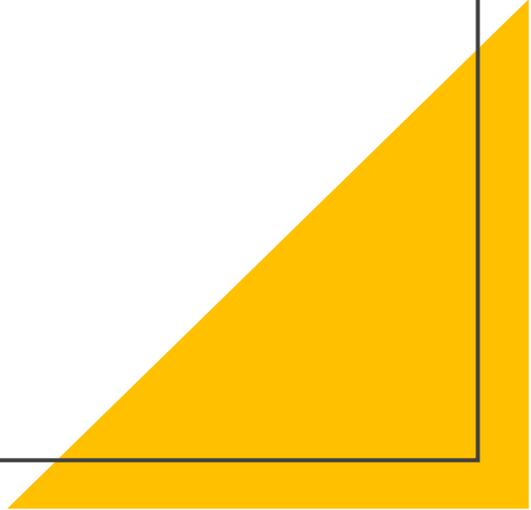
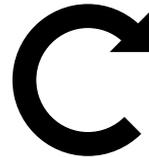
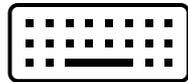
- Please mute your computer's microphone and/or phone when not speaking.
- Use the chat feature to add in comments/questions.
- Ask questions after the speaker has finished.
- Sit back, listen in and enjoy the meeting!
- This meeting will be recorded.



DFSM Tribal ALTCS Ice Breaker

Presented by: **Cheryl Begay, Tribal ALTCS CM Coordinator**

"Name That Screen"



Let's Play A Game To Test Our Knowledge of PMMIS. Be quick and have fun!



HCBS %



SOC



ALLOWABLE
CHARGE



INCOME



MODIFIERS

I support combinations of AHCCCS operations,
administrative activities and reporting
requirements.

PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEM
(PMMIS)



This is an informational screen of what the provider is eligible to render to an ALTCS member.

PR035

Provider Categories of Service

This screen displays the max rate for all 5 digit codes. Also including HCBS services and DME.

RF112 PROCEDURE MAXIMUM ALLOWABLE CHARGE



For data entries to be made and accepted on PMMIS what letter must not be used?

I (Inquiry) function.

EDIT CODE/MESSAGE- 2019 NO ACTION TAKEN

A hacker identified himself from Medi-Cal, California's Medicaid Health Program he is holding all our weekly reports for ransom.

What screen are you going to identify which TCMs cases are due this month?

CA 225 -AHCCCS LONG TERM CARE

CASE MANAGER REVIEWS TRACKING LIST

Monthly data for a member is displayed on this screen. Data is available in the AHCCCS Customer HEAplus/Eligibility (ACE) system, not necessarily for every calendar month.

CA168-AHCCCS HEAPLUS LONG TERM CARE MEMBER INCOME

A silhouette of a person standing in a field of tall grass, with their arms raised in a celebratory gesture. The background is a clear blue sky with a few birds flying. The entire image has a blue color overlay.

Thank you for participating in our Icebreaker



DFSM Tribal ALTCS

REVIEWING AND UPDATING ALL CA SCREENS AT EACH REVIEW

Presented by: Cheryl Begay, Tribal ALTCS CM Coordinator

1620 ALTCS CASE MANAGER STANDARDS

- 1620-A, Initial Contact Visit Standard 
- 1620-B, Needs Assessment Care Planning Standard 
- 1620-C, Cost Effectiveness Study Standards 
- 1620-D, Placement and Service Planning Standard 
- 1620-E, Service Plan Monitoring and Reassessment Standard 
- 1620-F, Tribal ALTCS Fee-For-Service Standards 
- 1620-G, Behavioral Health Standards 
- 1620-H, Transitional Program Standard 
- 1620-I, High Cost Behavioral Health Reinsurance Standard 
- 1620-J, Out-Of-State Placement Standard 
- 1620-K, Skilled Nursing Need Standard 
- 1620-L, Case File Documentation Standard 
- 1620-M, Contractor Change Standard 
- 1620-N, Service Closure Standard 
- 1620-O, Abuse, Neglect, and Exploitation Reporting Standard 

HCBS Rules for Person-Centered Service Planning

The Goal

Everyone receiving home and community-based services (HCBS) to have informed choice about:

- Where they live
- Who they live with
- What they do with their time
- What they do with their resources
- Who provides the services to support the choices that are made.

CMS Rules on HCBS

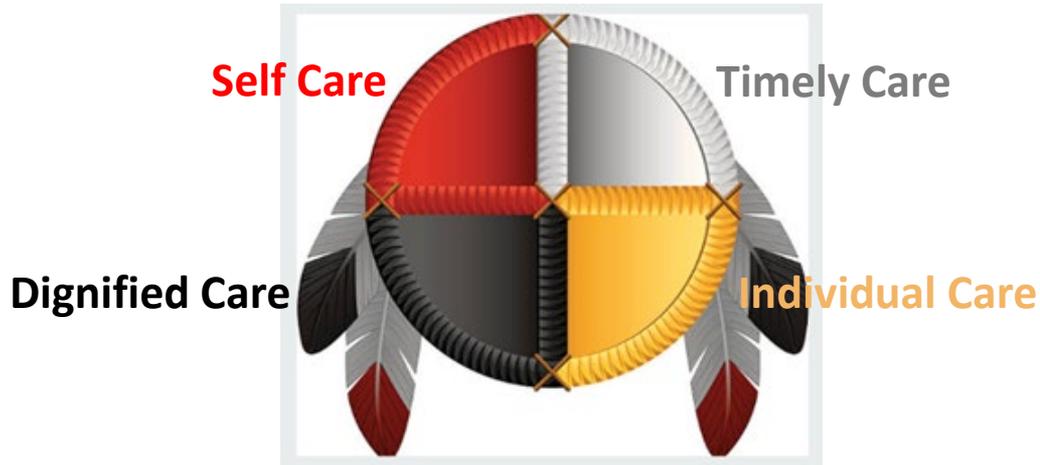
Settings must:

- Be integrated in and support access to the greater community
- Provide opportunities to:
 - ❖ Seek employment in competitive integrated settings
 - ❖ Engage in community life
 - ❖ Control personal resources
- Ensure the individual receives services in the community with the same access as individuals not receiving Medicaid HCBS



PCSP Reviews

- The service plan is created using information gathered during the PCSP process
- Good practice to ensure review of all PMMIS screens
- Help people get better lives.... not just better plans



Pre-Paid Medical Management Information System (PMMIS) Reviews

- Make sure the service plan includes the beneficiary's name, address, date of birth, Medicaid identification number, and diagnosis
- Include beneficiary needs, expectations, goals, and services in setting options that support community access

```
AHCCCS - LONG TERM CARE
CRITICAL DATA
DEBORAH J STATUS: A EFF
ID: 39 78 TRIBE CD: 05
31/2022 MED REASS DUE DATE: 08
OT LAR PROVIDER: LAR
AL PERIOD BEGIN DATE:
MAJOR DIAG 2: E11 MA
Paula
Po Box 1231
ST: AZ ZIP: 85926 1260
ST: ZIP:
Z171 ACTIVE IN HEA
ERR 5-CA165 (7-DEM 8-SOC
```

```
TR: CA166 ACT: I AHCCCS - RECIPIENT USER-ID: 460 10/26/22
NTR: VERIFICATION 13:19:58
A48280176 PERRY DEBORAH J SEX F DOB 06/02/1961 DOD RP07L050
AS OF DATE 10/26/2022 DOS FROM DATE 01/01/2021 DOS THRU DATE FYI N
THE RECIPIENT'S ELIGIBILITY IS: DRG Y
L SD MAO BEGIN ON: 11/01/2021 ENDED ON 12/17/2021
BEGIN ON: ENDED ON
THE RECIPIENT'S ENROLLMENT IS: BEGIN END RATE
HEALTH PLAN CTRF TYP DATE DATE CODE CSA
WHITE MOUNTAIN APACHE LTC/CAP/PAR 12/17/2021 2200 13 12/17/2021
FFS TEMPORARY LTC/FFS 11/01/2021 12/16/2021 2200 17 12/17/2021
PART A BEGINS: 03/01/2018 AND ENDS: MEDICARE BENE ID: 2XQ1DH3TR04
PART B BEGINS: 03/01/2018 AND ENDS:
THE RECIPIENT HAS THIRD PARTY COVERAGE WITH:
THE POLICY NO IS BEGINNING ON ENDING ON
PP: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 12=ESC
22=MDCD 24=COP
```

Pre-Paid Medical Management Information System (PMMIS) Reviews

- Ensure the service plan is signed by all who are responsible for its implementation;
- Provide the beneficiary with a copy of the service plan

```

AHCCCS - LONG TERM CARE
CMP - SERVICE PLAN

ANTHONY G
CURR CSMGR: 368095 LATEST AC
02/23/2021 DISEN DT:
: Z DATE: 02/23/2021 RSN: 11 N
54.5 K74.60 DIAG 1: DISORDER
DIAG 3: UNSPECIF
END DATE UNITS UNIT CST TOT US

COMMENTS: N

Z171 ACTIVE IN HEA Z011
EDSUM 5-CA162 6-CA166 9-SUP 10-SDN
    
```

```

TR: CA162 AHCCCS - LONG TERM CARE 10/26/22
NTR: I COMMUNITY FIRST CHOICE 13:58:17
NAME: PERRY DEBORAH J AHCCCS ID: A48280176 LT02L117
AGENCY WITH CHOICE (Y/N): Y
SELF-DIRECTED ATTENDANT CARE (Y/N): Y
EMPLOYMENT STS (A-F): F CURRENTLY SEEKING EMPLOYMENT
EDUCATION LEVEL (A-I): F BACHELOR'S DEGREE
LEVEL OF CARE (1-7): 2 CLASS 2
INCONTINENCE STS (C/I): C CONTINENT
ANTI-PSYCHOTIC MEDICATIONS (Y/N): Y
MAJOR DIAGNOSIS (A-T) 1: B OTHER NEUROLOGICAL
2: D METABOLIC
3: K GENITOURINARY
1-HELP 2-CA000 4-MSG 5-CA161 6-CA165 11-CLR 12-ESC
    
```

Pre-Paid Medical Management Information System (PMMIS) Reviews

- Monitor the beneficiary's progress toward meeting the service plan goals to remain in own home or the least restrictive environment;
- Monitor cost effectiveness of service needs

```

TR: CA161                AHCCCS - LONG TERM CARE                10/26/22
NTR:  I                PLACEMENT MAINTENANCE                14:00:12
                                                LT02L115
NAME: PERRY              DEBORAH J                WORKER ID:
LAST CES DATE: 10/01/2022  CURR CSMGR: 009189  AHCCCS ID: A48280176
NEXT REVIEW DATE: 10/13/2022  LATEST ACN:                BHS:
LATEST PC: 190009        ENROLL DATE: 12/17/2021  DISENROLL DATE:
CTRT TYPE: P                BEHAVIORAL HEALTH CODE: F
PLACEMENT RES PLACEMENT PLACEMENT PLACEMENT WORKER DATE LAST
CDE CDE REASON BEG DATE END DATE ID MODIFIED
H 1 13 12/17/2021 009189 12/22/2021
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
COMMENTS: N
Z171 ACTIVE IN HEA Z011 END OF FILE
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA160 6=CA162 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
    
```

```

TR: CA160                AHCCCS - LONG TERM CARE                10/26/22
NTR:  C                CMP - COST-EFFECTIVENESS STUDY        14:13:51
                                                LT02L110
CES DATE: 10/01/2022  ASSESS DATE:
NAME: ANTONE            KENNETH L                AHCCCS ID: A42930439
WORKER ID:                CURR CSMGR: 324274  LATEST ACN:
LOC: INST GRS COST: $ 6747.60 SOC: $ 0.00 NET COST: $ 6747.60
HCBS GRS COST: $ 5644.20 SOC: $ 0.00 NET COST: $ 5644.20
SERVICE UNIT MONTH 1 MONTH 2 MONTH 3 AVG COST
CODE MOD COST UNITS COST UNITS COST UNITS COST PER MONTH
T2031 188.14 30 5644.20 30 5644.20 30 5644.20 5644.20
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -
COMMENTS: N CUR PLACEMENT: H DATE: 06/16/2021 REASON: 13
SSI PRCNT:
HCBS PRCNT : 84%
Z171 ACTIVE IN HEA Z011 END OF FILE
1=HLP 2=CA000 3=COM 4=EDSUM 5=CA070 6=CA161 7=SBK 8=SFD 9=SUP 10=SDN 11=CLR/ADD
    
```

THANK YOU

For your Attention

Any Questions





DFSM Tribal ALTCS

EVV Updates and MNDD Dates

Presented by: Rachel Conley, Tribal ALTCS Administrator

Tribal ALTCS EVV Updates

Purpose:

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health.) AHCCCS is mandating EVV for personal care and home health services beginning January 1, 2021.

[Electronic Visit Verification \(EVV\) Website \(azahcccs.gov\)](http://azahcccs.gov)

Providers and Services Subject to EVV

| Provider Description | Provider Type |
|--|---------------|
| Attendant Care Agency | PT 40 |
| Behavioral Outpatient Clinic | PT 77 |
| Community Service Agency | PT A3 |
| Fiscal Intermediary | PT F1 |
| Habilitation Provider | PT 39 |
| HomeHealth Agency | PT 23 |
| Integrated Clinic | PT IC |
| Non-Medicare Certified HomeHealth Agency | PT 95 |
| Private Nurse | PT 46 |

| Place of Service Description | POS Code |
|------------------------------|----------|
| Home | 12 |
| Assisted Living Facility | 13 |
| Other | 99 |

| Service | HCPCS Service Codes | DDD Focus Codes |
|--|---------------------|-----------------|
| Attendant Care | S5125 | ATC |
| Companion Care | S5135 | |
| Habilitation | T2017 | HAH, HAI |
| Home Health Services (aide, therapy, and part-time/intermittent nursing services) | | |
| Nursing | G0299 and G0300 | |
| Home Health Aide | T1021 | |
| Physical Therapy | G0151 and S9131 | |
| Occupational Therapy | G0152 and S9129 | |
| Respiratory Therapy | S5181 | |
| Speech Therapy | G0153 and S9128 | |
| Private Duty Nursing (continuous nursing services) | S9123 and S9124 | HN1, HNR |
| Homemaker | S5130 | HSK |
| Personal Care | T1019 | |
| Respite | S5150 and S5151 | RSP, RSD |
| Skills Training and Development | H2014 | |

MNDD to Service Lines on CA165

Column header titled 'MNDD'

- Date format is MM/DD/YY
- Should not allow invalid dates (e.g. 13/02/89)
- Date cannot be greater than the 'EFF DATE' of the service
- MNDD is a mandatory field
- MNDD can be edited until the 'TOT USD' field is populated (if value is greater than 0)
- ❖ **Case managers should NEVER edit a service line if units have been used.**

PMMIS MNDD Dates

MNDD should:

Align with the last review date or on/before the Service Line EFF date.

```
TR: CA165 AHCCCS - LONG TERM CARE 03/05/21
NTR: I CMP - SERVICE PLAN 07:40:37
KEY DATE: WORKER ID: LT02L120
NAME: AHCCCS ID:
LAST CES DATE: 01/01/2020 CURR CSMGR: LATEST ACN: BHS:
LAST PC: ENR DT: 08/15/2005 DISEN DT: LST RVW DT: 02/05/2021
CUR: LOC: PLACEMENT: H DATE: 11/18/2019 RSN: 13 NXT RVW DT: 05/06/2021
PAS DIAG CDS: NO DESCRIPTION FOUND
DIAG 2: NO DESCRIPTION FOUND DIAG 3: NO DESCRIPTION FOUND
A SER -MOD- EFF DATE END DATE UNITS UNIT CST TOT USD PROV RSN MNDD
- S5170 03/01/2021 03/31/2021 23 0.00 0 029108 01/01/80
- S5161 RR 03/01/2021 03/31/2021 1 49.95 0 532757 01/01/80
- S5125 04/01/2021 04/30/2021 312 5.24 0 938563 01/01/80
- S5170 04/01/2021 04/30/2021 22 0.00 0 029108 01/01/80
- S5161 RR 04/01/2021 04/30/2021 1 49.95 0 532757 01/01/80
- S5125 05/01/2021 05/31/2021 312 5.24 0 938563 01/01/80
- S5170 05/01/2021 05/31/2021 21 0.00 0 029108 01/01/80
- S5161 RR 05/01/2021 05/31/2021 1 49.95 0 532757 01/01/80
COMMENTS: Y
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
```



EVV Soft Edit Errors

AHCCCS Weekly Report

PROVIDER ID: 431168

PROVIDER NAME: PRECIOUS LIFE HOME CARE

| CRN | ERROR DESC | BEG DOS | UNIT QTY | HCPCS | M1 |
|-----------------|-------------------|------------|----------|-------|----|
| 000000601661001 | NO VALID VISIT(S) | 09/19/2022 | 40.000 | S5125 | U5 |
| 000000601681001 | NO VALID VISIT(S) | 09/19/2022 | 140.000 | S5125 | |
| 000000601692001 | NO VALID VISIT(S) | 09/19/2022 | 196.000 | S5125 | |
| 000000601701001 | NO VALID VISIT(S) | 09/19/2022 | 80.000 | S5125 | |
| 222735601720001 | NO VALID VISIT(S) | 09/19/2022 | 152.000 | S5125 | U5 |
| 222735601737001 | NO VALID VISIT(S) | 09/19/2022 | 196.000 | S5125 | |
| 222735601755001 | NO VALID VISIT(S) | 09/19/2022 | 112.000 | S5125 | U5 |

PMMIS Service Plan

| DIAG 2: | | DIAG 3: | | | | | | | | | | |
|---------|-------|---------|------------|------------|----------|------|--------|-----|--------|------|----------|------|
| A | SER | -MOD- | EFF DATE | END DATE | UNITS | UNIT | CST | TOT | USD | PROV | RSN | MNDD |
| - | S5125 | U5 | 05/01/2022 | 05/18/2022 | 360 | | 5.71 | 300 | 431168 | | 05/01/22 | |
| - | S5125 | U5 | 05/19/2022 | 05/24/2022 | 140 | | 5.71 | 40 | 431168 | | 05/01/22 | |
| - | 0192 | | 05/25/2022 | 05/31/2022 | 7 | | 205.55 | 5 | 813243 | | 05/01/22 | |
| - | S5125 | U5 | 06/01/2022 | 06/30/2022 | 600 | | 5.71 | 600 | 431168 | | 06/01/22 | |
| - | S5125 | U5 | 07/01/2022 | 07/31/2022 | 620 | | 5.71 | 620 | 431168 | | 07/01/22 | |
| - | S5125 | U5 | 08/01/2022 | 08/31/2022 | <u>0</u> | | 5.71 | 0 | 431168 | | 08/01/22 | |
| - | S5125 | U5 | 09/01/2022 | 09/30/2022 | <u>0</u> | | 5.71 | 0 | 431168 | | 09/01/22 | |
| - | S5125 | U5 | 10/01/2022 | 10/31/2022 | <u>0</u> | | 6.34 | 0 | 431168 | | 10/01/22 | |

Important Note: Case managers need to update the member's Service Plans with the services assessed at the quarterly review with five days of action.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-1.pdf>

Additional Screen Information:

System Default Date:

Case managers should not be using this date 01/01/80.

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.

THANK YOU

Any Questions?



10-minutes



DFSM Tribal ALTCS

CES Overcost Process/Package

Presented by: Soni Fisher, DFSM Tribal ALTCS Manager



Adding a "NEW" CES onto CA160

- <https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html>

AHCCCS TUTORIAL GUIDE FOR PRE-PAID MEDICAL MANAGEMENT INFORMATION SYSTEMS INTERFACE FOR ALTCS CASE MANAGEMENT 

- <https://www.azahcccs.gov/PlansProviders/Downloads/AHCCCSTutorialGuideForPMMISInterfaceForALTCSM.pdf>

Adding a "NEW" CES onto CA160

Instructions for completion of the **Numbered fields** are as follows:

(1) Function Code - Enter the appropriate function code from the options below:

- **A** - Used to **add** a new CES date. This function code is unique to CA160.
- **C** - Used to **change** an existing CES. All data except the date can be changed.
- **I** - Used to **inquire** into a record. No changes can be made to the screen in this function.
- **D** - Used to **delete** an entire CES record, including the date. This function code is unique to CA160.

HINT: If a CES already exists for a member and the case manager wants to create a new one, with a new date, s/he can either:

1. Change the function code to an "A", add a new CES date and type over the existing service/cost data with the desired changes, or

2. Press F11 which will bring up a blank CES screen for the member and automatically change the function code to an "A" so that a new CES date can then be added

Do NOT use a function code "C" if a new CES needs to be created. An "A" function must be used to add a new CES date. The Change function should be used to make changes to an existing CES only. If the user uses a "C" and types over the existing data with current information, all the historical CES data will be lost. This is **not** the appropriate method for making a new CES.

(2) AHCCCS ID - This unlabeled line is where the user enters the AHCCCS ID# of the member whose CES information the user wishes to access. CES information is saved by AHCCCS ID# so data from any prior ALTCS enrollments will be available for each member.

(3) CES DATE - The date of the most recent CES will appear, if one already exists for the member. If there is no previously established CES, the message "NO CES RECORDS EXIST" will appear at the bottom right of the screen.

If there are prior CES dates, press F7 to scroll backward to view these. Press F8 to scroll forward again.

Enter the date in this field, along with an "A" Function code to add a new CES. The format is MM/DD/YYYY.

(4) INST GRS COST - The anticipated monthly institutional gross cost should be entered here.

(5) SERVICE CODE - Enter the appropriate five character service codes for the services that the member needs. If more services will be entered than there are lines on the screen, pressing

F10 (after the 1st screen is entered) will provide additional lines. F9 will return the user to the 1st screen after additional line data is entered or viewed.

The word "NONE" may be typed on the 1st service line under the following circumstances:

- Members residing in a Nursing Facility who have no potential for HCBS placement
- Members who are receiving only Hospice services
- Members residing in a Nursing Facility because HCBS would not be cost effective
- Members with Acute Care Only status

(6) MOD - Enter the two character modifier for the service, as needed. A list of all available modifiers can be found on RF114 and the valid modifiers for a specific procedure code can be found via RF122. The following are the most common modifiers:

- U2 - Used to designate Attendant Care provided as Self-Directed Attendant Care.
- U3 - Used to designate Attendant Care provided by the member's spouse.
- U4 - Used to designate Attendant Care provided by a family member who does NOT live with the member.
- U5 - Used to designate Attendant Care provided by a family member who DOES live with the member.
- U6 - Used to designate Self Directed Attendant Care when skilled services are being provided by the caregiver.
- U7 - Used to designate when services are provided through the Agency with Choice delivery model.

(7) UNIT COST - Enter the cost per unit of the service. This is entered as dollars and cents, with a maximum of six digits (\$9999.99).

(8) (9) and (10) UNITS - Enter the units of service that are needed per month for each of the three months. The units should reflect the units the member would receive for a whole month, not just the amount from the CES date until the end of the month. The units may vary from month to month if the member's service needs are expected to change over time. The number entered in this field cannot exceed four digits (9999). **A zero must be entered in the field if no units of service are expected for one or more months.**

Below is an explanation of the **Lettered, information-only** fields:

(A) LOC - This field will generally be blank but it may show a Level of Care code from the last PAS. Since no LOC is assessed from the PAS process anymore, this information might be very old and most likely will be irrelevant to the member's current status. If a code does appear, the following explains the codes used:

Adding a "NEW" CES onto CA160



| CODE | DESCRIPTION |
|------|--------------------|
| I | Class 1 |
| P | Class 2 |
| S | Class 3 |
| T | ALTCS Transitional |

- (B) SOC - The member's anticipated monthly Share of Cost, if s/he were to be placed in a Nursing Facility, will be displayed here, based on the date of the CES. The member's monthly SOC history may be found via the CA166 screen (see information on this screen beginning on page 411-28 of this chapter). The SOC amount will change over time with the member's income and deductions. If the member is not currently known, by ALTCS eligibility staff, to be in a NF, the amount shown in the "CES SOC AMT" field on CA166 is the SOC amount that the member would be expected to pay if s/he were in a NF.
- (C) NET COST - The system will display the net institutional cost (gross cost minus SOC) after the CES is entered by the user.
- (D) HCBS GRS COST - The system will display the total average cost of the HCB services. This is the sum of the three month average for each service entered on the CES.
- (E) HCBS SOC - If the member will have a Share of Cost in an HCBS setting (usually due to an Income-Only Trust), the amount, based on the date of the CES, will be displayed here. The SOC amount will change over time with the member's income and deductions.
- (F) NET COST - The system will display the net HCBS cost (gross cost minus SOC) after the CES is entered by the user.
- (G) COST - The system will display the total monthly cost (unit cost X units) for each service.
- (H) AVG COST - The system will calculate and display the average monthly cost of each service (total cost divided by 3).
- (I) COMMENTS - A "Y" or "N" is displayed here to indicate if comments are present or not. F3 will bring up the comments screen for CA160 so that the user may review or enter comments. The user must be in a "C" (Change) function on CA160 prior to moving to the Comments screen in order to be able to enter comments on that screen. F2 will return the user to the CA160 screen.
- HINT:** The beginning of the comments is usually brought up when you first go to this screen. Pressing the **Shift key and F10** together will immediately bring up the end of the file so new comments can be added.
- (J) CUR PLACEMENT/DATE/REASON - This information is read from the most recent line on CA161/Placement Maintenance.



- (K) HCBS PRCNT - The system calculates the HCBS percentage based on the services entered above compared to the cost of an institutional placement. The figure is the HCBS net cost (F) divided by the institutional net cost (C).

NOTE: The "SSI PRCNT" field is no longer used and no data/information will appear in this field.

NOTE: Errors can be cleared from this screen by pressing **F11**. This allows the user to either move out of the screen or start over again without having to resolve the errors created first.

Adding a "NEW" CES onto CA160

Critical CES Dates that **must** be entered into PMMIS CA160 CES:

- Date of the current PCSP Review XX/XX/202X
- Date(s) HCBS Rates changes on AHCCCS website:
 - 10/01/202X (**every** year)
 - 01/01/202X (**every** year)
 - 07/01/202X (occasionally)

The new Gross Institutional Cost corresponding with the rate change date **must** be used.

The new HCBS Unit Cost corresponding with the rate change date **must** be used.

When to submit a "NEW" >80% CES Overcost Packet to AHCCCS

- If the new CA160 percentage reflects >81%-99%, then a new >80% CES Overcost Packet must be submitted to AHCCCS for approval, **IF:**
 - There is no prior approved >80% CES Overcost Letter in the case file (dated within the past 12 months), then a new CES >80% CES Overcost Packet must be submitted to AHCCCS for approval.
 - The prior approved >80% CES Overcost Letter has expired (dated more than 12 months prior to the current date, regardless of percentage), then a new >80% CES Overcost packet must be submitted to AHCCCS for approval.
 - The current approved >80% CES Overcost Letter (dated within past 12 months) in the case file percentage is less than the current CA160, then a new >80% CES Overcost Packet must be submitted to AHCCCS for approval.

When a "NEW" >80% CES Overcost Packet is not required to be submitted to AHCCCS

- Exception: If there is a current approved >80% CES Overcost Letter in the case file (dated within the past 12 months), which reflects a higher CES Overcost percentage than the current CA160, then a new CES Packet is not required to be submitted to AHCCCS.

Policy 1620-1

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-1.pdf>

1620, ALTCS Case Manager Standards

- 1620-A, Initial Contact Visit Standard 
- 1620-B, Needs Assessment Care Planning Standard 
- 1620-C, Cost Effectiveness Study Standards 
- 1620-D, Placement and Service Planning Standard 
- 1620-E, Service Plan Monitoring and Reassessment Standard 
- 1620-F, Tribal ALTCS Fee-For-Service Standards 
- 1620-G, Behavioral Health Standards 
- 1620-H, Transitional Program Standard 
- 1620-I, High Cost Behavioral Health Reinsurance Standard 
- 1620-J, Out-Of-State Placement Standard 
- 1620-K, Skilled Nursing Need Standard 
- 1620-L, Case File Documentation Standard 
- 1620-M, Contractor Change Standard 
- 1620-N, Service Closure Standard 
- 1620-O, Abuse, Neglect, and Exploitation Reporting Standard 
- Exhibit 1620-1, Case Management Timeframes 

Policy 1620-1



AHCCCS MEDICAL POLICY MANUAL
EXHIBIT 1620-1, CASE MANAGEMENT TIMEFRAMES

| INITIAL CONTACT/VISIT | TIMEFRAME |
|--|--|
| Initial Contact (Case Manager [CM] or designee) | Within seven business days of enrollment |
| Initial on-site visit | Within 12 business days of enrollment |
| Initial service start-up | Within 30 days of enrollment |
| CASE FILE UPDATES | TIMEFRAME |
| Initial Cost Effective Study (CES) | Prior to placement/services |
| Initial CES, when services are in place at time of enrollment | Within 12 business days of enrollment |
| CES update | Prior to placement change to Home and Community-Based Services (HCBS) and annually for all HCBS members, and when there is a change in the member's condition, authorized services, and/or rates |
| CES when no discharge potential | No updates required, CES will reflect "NONE" |
| CLIENT ASSESSMENT AND TRACKING SYSTEM (CATS) ENTRIES | TIMEFRAME |
| CES/CA160 | Within 10 business days of date of action |
| Placement/CA161 | Within 10 business days of date of action |
| Service Plan/CA165 (Tribal ALTCS only) | Within five business days of date of action |
| REASSESSMENT VISITS <i>(Includes service plan review and signature)</i> | TIMEFRAME |
| HCBS member | At least every 90 days |
| Nursing facility member | At least every 180 days |

Exhibit 1620-1, Page 1 of 2

Effective Dates: 01/01/11, 05/01/12, 01/01/16, 10/01/17, 09/15/21
Approval Dates: 01/01/16, 05/01/12, 01/01/11, 07/25/17, 08/04/21

Policy 1620-C

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620C.pdf>

1620, ALTCS Case Manager Standards

- 1620-A, Initial Contact Visit Standard 
- [1620-B, Needs Assessment Care Planning Standard](#) 
- 1620-C, Cost Effectiveness Study Standards 

Policy 1620-C

III. POLICY

A. REQUIREMENTS FOR A COST EFFECTIVENESS STUDY

Services provided under Title XIX shall be cost effective whether the placement is in an institutional facility or a Home and Community Based (HCB) setting. Placement in a HCB setting is considered appropriate if the cost of HCBS for a specific member does not exceed 100% of the net cost of institutional care for that member, is the least restrictive setting and HCBS will meet the member's needs.

1. A Cost Effectiveness Study (CES) shall be completed for all Arizona Long Term Care System (ALTCS) and Tribal ALTCS members who are Elderly and/or have a Physical Disability (E/PD) in a HCB setting and for those E/PD members currently placed in an institutional setting who have discharge potential. **The timeframes for completion of the CES can be found in AMPM Chapter 1600, Exhibit 1620-1.**
2. The Contractor's Annual Case Management Plan shall describe a process used by the Contractor that evaluates the net cost of institutional care that meets the requirements of this policy. This process shall include:
 - a. Calculation on institutional costs stratified for levels of care and specialized needs,
 - b. **Annual re-assessment and adjustment of the institutional rates based upon changes in costs associated with the assessed levels of care and specialized needs, and**
 - c. **Implementation of processes consistent with this policy, for determination and evaluation of CES for each member and processes for resolution of cases where the net HCBS cost exceeds the net cost of institutional care.**
3. A CES shall be completed for members with developmental disabilities under the following circumstances:
 - a. **Every three months for a member whose service costs exceed 80% of the cost of the appropriate institutional setting for the member,**
 - b. **When the service costs of a member whose service costs previously exceeded 80% of the cost of the appropriate institutional setting are subsequently reduced to below 80%, and/or**

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- c. When discharge is contemplated for any member residing in an Intermediate Care Facility (ICF).
4. The net cost of institutional care for each member takes into consideration the specific member's assessed Level of Care, the institutional rate appropriate for that Level of Care and the amount of the specific member's "CES Share of Cost."
 - a. If the member has needs that would necessitate a specialized rate in an institutional setting (for example, Alzheimer's or behavioral unit, residential treatment center, extensive respiratory care), this cost shall be used in calculating the cost effectiveness of HCBS,
 - b. The "CES Share of Cost" is the amount the Division of Member Services/Arizona Long Term Care System (DMS/ALTCS) eligibility has determined, based on the member's income and expenses, that member would have to pay monthly **IF** member was placed in a nursing home,
 - c. The net Medicaid cost of institutional care is calculated by subtracting the monthly CES Share of Cost amount for the member from the monthly nursing facility cost based on the specific member's level of care or other needs. The result is called the Net Institutional Cost,
 - d. If the member has been assessed by the DMS/ALTCS unit, to have an actual Share of Cost that shall be paid in HCBS, that amount is deducted from the total monthly cost of the HCB services the member needs. The result is called the "Net HCBS Cost",
 - e. If the Net HCBS Cost is more than the Net Institutional Cost, then home care services at that level are not "cost effective" and cannot be provided unless the HCBS costs are expected to decrease to less than the cost of institutional care within six months of the current CES date. At that time, the member shall be issued a Notice of Adverse Benefit Determination (NOA) that explains any decision to not provide services at the level requested/needed by the member/representative and given an opportunity to file an appeal if member does not agree with the decision, and
 - f. The portion of HCBS that are cost effective can be provided if the member/representative still desires HCBS placement and is willing to accept that level of services and to assume the potential risks of remaining at home without all the care that has been assessed as needed. The Case Manager shall complete a Managed Risk Agreement with the member/representative to document this situation.

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Example of CES>100%

| | | |
|--|----------|------------------|
| Total Nursing Home Cost | | \$4920.10 |
| CES Share of Cost | - | \$726.90 |
| Net Institutional Cost | = | \$4193.20 |
| SERVICES MEMBER NEEDS | | |
| 40 hours of Attendant Care per week | | \$2924.00 |
| 12 Nursing visits per month | + | \$1341.60 |
| Net HCBS Cost | = | \$4265.60 |
| \$4265.60 DIVIDED BY \$4193.20 = 102% | | |
| REQUESTED HCBS ARE NOT COST EFFECTIVE | | |

- g. If the member in the previous example requested all the services that could cost effectively be provided, the Case Manager should determine which services are priorities for the member and recalculate the CES. For example:

| | | |
|--|----------|------------------|
| Total Nursing Home Cost | | \$4920.10 |
| CES Share of Cost | - | \$ 726.90 |
| Net Institutional Cost | = | \$4193.20 |
| SERVICES THAT CAN COST EFFECTIVELY BE PROVIDED | | |
| 40 hours of Attendant Care | | \$2924.00 |
| 11 Nursing visits per month | + | \$1144.00 |
| Net Home Services Cost | = | \$4068.00 |
| \$4068.00 DIVIDED BY \$4193.20 = 97% | | |
| REQUESTED HCB SERVICES ARE COST EFFECTIVE | | |

- h. Existing HCBS units cannot be reduced if there is an increased cost of services incurred to fill a service gap (for example, if personal care and homemaker services are provided to substitute for a gap in attendant care services).

5. When the cost of HCBS exceeds 80% of the cost of institutional care:
 - a. Contractor Case Managers shall provide written justification of services to their administration for approval, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services to the AHCCCS/Division of Fee-for-Service Management (DFSM)/Tribal ALTCS Unit as a request for approval.
6. When the cost of HCBS exceeds 100% of the cost of institutional care, but the cost is expected to drop below 100% within the next six months because of an anticipated change in the member's needs:
 - a. A Contractor's administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and
 - b. Tribal ALTCS Case Managers shall provide written justification of services to the DFSM/Tribal ALTCS Unit as a request for approval.



7. If the cost of HCBS is expected to exceed 100% of net institutional cost for more than six months, the Case Manager shall advise the member of the cost effectiveness limitations of the program and discuss other options.
 - a. The Case Manager shall either reduce or not initiate any Title XIX service costs in excess of 100%. Contractors or Tribal ALTCS Program may review individual cases with the appropriate AHCCCS unit (DHCM or DFSM) before the decision to deny or reduce services is made. A NOA shall be issued to the member regarding any decision to deny, reduce, limit or terminate requested services.
 - b. If the member chooses to remain in their own home even though the Contractor or Tribal ALTCS Program cannot provide all of the services which have been assessed as medically necessary (including those ordered by the member's Primary Care Provider (PCP)), a Managed Risk Agreement/contract should be written. This agreement should document the services that the Contractor or Tribal ALTCS Program can cost effectively provide, the placement/service options offered to the member, the member's choices with regard to those options, the risks associated with potential gaps in service and any plans the member has to address those risks (for example, volunteer services or paying privately for services). The member/Health Care Decision Maker signature on the agreement documents acknowledgement of the service limitations and risks.
 - c. The cost of HCBS services that will be retroactively approved during prior period coverage enrollment cannot exceed 100% of the cost of institutionalization for that member, and
 - d. The CES shall be updated when there is a change in placement to HCBS or there is a change in services that would potentially place the member's costs at greater than 80% of institutional cost.
8. A CES may be completed indicating "None" for HCBS services needed under the following circumstances:
 - a. Members residing in nursing facility who have no potential for HCBS placement (Placement/Reason code: Q/05). Documentation in the member's case notes is required to justify the lack of discharge potential and that the nursing facility is the most appropriate placement.
 - b. Members receiving hospice services only (Placement/Reason code: 10). Members receiving other Long Term Care (LTC) services in combination with hospice shall have a CES completed in accordance with other CES policy explained in this section.
 - c. Members residing in a nursing facility because the cost of HCBS would exceed 100% of institutional costs (Placement/Reason code: Q/01), or
 - d. Members with Acute Care Only status (Placement/Reason code: D/04, D/11 or D/12).
9. CES data shall be entered into the Client Assessment Tracking System (CATS) system within 10 business days of the date the action took place (for example, initial on-site visit to determine service needs, placement changes or significant increase in cost of services). Refer to the Tutorial Guide for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management on the AHCCCS

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website, for information on the codes and procedures for entering CES data into the CATS system (CA160 screen).

- a. If the initial CES entered in the CATS system also reflects the assessment of the cost effectiveness of HCBS services provided in the Prior Period Coverage (PPC), a comment to that effect shall be added to the case file or system notes if comments are entered in CATS. If the services entered on the initial CES do not reflect those provided during the PPC, a separate hard copy CES shall be completed to demonstrate that PPC services were cost effective and this CES shall be maintained in the case file.

Refer to the Tutorial Guide for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management on the AHCCCS website, for information on the codes and procedures for entering CES data into the CATS system (CA160 screen).

10. HCBS that shall be included in the CES:

- a. Adult day health.
- b. Attendant care. In addition, if the member chooses to utilize their spouse as the paid caregiver for these services, the spouse shall not be authorized for more than 40 hours of services in a seven-day period. Refer to AMPM Policy 1240 for more information on this limitation.
- c. Habilitation.
- d. Private Duty Nursing.
- e. Home delivered meals.
- f. Homemaker services.
- g. Personal care.
- h. Respite, if provided in a repeated pattern, such as weekly.
- i. Emergency alert systems.
- j. Behavioral health alternative residential settings; and
- k. Alternative HCBS settings.

11. Services which are **not** to be included in a CES include:

- a. Hospice services.
- b. Customized DME items.
- c. Physical, speech, occupational and/or respiratory therapies.
- d. Medical supplies and pharmaceuticals.
- e. Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support).
- f. Home modification.
- g. Community Transition Services.
- h. Member and/or Direct Care Worker (DCW) Training, authorized as part of a member directed service option.
- i. Home Health Nursing/Home Health Aide.
- j. Regularly scheduled medically necessary transportation, and
- k. Behavioral management (behavioral health personal care, family support and peer support).



12. If the member receives ALTCS-covered HCBS, which are paid for by another funding source, including but not limited to Medicare, tribal entities, or private insurance, a CES shall be completed. The CES shall be completed indicating the services received, but with no unit cost paid by the Contractor or AHCCCS/DFSM for Tribal ALTCS members.

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In this example below, can anyone tell me if a CES should have been submitted to AHCCCS for approval, and why?

```

TR: CA160                AHCCCS - LONG TERM CARE                01/26/22
NTR: _____ I _____ CMP - COST-EFFECTIVENESS STUDY    14:10:50
                                                                LT02L110

CES DATE: 01/01/2021  ASSESS DATE: _____
NAME: _____                AHCCCS ID: _____
WORKER ID: _____          CURR CSMGR: _____          LATEST ACN: _____

LOC:  INST GRS COST: $      5434.50 SOC: $      698.90 NET COST: $      4735.60
      HCBS GRS COST: $      3856.64 SOC: $           0.00 NET COST: $      3856.64

SERVICE  UNIT
CODE MOD  COST    UNITS  MONTH 1    MONTH 2    MONTH 3    AVG COST
S5125    ___    5.24   744   3898.56   720   3772.80   744   3898.56   3856.64
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

HCBS PRCNT : 81%  COMMENTS: N  CUR PLACEMENT: H DATE: 12/08/2017 REASON: 13
SSI PRCNT: _____
    
```

So if you guessed that the HCBS Percentage at 81% would require a >80% CES Overcost Packet be submitted to AHCCCS for approval, you would be correct.

Unfortunately, there was no >80% CES Overcost packet received for this member.

In spot checking several cases we have found that there are several member cases that are appearing just like this, where the HCBS Percentage exceeds 80%, but no >80% CES Overcost Packet was ever received by AHCCCS.

Supervisor's need to be checking their Case Manager's cases to verify that any CA160 CES Overcost that has a percentage of 81%-99% has a >80% CES Overcost Packet submitted to AHCCCS for approval, if it meets the criteria as outlined previously in this training.

This is important, especially when the >80% CES Overcost function is eventually transferred to the Tribal ALTCS Supervisor's to approve.

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In this example below, can anyone tell me what is wrong with it?

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: I CMP - COST-EFFECTIVENESS STUDY 14:25:34
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE:
 NAME:
 WORKER ID: CURR CSMGR:

| | | | | | | | |
|----------|------|-----------|------------|---------|-----------|-----------|------------|
| LOC: | INST | GRS COST: | \$ 6926.40 | SOC: | \$ 417.20 | NET COST: | \$ 6509.20 |
| | HCBS | GRS COST: | \$ 4974.51 | SOC: | \$ 0.00 | NET COST: | \$ 4974.51 |
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | | |
| CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | PER MONTH |
| S5125 U4 | 5.24 | 896 | 4695.04 | 992 | 5198.08 | 960 | 5030.40 |
| | | | | | | | 4974.51 |

Incorrect

HCBS PRCNT : 76% COMMENTS: N CUR PLACEMENT: H DATE: 11/06/2015 REASON: 13
 SSI PRCNT: _____

So if you look at the CES Date, what was the HCBS Unit Cost on this date? It should have been \$5.62 and if recalculated, this CES would be >80% and therefore would require a CES packet be submitted to AHCCCS for approval.

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 14:27:38
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE:
 NAME:
 WORKER ID: CURR CSMGR:

Correct

| | | | | | | | |
|----------|------|-----------|------------|---------|----------|-----------|------------|
| LOC: | INST | GRS COST: | \$ 6926.40 | SOC: | \$ 0.00 | NET COST: | \$ 6509.20 |
| | HCBS | GRS COST: | \$ 5335.25 | SOC: | \$ 0.00 | NET COST: | \$ 5335.25 |
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | | |
| CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | PER MONTH |
| S5125 U4 | 5.62 | 896 | 5035.52 | 992 | 5575.04 | 960 | 5395.20 |
| | | | | | | | 5335.25 |

HCBS PRCNT : 82% COMMENTS: N CUR PLACEMENT: H DATE: 11/06/2015 REASON: 13
 SSI PRCNT: _____

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In this example below, can anyone tell me what is wrong with it?

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 14:49:27
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE: _____
 NAME: _____
 WORKER ID: _____ CURR CSMGR: _____

Incorrect

| LOC: | INST | GRS COST: | \$ | SOC: | \$ | NET COST: | \$ |
|------|------|-----------|----|------|----|-----------|----|
| | | 5825.70 | | 0.00 | | 5825.70 | |
| | | 2748.20 | | 0.00 | | 2748.20 | |

| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST |
|----------|------|---------|---------|---------|-----------|
| CODE MOD | COST | COST | COST | COST | PER MONTH |
| S5125 | 4.53 | 600 | 2718.00 | 620 | 2808.60 |
| | | 600 | 2718.00 | 600 | 2718.00 |
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS: N CUR PLACEMENT: H DATE: 08/10/2021 REASON: 13
 HCBS PRCNT : 47% SSI PRCNT: _____

So if you look at the CES Date, what was the HCBS Unit Cost on this date was \$5.62 and if recalculated, this CES would not be >80% and therefore would not require a CES packet be submitted to AHCCCS for approval, but it is obviously incorrect and if audited, this would be a ding on the Program.

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 14:54:39
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE: _____
 NAME: _____
 WORKER ID: _____ CURR CSMGR: _____

Correct

| LOC: | INST | GRS COST: | \$ | SOC: | \$ | NET COST: | \$ |
|------|------|-----------|----|------|----|-----------|----|
| | | 5825.70 | | 0.00 | | 5825.70 | |
| | | 3409.47 | | 0.00 | | 3409.47 | |

| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST |
|----------|------|---------|---------|---------|-----------|
| CODE MOD | COST | COST | COST | COST | PER MONTH |
| S5125 | 5.62 | 600 | 3372.00 | 620 | 3484.40 |
| | | 600 | 3372.00 | 600 | 3372.00 |
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS: N CUR PLACEMENT: H DATE: 08/10/2021 REASON: 13
 HCBS PRCNT : 59% SSI PRCNT: _____

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In this example below, can anyone tell me what is wrong with it?

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 16:03:06
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE: _____
 NAME: _____
 WORKER ID: _____ CURR CSMGR. _____

| LOC: | INST | GRS COST: | \$ | 5825.70 | SOC: | \$ | 0.00 | NET COST: | \$ | 5825.70 |
|----------|------|-----------|---------|---------|----------|-------|---------|-----------|----|---------|
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | | | | | |
| CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | COST | PER MONTH | | |
| S5125 | 5.24 | 960 | 5030.40 | 896 | 4695.04 | 960 | 5030.40 | 4918.61 | | |

HCBS PRCNT : 84% COMMENTS: Y CUR PLACEMENT: H DATE: 03/07/2007 REASON: 13
 SSI PRCNT: _____

Incorrect

If you look at the CES Date, the HCBS Unit Cost on this date should have been \$5.62 and if recalculated, this CES would have been 91%. The HCBS Percentage should have been 91% and would have required a CES packet be submitted to AHCCCS for approval, but again nothing was received in AHCCCS.

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 16:06:27
 LT02L110

CES DATE: 10/01/2021 ASSESS DATE: _____
 NAME: _____
 WORKER ID: _____ CURR CSMGR. _____

| LOC: | INST | GRS COST: | \$ | 5825.70 | SOC: | \$ | 0.00 | NET COST: | \$ | 5825.70 |
|----------|------|-----------|---------|---------|----------|-------|---------|-----------|----|---------|
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | | | | | |
| CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | COST | PER MONTH | | |
| S5125 | 5.62 | 60 | 5395.20 | 896 | 5035.52 | 960 | 5395.20 | 5275.31 | | |

HCBS PRCNT : 91% COMMENTS: Y CUR PLACEMENT: H DATE: 03/07/2007 REASON: 13
 SSI PRCNT: _____

Correct

So based upon the HCBS percentage of 84%, this member should have a >80% CES Overcost Packet submitted to AHCCCS for approval, but nothing was received in AHCCCS.

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In this example below, can anyone tell me what is wrong with it?

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 16:24:52
 LT02L110

CES DATE: 10/14/2021 ASSESSES: **Incorrect 10/14/2021**
 NAME: ...
 WORKER ID: CURR CSMGR: LATEST ACN:

| LOC: | INST | GRS COST: | | \$ | 0.00 | NET COST: | \$ | 6979.80 | | | | | | |
|---------|------|-----------|---------|---------|----------|-----------|------|-----------|---------|---------|------|-------|------|-----------|
| | HCBS | GRS COST: | \$ | 4796.40 | SOC: | \$ | 0.00 | NET COST: | \$ | 4796.40 | | | | |
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | COST | PER MONTH |
| S5125 | U4 | 5.71 | 868 | 4956.28 | 784 | 4476.64 | 868 | 4956.28 | 4796.40 | | | | | |

COMMENTS: N CUR PLACEMENT: H DATE: 07/22/2021 REASON: 13
 HCBS PRCNT : 69% SSI PRCNT: _____

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C 16:52:33
 LT02L110

CES DATE: 10/14/2021 ASSESSES: **Correct 10/14/2021**
 NAME: ...
 WORKER ID: CURR CSMGR: LATEST ACN:

| LOC: | INST | GRS COST: | | \$ | 0.00 | NET COST: | \$ | 6926.40 | | | | | | |
|---------|------|-----------|---------|---------|----------|-----------|------|-----------|---------|---------|------|-------|------|-----------|
| | HCBS | GRS COST: | \$ | 4720.80 | SOC: | \$ | 0.00 | NET COST: | \$ | 4720.80 | | | | |
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | COST | PER MONTH |
| S5125 | U4 | 5.62 | 868 | 4878.16 | 784 | 4406.08 | 868 | 4878.16 | 4720.80 | | | | | |

COMMENTS: N CUR PLACEMENT: H DATE: 07/22/2021 REASON: 13
 HCBS PRCNT : 68% SSI PRCNT: _____



So the HCBS Unit Cost based upon this CES Date of 10/14/2021 was \$5.62. The HCBS Unit Cost did not change to \$5.71 until 01/01/2022, therefore this HCBS Unit Cost is incorrect and should have been reflected as \$5.62. Also, the Institutional Gross Cost did not change to \$6,979.80 until 01/01/2022, therefore this Institutional Gross Cost is incorrect and should have reflected \$6,926.40.

TR: CA160 AHCCCS - LONG TERM CARE 01/26/22
 NTR: C CMP - COST-EFFECTIVENESS STUDY 16:46:55
 LT02L110

CES DATE: 01/01/2022 ASSESSES: **01/01/2022**
 NAME: ...
 WORKER ID: CURR CSMGR: LATEST ACN:

| LOC: | INST | GRS COST: | | \$ | 0.00 | NET COST: | \$ | 6979.80 | | | | | | |
|---------|------|-----------|---------|---------|----------|-----------|------|-----------|---------|---------|------|-------|------|-----------|
| | HCBS | GRS COST: | \$ | 4796.40 | SOC: | \$ | 0.00 | NET COST: | \$ | 4796.40 | | | | |
| SERVICE | UNIT | MONTH 1 | MONTH 2 | MONTH 3 | AVG COST | CODE MOD | COST | UNITS | COST | UNITS | COST | UNITS | COST | PER MONTH |
| S5125 | U4 | 5.71 | 868 | 4956.28 | 784 | 4476.64 | 868 | 4956.28 | 4796.40 | | | | | |

COMMENTS: N CUR PLACEMENT: H DATE: 07/22/2021 REASON: 13
 HCBS PRCNT : 69% SSI PRCNT: _____

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ANY QUESTIONS?

THANK YOU!!



DFSM Tribal ALTCS

Weekly Reports and Dummy AHCCCS PID 029108 Reports

Presented by: Soni Fisher, Tribal ALTCS Manager



WEEKLY PROJECTED OD AND NSL REPORTS:

- The Coordinators have been sending out the Weekly Projected Overdue (OD) Reports and Weekly No Service Lines (NSL) Reports with a date to be returned to them by. The Coordinators have indicated that they have not been receiving the reports back from Tribal Programs (with the Tribal Programs comments typewritten on the Reports) by the deadline noted in the email/reports.
- The due date for the return of the Weekly Project OD and Weekly NSL Reports to the assigned Coordinator is COB Wednesday of the same week. Please ensure you provide the Weekly Reports back to your assigned Coordinator, with your responses, by the deadline.
- If the corrections (noted on the report by the Coordinator), have not made in PMMIS by COB Thursday, the member will again show up on the Weekly Report the following week.
- As you are aware, when members show up on Weekly Reports for two or more consecutive weeks, the Coordinators have been making outreach to the Tribal Program Manager/Supervisor to find out why the corrections have not been made.

We really do appreciate all of your hard work and assistance with this. Thank you.

DUMMY AHCCCS PID 029108 REPORTS:

- As you are aware, the Coordinators have been including the Dummy Code responses on the Projected OD Report.
- Beginning Monday, October 31, 2022, the Coordinators will be sending the Dummy PID 029108 Reports in a separate report. This will allow the Coordinators to get the Projected OD Reports out to you earlier on Monday's, so you have more time to complete any overdue reviews and make any necessary corrections.
- The new Dummy Code Reports will appear very similar to the Projected OD Reports, but they will be specifically dedicated to the Dummy PID usage.

- The Coordinators have been noting the corrections that need to be made to PMMIS on the weekly reports. They will be doing the same thing on the Dummy PID 029108 Reports.
- In her upcoming presentation, Bandana will be going to go over the correct and incorrect usage of the Dummy PID 029108, but please note that it should not be utilized for a SNF or ALF placeholder.
- The Dummy PID 029108 Reports will be sent out either Monday afternoon or Tuesday morning. The Dummy Code Reports will need to be emailed to the assigned Coordinator by or before 5:00pm Thursday's, with the Tribal Comments typewritten on the report and corrections made to PMMIS.
- Any corrections not made in PMMIS by COB Thursday, will show up on the following week's Dummy PID 029108 Report.
- Any members that show up on the Weekly Dummy Code Reports for two or more consecutive weeks, the Coordinators will be making outreach to the Tribal Program Manager/Supervisor to find out why the corrections have not been made.

Thank You
For Your Attention!

Any Questions





DFSM Tribal ALTCS

Dummy AHCCCS PID 029108

Presented by: Bandana Chetty, Tribal ALTCS Case Mgmt Coordinator

CORRECT USAGE OF DUMMY AHCCCS PID 029108:

- **A23** = Hospitalization of member.
- **Informal Support (IFS) = S5125** - must also include the U modifier (**U3** = Spouse of the member; **U4** Family not residing in the home with the member; or **U5** Family that is residing in the home with the member (non-spouse)); and enter a comment in PMMIS stating that IFS is providing the Attendant Care Services for the member. New comments need to be entered at each review period.

Examples of Correct Usage of Dummy Code:

```

TR: CA165                AHCCCS - LONG TERM CARE                10/18/22
NTR: _____ I _____ CMP - SERVICE PLAN                14:19:54
KEY DATE: _____ WORKER ID:                LT02L120
NAME: _____ AHCCCS ID:
LAST CES DATE: _____ CURR CSMGR:                LATEST ACN:                BHS:
LAST PC:                ENR DT: 06/03/2015 DISEN DT:                LST RVW DT:
CUR: LOC: _____ PLACEMENT: H DATE: 06/19/2015 RSN: 13 NXT RVW DT:
PAS DIAG CDS: R52 N19 E10 DIAG 1: PAIN, UNSPECIFIED
DIAG 2: UNSPECIFIED KIDNEY FAILURE DIAG 3: TYPE 1 DIABETES MELLITUS
A SER -MOD- EFF DATE END DATE UNITS UNIT CST TOT USD PROV RSN MNDD
- S0215 TN 09/16/2022 09/16/2022 250 1.53 250 788190 09/16/22
- A0120 TN 09/16/2022 09/16/2022 2 7.27 2 788190 09/16/22
- T2007 TN 09/16/2022 09/16/2022 3 4.59 0 788190 09/16/22
- S0215 TN 09/20/2022 09/20/2022 560 1.53 560 788190 09/20/22
- A0120 TN 09/20/2022 09/20/2022 2 7.27 2 788190 09/20/22
- T2007 TN 09/20/2022 09/20/2022 3 4.59 0 788190 09/20/22
- A23 09/21/2022 09/30/2022 10 0.00 0 029108 07/14/22
    
```

```

TR: CA165                AHCCCS - LONG TERM CARE                10/20/22
NTR: _____ I _____ CMP - SERVICE PLAN                15:40:47
KEY DATE: _____ WORKER ID:                LT02L120
NAME: THORNTON                AGNES                AHCCCS ID:
LAST CES DATE: _____ CURR CSMGR:                LATEST ACN:                BHS:
LAST PC:                ENR DT:                DISEN DT:                LST RVW DT:
CUR: LOC: _____ PLACEMENT: H DATE:                RSN: 13 NXT RVW DT:
PAS DIAG CDS: I25.10 N19 E10 DIAG 1: ATHSCL HEART DISEASE OF NATIVE
DIAG 2: UNSPECIFIED KIDNEY FAILURE DIAG 3: TYPE 1 DIABETES MELLITUS
A SER -MOD- EFF DATE END DATE UNITS UNIT CST TOT USD PROV RSN MNDD
E0431 RR 08/01/2022 08/31/2022 1 25.03 0 033184 07/26/22
S5125 U5 08/01/2022 08/31/2022 31 0.00 0 029108 07/26/22
E1390 RR 09/01/2022 09/30/2022 1 148.86 0 033184 07/26/22
E0431 RR 09/01/2022 09/30/2022 1 25.03 0 033184 07/26/22
S5125 U5 09/01/2022 09/30/2022 30 0.00 0 029108 07/26/22
E1390 RR 10/01/2022 10/31/2022 1 148.86 0 033184 07/26/22
E0431 RR 10/01/2022 10/31/2022 1 25.03 0 033184 07/26/22
S5125 U5 10/01/2022 10/31/2022 31 0.00 0 029108 07/26/22
    
```

INCORRECT USAGE OF DUMMY AHCCCS PID 029108:

- Placeholder for **SNF Specialty Rates** i.e. **0194** *
- Placeholder for **ALF BH Rates** i.e. **T2031/T2033 BH** *
- **Emergency Alert System** **
- **NEMT** **
- Any service codes for **DME/medical services** not paid by **AHCCCS** **

Examples of In-Correct usage of Dummy Code:

TR: CA165 AHCCCS - LONG TERM CARE 10/19/22
 NTR: 0 CMP - SERVICE PLAN 17:28:31
 KEY DATE: WORKER ID: LT02L120
 NAME: AHCCCS ID:
 LAST CES DATE: 09/28/2022 CURR CSMGR: LATEST ACN: BHS:
 LAST PC: ENR DT: 12/03/2018 DISEN DT: LST RVW DT: 09/28/2022
 CUR: LOC: PLACEMENT: H DATE: 12/03/2018 RSN: 13 NXT RVW DT: 12/27/2022
 PAS DIAG CDS: DIAG 1:
 DIAG 2: DIAG 3:

| A | SER | MOD | EFF DATE | END DATE | UNITS | UNIT | CST | TOT | USD | PROV | RSN | MNDD |
|---|-------|-----|------------|------------|-------|------|-------|-----|--------|--------|-----|----------|
| | T2033 | | 09/01/2022 | 09/30/2022 | 30 | | 0.00 | | 0 | 029108 | | 01/01/80 |
| | A4351 | NU | 09/01/2022 | 09/30/2022 | 180 | | 2.93 | | 0 | 427208 | | 01/01/80 |
| | A4310 | NU | 09/01/2022 | 09/30/2022 | 180 | | 13.07 | 180 | 427208 | | | 01/01/80 |
| | A4554 | NU | 09/01/2022 | 09/30/2022 | 180 | | 13.07 | 180 | 427208 | | | 01/01/80 |
| | A4351 | NU | 10/01/2022 | 10/31/2022 | 180 | | 2.93 | | 0 | 427208 | | 01/01/80 |
| | A4310 | NU | 10/01/2022 | 10/31/2022 | 180 | | 12.44 | | 0 | 427208 | | 01/01/80 |
| | A4554 | NU | 10/01/2022 | 10/31/2022 | 180 | | 12.44 | | 0 | 427208 | | 01/01/80 |
| | T2033 | | 10/01/2022 | 10/31/2022 | 31 | | 0.00 | | 0 | 029108 | | 10/01/22 |

COMMENTS: Y

TR: CA165 AHCCCS - LONG TERM CARE 10/19/22
 NTR: 0 CMP - SERVICE PLAN 17:36:30
 KEY DATE: WORKER ID: LT02L120
 NAME: AHCCCS ID:
 LAST CES DATE: 01/01/2022 CURR CSMGR: LATEST ACN: BHS:
 LAST PC: ENR DT: 08/08/2019 DISEN DT: LST RVW DT: 07/06/2022
 CUR: LOC: PLACEMENT: Q DATE: 08/08/2019 RSN: 05 NXT RVW DT: 01/02/2023
 PAS DIAG CDS: DIAG 1:
 DIAG 2: DIAG 3:

| A | SER | -MOD- | EFF DATE | END DATE | UNITS | UNIT | CST | TOT | USD | PROV | RSN | MNDD |
|---|------|-------|------------|------------|-------|------|--------|-----|-----|--------|-----|----------|
| | 0194 | | 06/01/2022 | 06/30/2022 | 30 | | 494.01 | | 30 | 323763 | | 06/01/22 |
| | 0194 | | 07/01/2022 | 07/31/2022 | 31 | | 494.01 | | 31 | 323763 | | 06/01/22 |
| | 0194 | | 08/01/2022 | 08/31/2022 | 31 | | 494.01 | | 0 | 029108 | | 07/06/22 |
| | 0194 | | 09/01/2022 | 09/30/2022 | 30 | | 494.01 | | 0 | 029108 | | 07/06/22 |
| | 0194 | | 10/01/2022 | 10/31/2022 | 31 | | 494.01 | | 0 | 029108 | | 07/06/22 |
| | 0194 | | 11/01/2022 | 11/30/2022 | 30 | | 494.01 | | 0 | 029108 | | 07/06/22 |
| | 0194 | | 12/01/2022 | 12/31/2022 | 31 | | 494.01 | | 0 | 029108 | | 07/06/22 |
| | 0194 | | 01/01/2023 | 01/31/2023 | 31 | | 494.01 | | 0 | 029108 | | 07/06/22 |

COMMENTS: Y

Examples of In-Correct usage of Dummy Code:

TR: CA165 AHCCCS - LONG TERM CARE 10/19/22
 NTR: 0 CMP - SERVICE PLAN 17:39:38
 KEY DATE: WORKER ID: LT02L120
 NAME: AHCCCS ID:
 LAST CES DATE: 10/01/2022 CURR CSMGR: LATEST ACN: BHS:
 LAST PC: ENR DT: 12/14/2001 DISEN DT: LST RVW DT: 10/13/2022
 CUR: LOC: PLACEMENT: H DATE: 09/11/2020 RSN: 13 NXT RVW DT: 01/11/2023
 PAS DIAG CDS: 3449 DIAG 1: NO DESCRIPTION FOUND
 DIAG 2: DIAG 3:

| A | SER | -MOD- | EFF DATE | END DATE | UNITS | UNIT | CST | TOT | USD | PROV | RSN | MNDD |
|---|-------|-------|------------|------------|-------|------|-----|--------|-----|------|----------|------|
| - | S0215 | TN | 11/01/2022 | 11/30/2022 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | S5125 | U5 | 11/01/2022 | 11/30/2022 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | A0120 | TN | 12/01/2022 | 12/31/2022 | 6 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | S0215 | TN | 12/01/2022 | 12/31/2022 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | S5125 | U5 | 12/01/2022 | 12/31/2022 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | A0120 | TN | 01/01/2023 | 01/31/2023 | 6 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | S0215 | TN | 01/01/2023 | 01/31/2023 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |
| - | S5125 | U5 | 01/01/2023 | 01/31/2023 | 200 | 0.00 | 0 | 029108 | | | 10/14/22 | |

TR: CA165 AHCCCS - LONG TERM CARE 10/19/22
 NTR: 0 CMP - SERVICE PLAN 17:44:02
 KEY DATE: WORKER ID: LT02L120
 NAME: AHCCCS ID:
 LAST CES DATE: 10/05/2022 CURR CSMGR: LATEST ACN: BHS:
 LAST PC: ENR DT: 09/07/2022 DISEN DT: LST RVW DT: 09/13/2022
 CUR: LOC: PLACEMENT: H DATE: 09/07/2022 RSN: 10 NXT RVW DT: 12/12/2022
 PAS DIAG CDS: I25.10 I50.9 DIAG 1: ATHSCL HEART DISEASE OF NATIVE
 DIAG 2: HEART FAILURE, UNSPECIFIED DIAG 3:

| A | SER | -MOD- | EFF DATE | END DATE | UNITS | UNIT | CST | TOT | USD | PROV | RSN | MNDD |
|---|-------|-------|------------|------------|-------|--------|-----|--------|-----|------|----------|------|
| - | S5125 | U4 | 09/07/2022 | 09/18/2022 | 270 | 5.71 | 0 | 029108 | | | 09/13/22 | |
| - | 0651 | | 09/07/2022 | 09/30/2022 | 24 | 167.14 | 0 | 029108 | | | 09/27/22 | |
| - | S5125 | U4 | 09/19/2022 | 09/30/2022 | 240 | 5.71 | 240 | 092019 | | | 09/27/22 | |
| - | S5125 | U4 | 10/01/2022 | 10/31/2022 | 620 | 6.34 | 140 | 092019 | | | 09/27/22 | |
| - | 0651 | | 10/01/2022 | 10/31/2022 | 31 | 167.14 | 0 | 029108 | | | 09/27/22 | |
| - | S5125 | U4 | 11/01/2022 | 11/30/2022 | 600 | 6.34 | 0 | 092019 | | | 10/05/22 | |
| - | S5125 | U5 | 12/01/2022 | 12/31/2022 | 620 | 6.34 | 0 | 092019 | | | 10/05/22 | |

COMMENTS: Y

Either enter the paid AHCCCS PID or enter the service on page 17 of the PCSP under Non-ALTCS Funded Service, along with who is the Payer Source and Frequency:



AHCCCS MEDICAL POLICY MANUAL
EXHIBIT 1620-10, AHCCCS PERSON-CENTERED SERVICE PLAN

| | | | |
|--------------------|----------------------|--------------------|------------------------|
| | | | |
| <i>MEMBER NAME</i> | <i>DATE OF BIRTH</i> | <i>AHCCCS ID #</i> | <i>DATE OF MEETING</i> |

| LIST ALL NON-ALTCS FUNDED SERVICES PROVIDED BY PAYER SOURCE (I.E. MEDICARE) | | |
|--|---------------------------------------|--|
| NON-ALTCS FUNDED SERVICE | RESPONSIBLE PARTY/PAYER SOURCE | APPROXIMATE SERVICE FREQUENCY <i>(EXAMPLE: DAILY, WEEKLY, MONTHLY)</i> |
| Emergency Alert System | Medicare | Monthly |
| NEMT | Paid for by Tribal Program | Intermittent |
| DME | Medicare | Every three months |
| Hospice | Medicare | Every month |
| | | |

ANY QUESTIONS?

THANK YOU!!



Questions?

Thank You.

*Your Hard Work and Dedication is Greatly
Appreciated*



Tribal ALTCS

PA Request Data & Documents Required for PA extension

Presented by: Vanessa Torrez, Tribal Clinical Program Manager

SKILLED NURSING FACILITY SPECIAL REQUESTS (Revenue Code 0194) POLICY AM/PM Chapter 300, 310-R, 820 , 1210



Provider submits Requests to CM for Special Rate (Vent, Trach, In-Patient Dialysis, Respiratory)

Provider needs to submit Medical Documentation to support the Special Rate Request.

Levels 0191-0193 (AMPM EXHIBIT 1620-3) can be added directly to CA165



DOCUMENTATION :

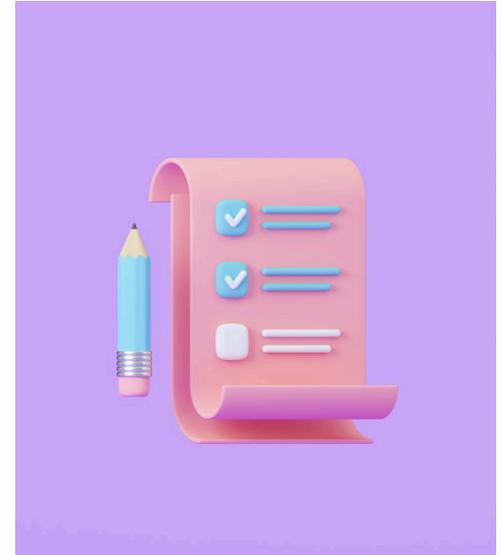
- Clinical Documentation supporting SR request, supporting Diagnosis

EXAMPLES:

- **BARIATRIC:** is the member requiring additional assistance by staff due to weight ..is bariatric equipment needing to be used to provide care. Bariatric classification is when they have a BMI equal to or greater than 30.
- **In-House Dialysis** - supporting clinical notes this can be from Nephrologist, Dialysis notes, Pre/Post HD notes.

Assisted Living Facility -BH AMPM Policy 1230-A, AMPM Policy 1620-C, and AMPM Policy 320-V

- Utilization of Alternative Home and Community Based Services (HCBS) settings that require a higher level of care (e.g., behavioral health, Traumatic Brain Injury [TBI], memory care, wandering/wandering dementia)
- WILL NEED UPDATED DOCUMENTION
- INITIAL REQUESTS WILL NEED CLINICAL DOCUMENTION
- AMPM Exhibit 1620-15 Assisted Living Facility Residency Agreement





DOCUMENTATION :

- Initial requests need supporting clinical documentation , supporting Diagnosis
- Concurrent reviews need updated notes from ALF-BH or supporting documentation from Clinical Provider within past 30 days.

AMPM Policies for DME 1620-F, 820, 310-P & 430

- Medical equipment when the cost exceeds \$500 requirements. Medical supplies for wound care treatments when the total cost exceeds \$500. As specified in AMPM Policy 1620-F for PA requirements.
- AMPM Policy 310-P, A and AMPM Policy 820 for PA requirements.
- Medically necessary incontinence supplies (e.g., diapers and Chux). This includes personal care items intended to treat the incontinence condition. As specified in AMPM Policy 820, AMPM Policy 310-P, and AMPM Policy 430 for PA requirements and criteria for coverage.



REQUIRED DOCUMENTATION:

Medical Documentation:

- ICD10 Diagnosis for the incontinent supplies/DME item
- F2F/Clinical Notes
- Rx signed/dated by MD/DO/DPM/NP/PA per AMPM Policy 310P
- Signature requirements as described in detail in AHCCCS policy AMPM 940 and applicable CMS rules.

DME Provider Quote that includes:

- HCPCS/CPT for the items requested with corresponding number of units/month
- By Report Price (BRP) of the items requested

CONTINUED:

- **WOUND SUPPLIES:** F2F/Clinical notes with updated wound measurement/amount of exudates and medical necessity for these wound care supplies.
- see reference: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=54563>
- Orthotics 21 years of age and older (need statements below) The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare Guidelines . The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition and The orthotic is ordered by a Physician or PCP.
- For DM Shoes member required letter certifying member has DM and supporting Diagnosis.

Acute Care Services for Tribal ALTCS members



- Acute PA requests for Tribal ALTCS members must be faxed in to DFSM: **1-602-256-6591** .
- CM's will not get a response from DFSM, Providers will need to log into their Provider Web Portal for PA determination.
- If a Provider gets directed to you, educate the providers to submit requests for Acute Services to DFSM . If the Provider states they are being informed to contact CM by DFSM , please request a name of who they are getting the misinformation from.



Tribal ALTCS Nurse Contact Information:

(602) 417-4169 Direct Line

(602) 254-2426 Fax

PA Office: 602-417-4400

Vanessa.Torrez@azahcccs.gov



WE HAVE A NEW ADDITION TO OUR TEAM !

I AM HAPPY TO INTRODUCE OUR
NEW TRIBAL ALTCS NURSE:
MARIA DORADO !

Thank you
Any Questions?



Tribal ALTCS

ALTERNATIVE SETTING SPECIALITY RATE PRIOR AUTHORIZATION REQUEST

Presented By: Vanessa Torrez, Tribal Clinical Program Manager and
Soni Fisher, Tribal ALTCS Manager

NEW ALTERNATIVE SETTING SPECIALTY RATE PRIOR AUTHORIZATION REQUEST & CES OVERCOST

- We have created a combined online form for the HCBS Alternative Setting Specialty Rate (Prior Authorization Request & CES Overcost requests (aka. ALF BH requests)).

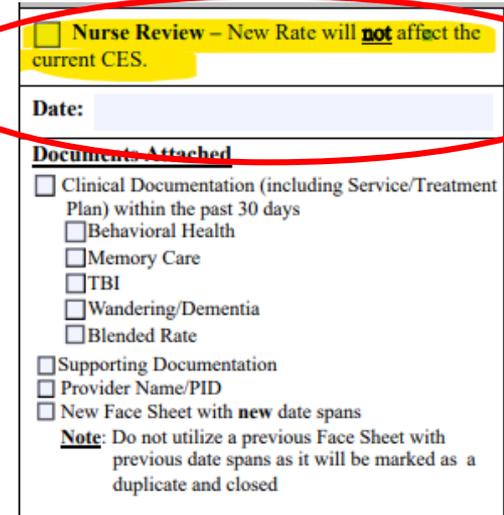
The link to the form is located in the Tribal ALTCS Digital Toolbox, in the "All About Forms" tab.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/AlternativeSettingSpecialtyRatePriorAuthorizationRequest.pdf>

| ALTERNATIVE SETTING SPECIALTY RATE PRIOR AUTHORIZATION REQUEST | | |
|--|---|--|
| SECTION A. REQUESTOR INFORMATION | | |
| Fax completed form and documentation to: AHCCCS/DPISM Tribal ALTCS Fax: (602) 254-2426 or Fax: (602) 254-4591 | TRIBAL ALTCS PROGRAM | |
| | CASE MANAGER NAME | |
| | PHONE/FAX NUMBER | |
| SECTION B. MEMBER INFORMATION | | |
| | MEMBER NAME: | |
| | DOB: | |
| | AHCCCS ID: | |
| SECTION C. PRIOR AUTHORIZATION REQUEST | | |
| <input type="checkbox"/> Nurse Review - New Rate will not affect current CES. | <input type="checkbox"/> Nurse & Coordinator Review - New Rate will affect current CES. | |
| Date: | Date: | |
| Documents Attached <input type="checkbox"/> Clinical Documentation within the past 30 days <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Memory Care <input checked="" type="checkbox"/> TBI <input type="checkbox"/> Wandering/Dementia <input type="checkbox"/> Blended Rate <input checked="" type="checkbox"/> Supporting Diagnosis <input type="checkbox"/> Provider Name/PID <input checked="" type="checkbox"/> New Face Sheet with new date spans <small>Note: Do not utilize a previous Face Sheet with previous date spans as it will be marked as a duplicate and closed without review.</small> | Documents Attached <input type="checkbox"/> Clinical Documentation within the past 30 days <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Memory Care <input type="checkbox"/> TBI <input type="checkbox"/> Wandering/Dementia <input type="checkbox"/> Blended Rate <input type="checkbox"/> Supporting Diagnosis <input type="checkbox"/> Provider Name/ID <input checked="" type="checkbox"/> New Face Sheet with new date spans <small>Note: Do not utilize a previous Face Sheet with previous date spans as it will be marked as a duplicate and closed without review.</small> | |
| | <input type="checkbox"/> CES Overcost Checklist <input type="checkbox"/> Cover Letter <input type="checkbox"/> Case Notes <input checked="" type="checkbox"/> CA160 Screen Print <input type="checkbox"/> Person Centered Service Plan (PCSP) <input type="checkbox"/> Uniform Assessment Tool (UAT) | |
| SECTION C. ATTACH ALL REQUIRED DOCUMENTATION. | | |
| NOTE: If all necessary documents are not included in the request 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 ALF BH Rate and/or CES Overcost. | SIGNATURES | |
| | CASE MANAGER | |
| | SUPERVISOR | |

NEW ALTERNATIVE SETTING SPECIALTY RATE PRIOR AUTHORIZATION REQUEST & CES OVERCOST

1. As you know all ALF BH requests require approval from the Tribal ALTCS Nurse.
2. In addition, if the CES on CA160 is >80% CES (but less than 100%), then it also requires the approval of the Tribal ALTCS Case Management Coordinators. The >80% CES approval letter is good for one year, provided the percentage does not increase.
3. If the CES Is 100% or higher, then it requires the approval of the Tribal ALTCS Nurse. The 100% CES is good for six months.
4. If you already have a CES approval letter that is within the timeframes noted in #2 and #3 above, then you could select the option on the left side of the Form for Tribal ALTCS Nurse Review only.



Nurse Review – New Rate will **not** affect the current CES.

Date:

Documents Attached

- Clinical Documentation (including Service/Treatment Plan) within the past 30 days
 - Behavioral Health
 - Memory Care
 - TBI
 - Wandering/Dementia
 - Blended Rate
- Supporting Documentation
- Provider Name/PID
- New Face Sheet with **new** date spans

Note: Do not utilize a previous Face Sheet with previous date spans as it will be marked as a duplicate and closed

NEW ALTERNATIVE SETTING SPECIALTY RATE PRIOR AUTHORIZATION REQUEST & CES OVERCOST

5. If you need both an ALF BH Specialty Rate, as well as a CES approval letter, then select the option on the right.

6. You would only need to submit one packet, but be sure to include all of the items listed under the the Clinical Documentation for the Tribal ALTCS Nurse to review, as well as the documents listed under the CES Overcost Checklist for the Case Management Coordinator to Review.

Nurse & Coordinator Review - New Rate **will** affect the current CES.

Date: _____

Documents Attached

Clinical Documentation (including Service/Treatment Plan) within the past 30 days

- Behavioral Health
- Memory Care
- TBI
- Wandering/Dementia
- Blended Rate

Supporting Diagnosis

Provider Name/ID

New Face Sheet with **new** date spans

Note Do not utilize a previous Face Sheet with previous date spans as it will be marked as duplicate and a duplicate and closed without review.

CES Overcost Checklist

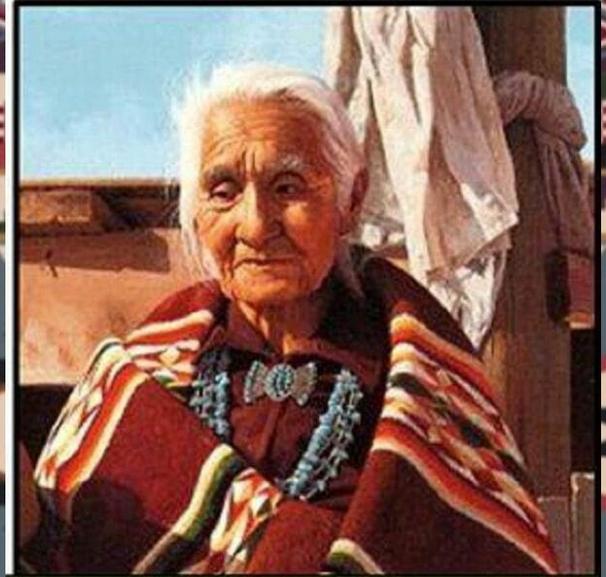
- Cover Letter
- Case Notes
- CA161 and CA160 Screen Prints
- Person Centered Service Plan (PCSP)
- Uniform Assessment Tool (UAT)



Thank You

ANY QUESTIONS?

Tribal Plan Recognitions



“Honor your Elders”
For they have the Wisdom
to Teach what we have not
learned yet.