ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

DFSM Tribal ALTCS
1ST Quarterly Case Management Supervisory Meeting

Thursday, October 23, 2025

Welcome

Agenda Overview

- Opening Prayer: SCAT ALTCS
- Welcome: Rachel Conley, TALTCS Administrator
- Ice Breaker: SCAT ALTCS
- 10 Minute Break
- EVV Updates: Bandana Chetty, EVV Specialist
- Home Modification Existing Accommodations & AMP 1620-F: Natalie Banuelos, TALTCS Nurse
- Type 99 Provider Transition: Tianna Tso, Program Specialist
- 1.5 Hour Lunch & SCAT Ice Breaker
- BHRF Process Update & Service Now: Vanessa Torrez, TALTCS Clinical Program Manager
- Policy Updates & CM Tool Updates related to Parents as Paid Caregiver: Rachel Conley, TALTCS Administrator
- ALTCS CM Updates: Amber Heard, TALTCS Program Manager
- Closing Remarks: Rachel Conley, TALTCS Administrator

Meeting Reminders

- Please mute your computer's microphone and/or phone when not speaking.
- Use the chat features to add in comments/questions.
- Meetings will no longer be recorded. In-person attendance is strongly encouraged.
- Presentation slides will be uploaded to DTB within 1 week post meeting.

SCAT Ice Breaker

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EVV Updates

Bandana Chetty, EVV Specialist

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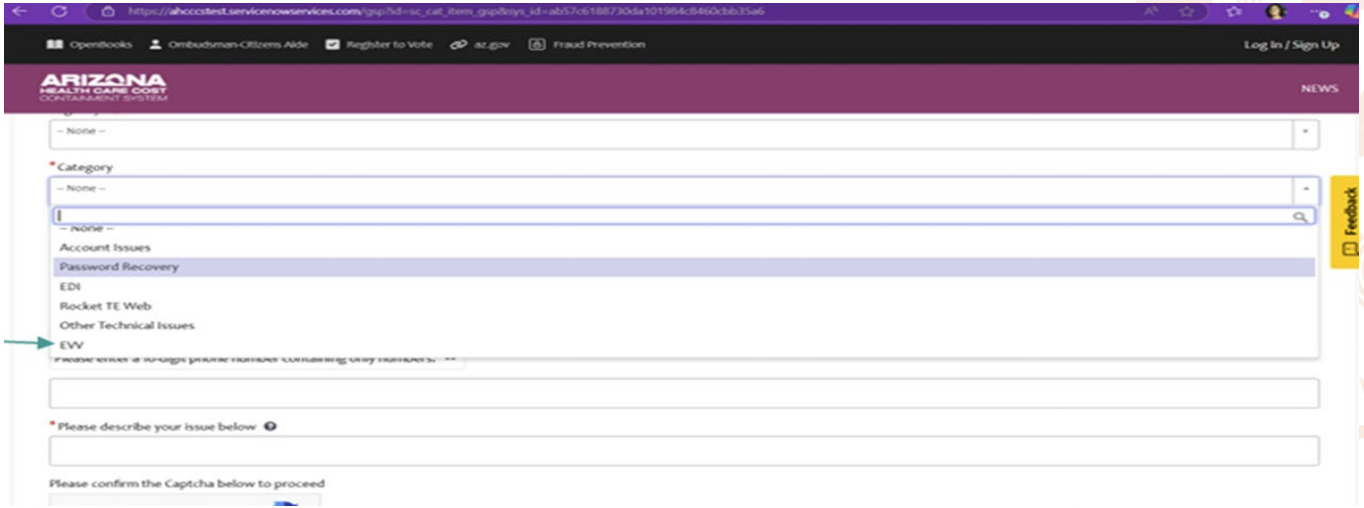
EVV Updates

- The AHCCCS EVV Aggregator is now live, and vendors are successfully sending visit data.
- All inquiries and questions related to AHCCCS EVV Aggregator should now be directed to the EVV ServiceNow Help Desk. https://servicenow.azahcccs.gov/gsp



EVV Inquiry

- Providers are aware that Case Managers do not have access to the EVV system and, as such, are unable to perform any validation within it.
- If you receive any inquiries via email or phone regarding EVV, please collect the following information:

  Provider name: _____

  Provider ID number: _____

  Member AHCCCS ID number: _____

  Member full name: _____

  Member DOB: _____
- Once gathered, kindly forward the details to us (AHCCCS DFSM) via email.

EVV Case Manager Support

- What to do when provider reaches out the tribal CM regarding PA issues.
  - Check CA165 to ensure the PA matches with what the provider is communicating.
  - Update CA165 if there is a discrepancies with the PA.
  - Verify the PA has been updated by asking the provider to review the changes in the provider portal before ending the call.
- Any other questions or concerns related to EVV should be directed back to alternate vendor or AHCCCS https://servicenow.azahcccs.gov/gsp
- AHCCCS will conduct a review and follow up with the provider accordingly.

Questions?

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Home Modifications: Existing Accommodations & Assessments

Natalie Banuelos, TALTCS Nurse

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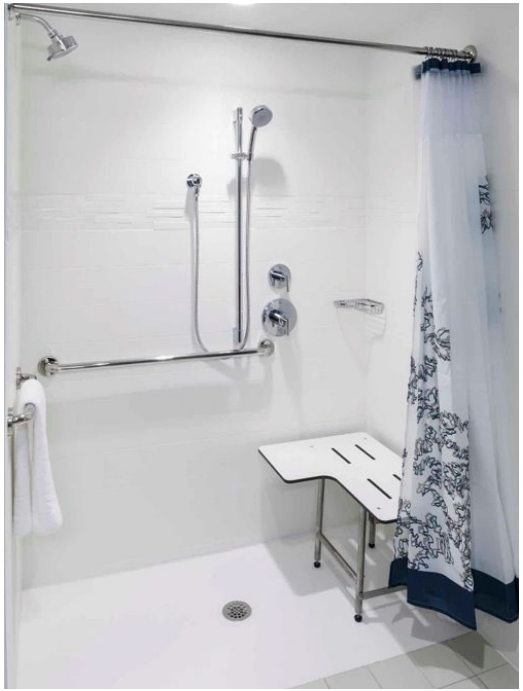
Existing Accommodations



- When existing accommodations are received in BID photos from contractors and appear to be functional this can cause a delay in the HM process and requires justification and clarification on HM requested item.
- Existing accommodations need to be submitted upon initial home modification request. If a new accommodation is/are needed ; will need explanation and photos at the time of HM Request. These items get sent for medical review.
    - Include the existing accommodations in PCSP and the reason as to why the current accommodation is no longer meeting their medical needs.

AMPM 1240-I Home Modifications - Exclusions

- AMPM 1240-I

D. EXCLUSIONS

Examples of specific exclusions for the provision of Home modifications include, but are not limited to:

1. Modifications of the Home that are of general utility to the household, or that are not of direct medical benefit to the member.

2. General maintenance, Home improvements, or Home repair. These are considered to be the responsibility of the homeowner and are not covered by AHCCCS.

Knowledge Check #1

You have a member with an existing walk-in shower and grab bars. Functionally, the shower is meeting the members medical needs, however the shower is due for an update as there is a crack in the wall causing a leak.

DOES THIS SCENARIO FALL UNDER THE EXCLUSIONS OUTLINED IN AMPM 1240-I?

Knowledge Check #1: Discuss

- Yes, in this scenario the update to the shower would fall under exclusions according to AMPM 1240-I and would be the responsibility of the homeowner.
- Modifications of the Home that are of general utility to the household, or that are not of direct medical benefit to the member
- General maintenance, Home improvements, or Home repair. These are considered to be the responsibility of the homeowner and are not covered by AHCCCS.

Knowledge Check #2

A roll-in shower is being requested for a member with an existing walk-in shower and grab bars. When this shower was installed 5 years ago the member was using a walker. Since then, the status of the member has changed. The member is now dependent on a wheelchair and can no longer use the existing walk-in shower due the change in their medical condition.

DOES THIS SCENARIO FALL UNDER EXCLUSIONS OUTLINED IN AMPM 1240-I?

Knowledge Check #1: Discuss

- No, in this scenario the update to the shower would not fall under exclusions according to AMPM 1240-I.
- The requested update to the shower is of direct medical benefit to the member and would be covered.

AMPM 1240-I
HOME ASSESSMENT

B. ASSESSMENT OF NEED FOR HOME MODIFICATIONS

1. Assessment and documentation of the member's needs for Home modifications shall include the following, as appropriate:
   a. PCP or attending physician order,
   b. Documentation to support medical necessity, including an assessment of the Home modification's impact on the member's ability to independently perform Activities of Daily Living (ADLs). Documentation should also be included noting if the Home modification will also assist a caregiver in meeting the ADL needs of the member,

- Please make sure the assigned Case Manager is doing an in-person home assessment and documenting the findings in the PCSP prior to submitting the Home Modification request.

Questions?

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10 Minute Break

Type 99 Provider Transition & EDI Review

Tianna Tso, TALTCS Program Specialist

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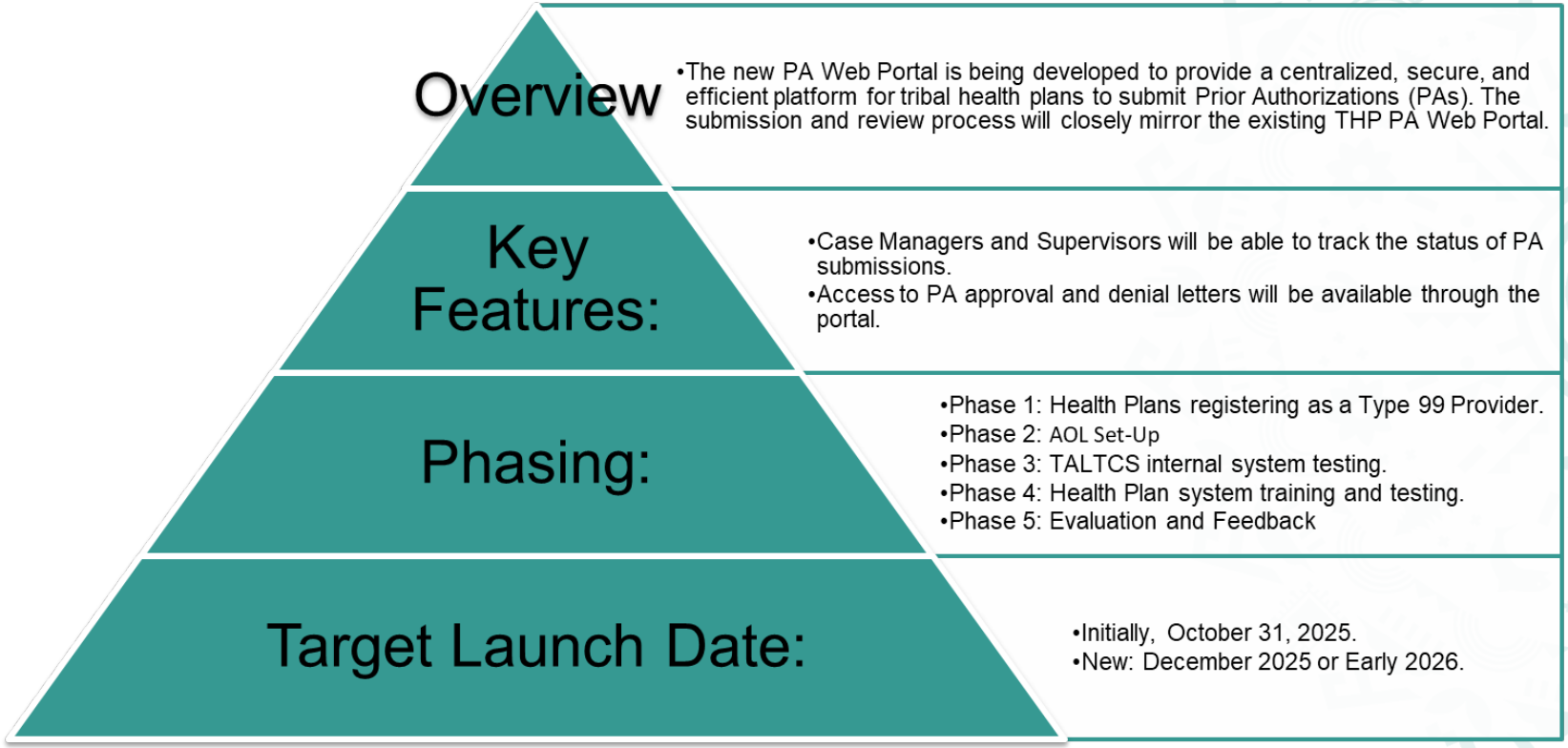
New PA WebPortal



Phase 1: Register as a Type 99 Provider

- Health Plans must establish a point of contact (POC) for DMPS to complete the 7-step application process and ensure effective collaboration throughout – estimated completion time 1-2 weeks.
  - Application takes approximately 1 day to complete.
  - Once you start the application, you'll have 30 days to complete it in full—otherwise, you'll need to restart the process from the beginning
  - Potential barrier with application process is:
    - AHCCCS System Vendor to obtain Tribal Health Plan Tax ID – takes approximately 2 days to confirm.
    - Provider Social Security information for verification purposes. Social Security information is confidential and is utilized for background verification.

Type 99 Provider Transition Update

Health Plan	Completed	Pending
Gila River	X	
Pascua Yaqui	X	
Native Health	X	
White Mountain		X
San Carlos		X
Hopi		X
Tohono O'odham		X
Navajo Nation		X

Type 99 Provider Registration

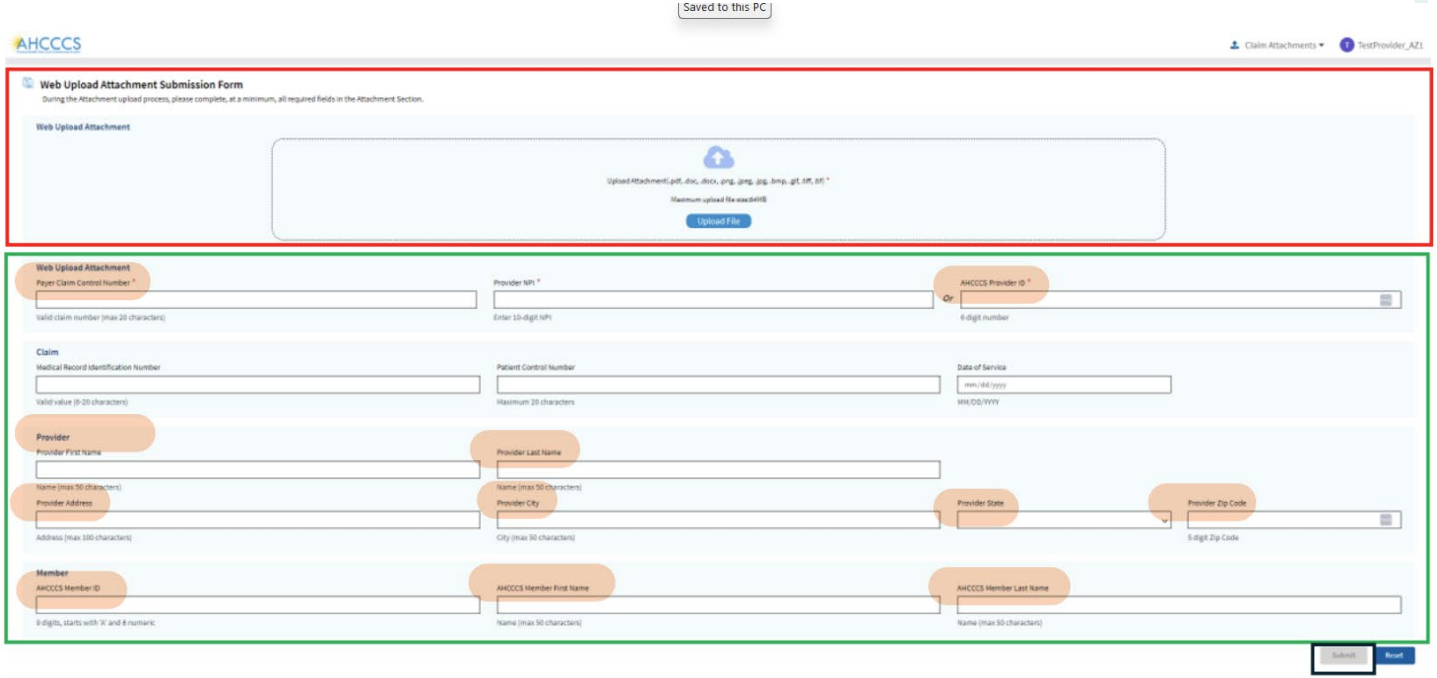
- What common issues or delays have you ran into with the Type 99 application?
- Are there known challenges or barriers that we should be aware of before applying or during the completion of the application?

- For application questions, contact Tianna Tso, Tianna.Tso@azahcccs.gov or Lisa Quihuis, Lisa.Quihuis@azahcccs.gov

EDI Review

- After completion of the Type 99 Provider application, HP will receive a new HP ID which will be used to re-register in EDI.
  - The new HP ID should only be used for re-registration of EDI. All HPs will continue to use their 19XXXX IDs.
  - EDI Link: https://servicenow.azahcccs.gov/edi

EDI Review



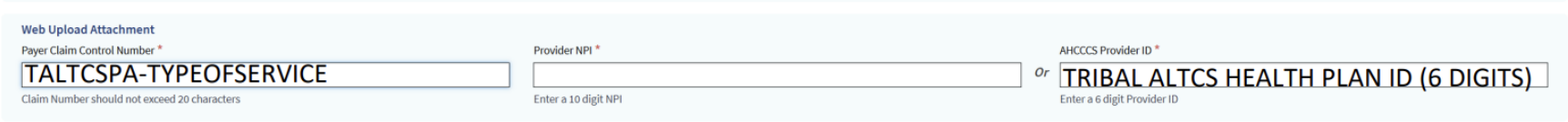
The 275 Attachments page have three parts:

Part 1: Upload Attachment
Part 2: Details
Part 3: Save (Submit) Attachment

*** Required Fields:**
Payer Claim Control Number, Provider NPI or AHCCCS Provider ID, Provider/ Health Plan Information, AHCCCS Member Information

* All highlighted sections should be filled out

EDI Review: Payer Claim Control Number



The Payer Claim Control Number, Provider NPI or AHCCCS Provider ID are **required** fields.

Enter the Payer Claim Control Number. For example: TALTCSPA-TYPEOFSERVICE –> **TALTCSPA-DME**

You do not need to enter the Provider NPI.

When using your AHCCCS Provider ID, then provide your 6 digit AHCCCS Provider ID. For example, 190025.

EDI Review: Cheat Sheet

IMPORTANT TO HAVE CORRECT FORMATING OR REQUEST WILL BE MISFILLED: **TALTCSPA-TYPE OF SERVICE**
***** If multiple packets being submitted for one member, you must add *1:2, 2:2, etc.* to the end of entry.**
Example: TALTCSPA-DME 1:2

Acceptable Types of Service: DME, HM, SR NF, ALF BH, ALF BH&CES 80, CES 80, CES 100, BHRF, E1399, OLR, OOSP, ST (SPECIALTY TRANSPORTATION)

Payer Claim Control Number:

(Case Manager can copy+paste the following formats into the EDI ***Payer Claim Control Number*** Details):

TALTCSPA-DME

TALTCSPA-HM

TALTCSPA-SRNF

TALTCSPA-ALF

TALTCSPA-ALF&CES80

TALTCSPA-BHRF

TALTCSPA-CES80

TALTCSPA-CES100

TALTCSPA-E1399

TALTCSPA-OLR

TALTCSPA-OOSP

TALTCSPA-ST

*** If any EDI entries are incorrectly labeled or formatted, PA Request will be returned to the Case Manager & need to be resubmitted with correct entries/labeling/formatting.*

EDI Review: Entries

Web Upload Attachment

Payer Claim Control Number *
TALTCSPA-DME
Claim Number should not exceed 20 characters

Provider NPI *
Enter a 10 digit NPI

Or

AHCCCS Provider ID *
190025
Enter a 6 digit Provider ID

Claim

Medical Record Identification Number
Enter an MRIN consisting of 6 to 10 characters

Patient Control Number
Enter maximum of 20 characters

Date of Service
mm/dd/yyyy
MM/DD/YYYY

Provider

Provider First Name
CASE MANAGER FIRST NAME
Name should not exceed 50 characters

Provider Last Name
CASE MANAGER LAST NAME
Name should not exceed 50 characters

Provider Address
TALTCS PROGRAM ADDRESS
Address should not exceed 100 characters

Provider City
TALTCS PROGRAM CITY
City should not exceed 50 characters

Provider State
AZ- ARIZONA

Provider Zip Code
TALTCS PROGRAM ZIP
Enter a 5 digit Zip Code

Member

AHCCCS Member ID
AHCCCS MEMBER ID
Enter 9 digits, starts with 'A' and 8 numeric

AHCCCS Member First Name
AHCCCS MEMBER FIRST NAME
Name should not exceed 50 characters

AHCCCS Member Last Name
AHCCCS MEMBER LAST NAME
Name should not exceed 50 characters

Once you have uploaded the file and completed the information, then click on Submit

If there are no issues with your submission, then you should get the message: Saved Successfully

Questions?

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Lunch – 1.5 Hour

BHRF (B8 H0018) - Process Update & Service Now

Vanessa Torrez
TALTCS Clinical Program Manager

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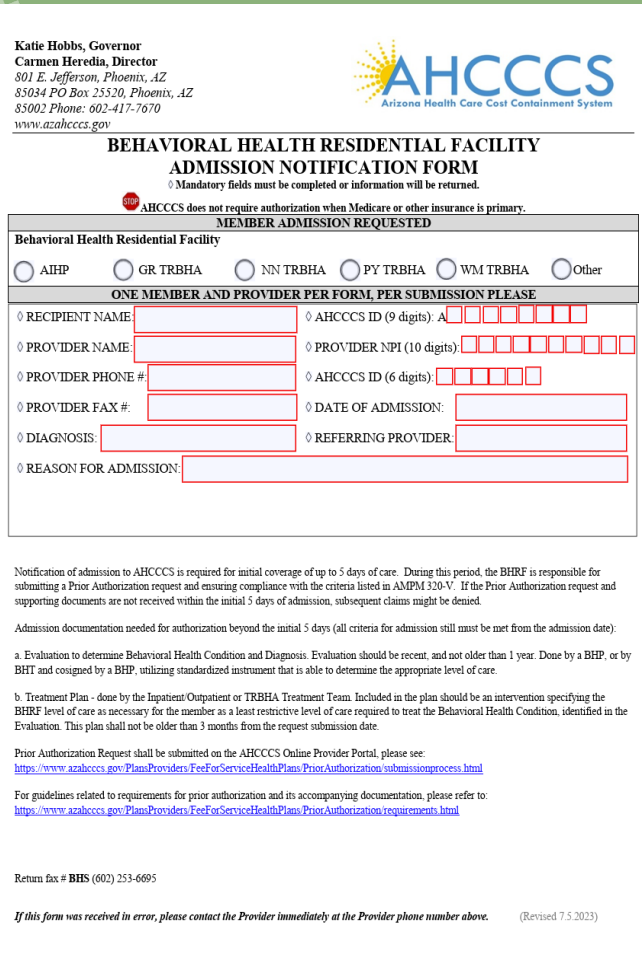


Katie Hobbs, Governor
Carmen Heredia, Director
801 E. Jefferson, Phoenix, AZ
85034 PO Box 25520, Phoenix, AZ
85002 Phone: 602-417-7670
www.azahcccs.gov

AHCCCS
Arizona Health Care Cost Containment System

BEHAVIORAL HEALTH RESIDENTIAL FACILITY ADMISSION NOTIFICATION FORM

◊ **Mandatory fields must be completed or information will be returned.**

STOP **AHCCCS does not require authorization when Medicare or other insurance is primary.**

MEMBER ADMISSION REQUESTED

Behavioral Health Residential Facility

◯ AIHP ◯ GR TRBHA ◯ NN TRBHA ◯ PY TRBHA ◯ WM TRBHA ◯ Other

ONE MEMBER AND PROVIDER PER FORM, PER SUBMISSION PLEASE

◊ RECIPIENT NAME: ◊ AHCCCS ID (9 digits): A☐☐☐☐☐☐☐☐

◊ PROVIDER NAME: ◊ PROVIDER NPI (10 digits): ☐☐☐☐☐☐☐☐☐☐

◊ PROVIDER PHONE #: ◊ AHCCCS ID (6 digits): ☐☐☐☐☐☐

◊ PROVIDER FAX #: ◊ DATE OF ADMISSION:

◊ DIAGNOSIS: ◊ REFERRING PROVIDER:

◊ REASON FOR ADMISSION:

Notification of admission to AHCCCS is required for initial coverage of up to 5 days of care. During this period, the BHRF is responsible for submitting a Prior Authorization request and ensuring compliance with the criteria listed in AMPM 320-V. If the Prior Authorization request and supporting documents are not received within the initial 5 days of admission, subsequent claims might be denied.

Admission documentation needed for authorization beyond the initial 5 days (all criteria for admission still must be met from the admission date):

a. Evaluation to determine Behavioral Health Condition and Diagnosis. Evaluation should be recent, and not older than 1 year. Done by a BHP, or by BHT and cosigned by a BHP, utilizing standardized instrument that is able to determine the appropriate level of care.

b. Treatment Plan - done by the Inpatient/Outpatient or TRBHA Treatment Team. Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Evaluation. This plan shall not be older than 3 months from the request submission date.

Prior Authorization Request shall be submitted on the AHCCCS Online Provider Portal, please see:
https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/submissionprocess.html

For guidelines related to requirements for prior authorization and its accompanying documentation, please refer to:
https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html

Return fax # **BHS** (602) 253-6695

If this form was received in error, please contact the Provider immediately at the Provider phone number above. (Revised 7.5.2023)

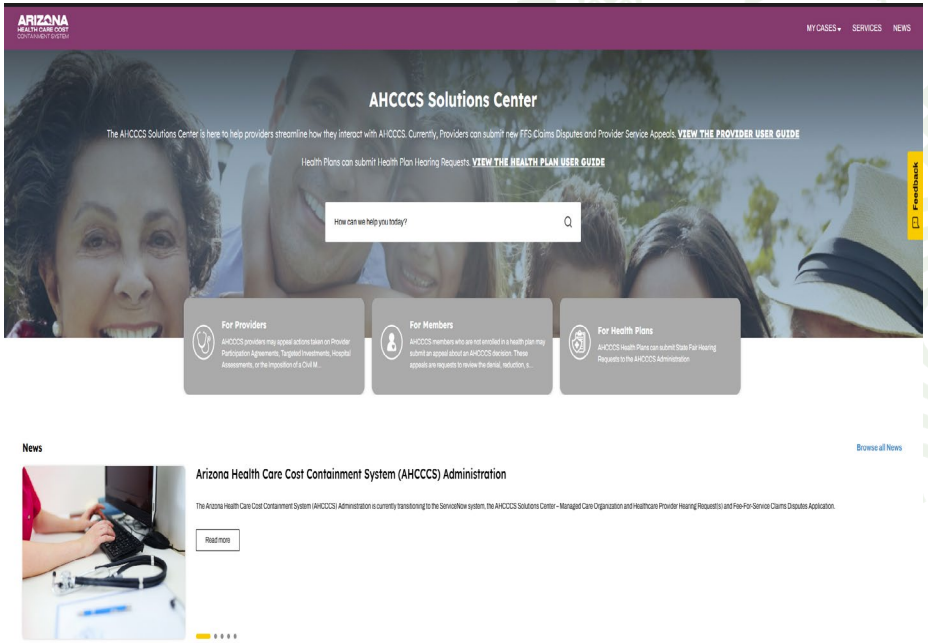
Behavioral Health Residential Facilities (BHRF)

- Please have Providers submit PA Request directly to DFSM via Fax: 602-253-6695
- CM shall obtain a copy of BHRF documentation submitted for the PA, to review at each review. CM shall place the documents in the member's case file to ensure continuity of care.

Link to BHRF Notification Form:
https://www.azahcccs.gov/PlansProviders/Downloads/PriorAuthorizations/BHRFAdmissionNotificationForm.pdf

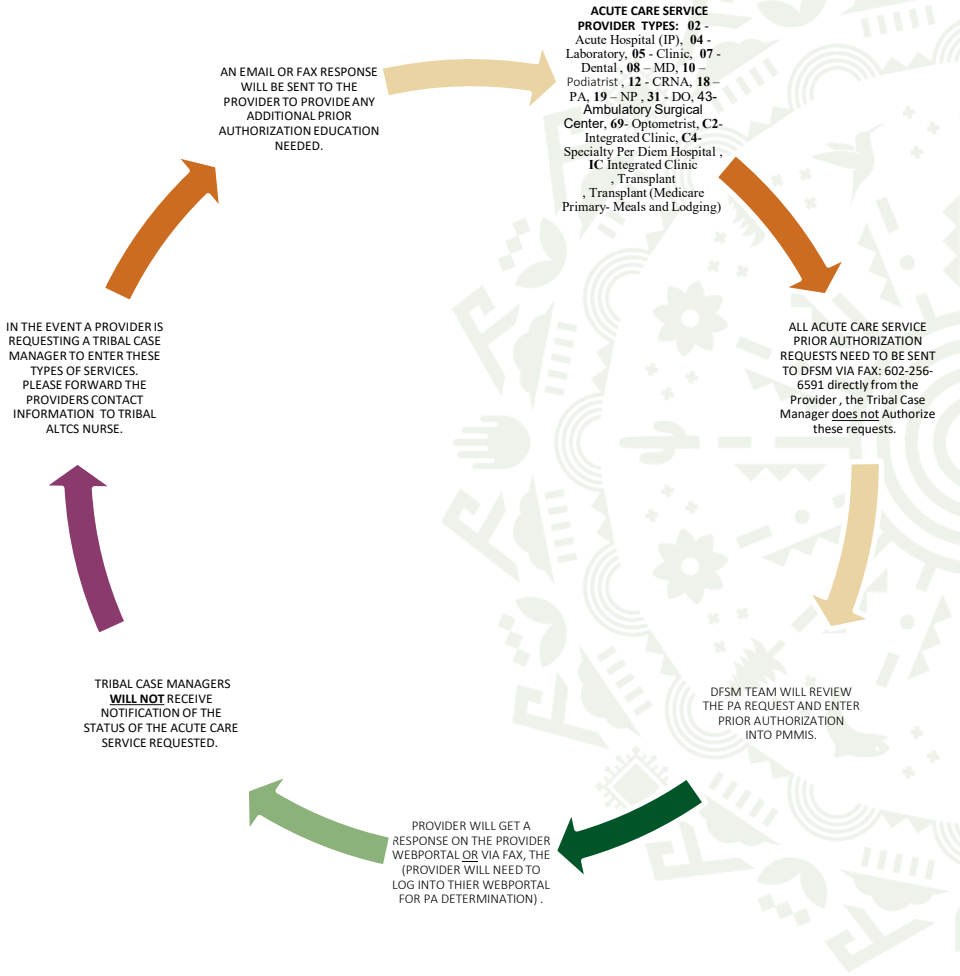
Service Now

- Please submit inquiries related to: Prior Authorizations, Claims, Provider Training directly to DFSM via ServiceNow.
- Provide the following details:
  - Contact Name
  - Contact Email
  - Callback Phone Number
  - General Overview of the Issue
- All communication regarding the service ticket will be managed through ServiceNow. Support will be assigned to Ticket#, so please be sure to retain and allow 14 days in resolving the issue.



Acute PA Requests

- Acute PA requests for Tribal ALTCS members must be faxed into DFSM: **1-602-256-6591 .**
    - If a Provider gets directed to you, instruct the Provider: "The Provider would need to fax to DFSM Fax number: 602-256-6591. Please ensure to write "Acute Care Service" on the fax cover sheet."
- 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.
- Provider can submit service ticket using ServiceNow
- Identify Member is Tribal ALTCS with HP – Acute Care Service – Assistance Needed.



Questions?

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Parents as Paid Care Giver AMPM Policy and Exhibit Updates

Rachel Conley, TALTCS Administrator
& Amber Heard, TALTCS Program Manager

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Parents as Paid Caregivers

Topics

- Background of the PPCG Model
- New PPCG Requirements
- Changes to the PCSP
- Scheduling Tool and HCBS Needs Tool
- Upcoming PPCG Training

The Parents as Paid Caregivers Service Model

The Parents as Paid Caregivers (PPCG) service model allows parents to provide direct care services to minor children.

Who is eligible?	Minor children enrolled with the Arizona Long Term Care System (ALTCS) who have an assessed need for attendant care and habilitation services.
Who can provide services?	Parents who have formal physical and/or legal custody of their minor child, including legal guardians.

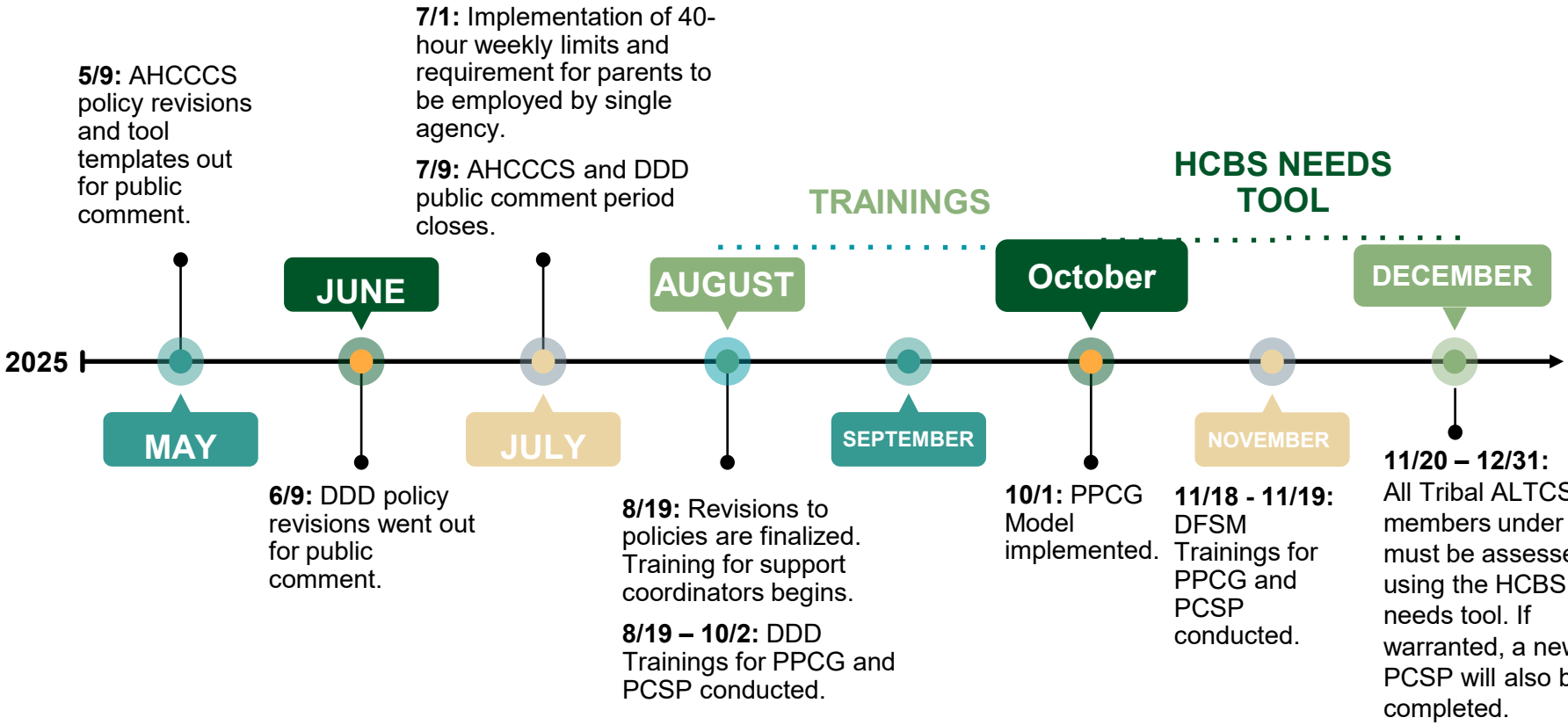
The Evolution of PPCG

Approval from CMS during the pandemic to temporarily allow for parents to serve as paid caregivers.

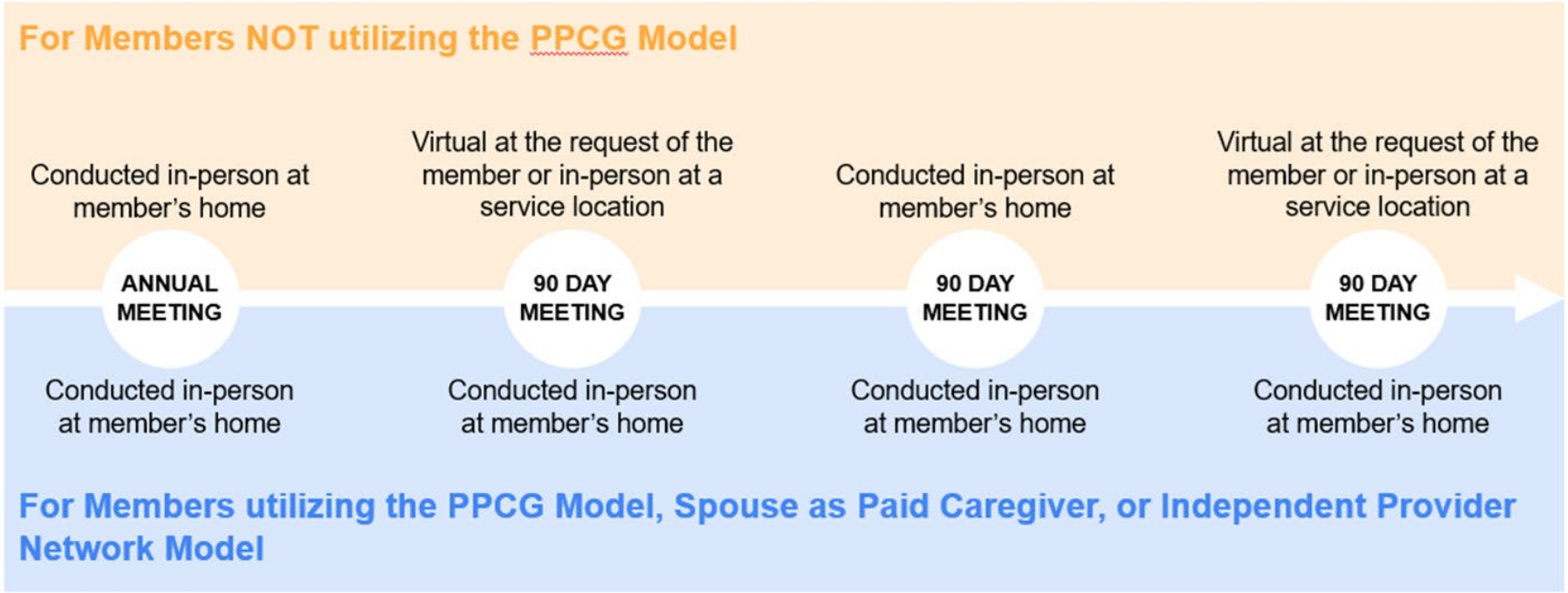
State legislation (HB 2945) passed detailing additional requirements for the PPCG service model.

Inclusion of the parents as paid caregiver (PPCG) in the State's 1115 Waiver to permanently allow this service model, with the addition of 40-hour limit and inclusion of habilitation.

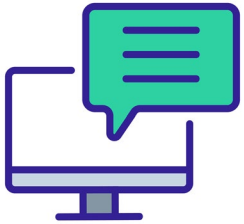
PPCG Implementation Timeline



Changes to the PCSP



PCSP Virtual Meeting Requirements



For PCSP meetings that are held virtually, the meeting:

- Must include both audio/visual capabilities.
- Cannot be virtual if a member does not have access to internet, the necessary devices to hold the meeting or incurs additional costs for internet use.
- Must be requested by the member and should not be virtual for the convenience of the SC or provider.

The Full PCSP Requirements

Tribal ALTCS Case Managers must use the New PCSP effective January 2026. Thereafter updates apply as follows:

- During the annual meeting for any member over 18.
- When a member experiences a change in condition or other significant life changes or transitions that need to be addressed.
- At the request of the member - if a member asks for a review or update, the new PCSP process must be followed.

These requirements ensure that the care planning process remains responsive to members' evolving needs and preferences, and that documentation is kept current and compliant with updated policy.

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.azahcccs.gov%2Fshared%2FDownloads%2FMedicalPolicyManual%2F1600%2F1620-10.docx&wdOrigin=BROWSELINK

Planning Meeting Review Document

AHCCCS DFSM Tribal ALTCS will be working on creating the new Planning Meeting Review Document. The document will be used in the PCSP Planning and Review process:

Planning Meeting Review Document

• To be used during a scheduled 90-day Planning Meeting Review or during a 10-day in person post-discharge meeting
• Considered an extension of the full annual PCSP
• Focused on:
  ○ The member's progress towards reaching goals/outcomes
  ○ Changes with needs, daily routine, preferences, informal supports, indirect services, resources, etc.
  ○ Allowing for Identification and addressing any barriers or gaps in services
• Has the capability to update, add or revise the PCSP in areas such as goals/outcomes, service plan, risks, rights restrictions, action plans, etc.
• May not be used for changes when a member has experienced major life changes/transitions (e.g., death of a family member, loss of home, new risks or rights restrictions, major hospitalizations, quality of care concerns) require thorough planning and should be discussed during an in-person meeting with the planning team

New or Revised Tools

The following new or revised tools will be available for support coordinators to support the implementation of PPCG:

- A revised **Scheduling Tool** to assist support coordinators in working with families to determine day-to-day needs.

- A revised **HCBS Needs Assessment Tool** to determine the need for extraordinary care for minor children.

- A **Minor Caregiver Options Discussion Guide and Decision Roadmap** to help facilitate discussions with the family on potential caregiving options. (Effective Date is TBD)

Scheduling Tool

The scheduling tool is designed to provide a high-level overview of the member's schedule to support the determination of when services might be needed and/or provided by other avenues (i.e., school-based care, day programs, etc.).

HCBS Needs Tool: Background

The HCBS Needs Tool allows support coordinators to:

- The HCBS Needs Tool should be reviewed at each PCSP meeting by the team but is not required to be redone if it remains accurate if the member is an adult.
- Determine and document the needs of a member.
- Ensure consistency with assessing services and hours and assess based on defined age-appropriate developmental milestones.

Knowledge Check #1

A 60-year-old member in an HCBS setting has a 90-day meeting coming due on January 23, 2026.

Does the Case Manager need to use the new PCSP and HNT tool?

Knowledge Check #1: Discuss

ANSWER: YES

- The new PCSP document is required to be updated.
- The new HCBS Needs Tool is required to be updated.
- The meeting in January 2026 would need to occur in-person and the new full PCSP would be need to completed at that meeting.

Knowledge Check #2

The same member in an HCBS setting, has a 90-day service review date on April 24, 2026. The member does not receive services under the:

- PPCG Service Model

Member has not experienced a change in condition, other significant life changes, or transitions that need to be addressed

What should the Case Manager consider?

Knowledge Check #2: Discuss

- The member/responsible person has a choice of holding the meeting virtually instead of in person.
- The full PCSP document is not required to be updated. However, the case manager should add or revise the Planning Meeting Review Document in the areas such as:
  - Individualized, Outcomes, and Progress on Goals
  - Service plan,
  - Risks
  - Rights restrictions
  - Action plans, etc
- The HCBS Needs Tool should be reviewed by the team but is not required to be redone if it remains accurate because the member is an adult.

How will these new requirements impact members?

- Members should continue to be assessed for as many hours as medically necessary.
- However, parents can only provide up to 40 hours of attendant care and habilitation services combined, based on assessed need.
- It will be important to document key outcomes and decisions resulting from conversations with the member regarding their needs.

Upcoming PCSP and HNT Training

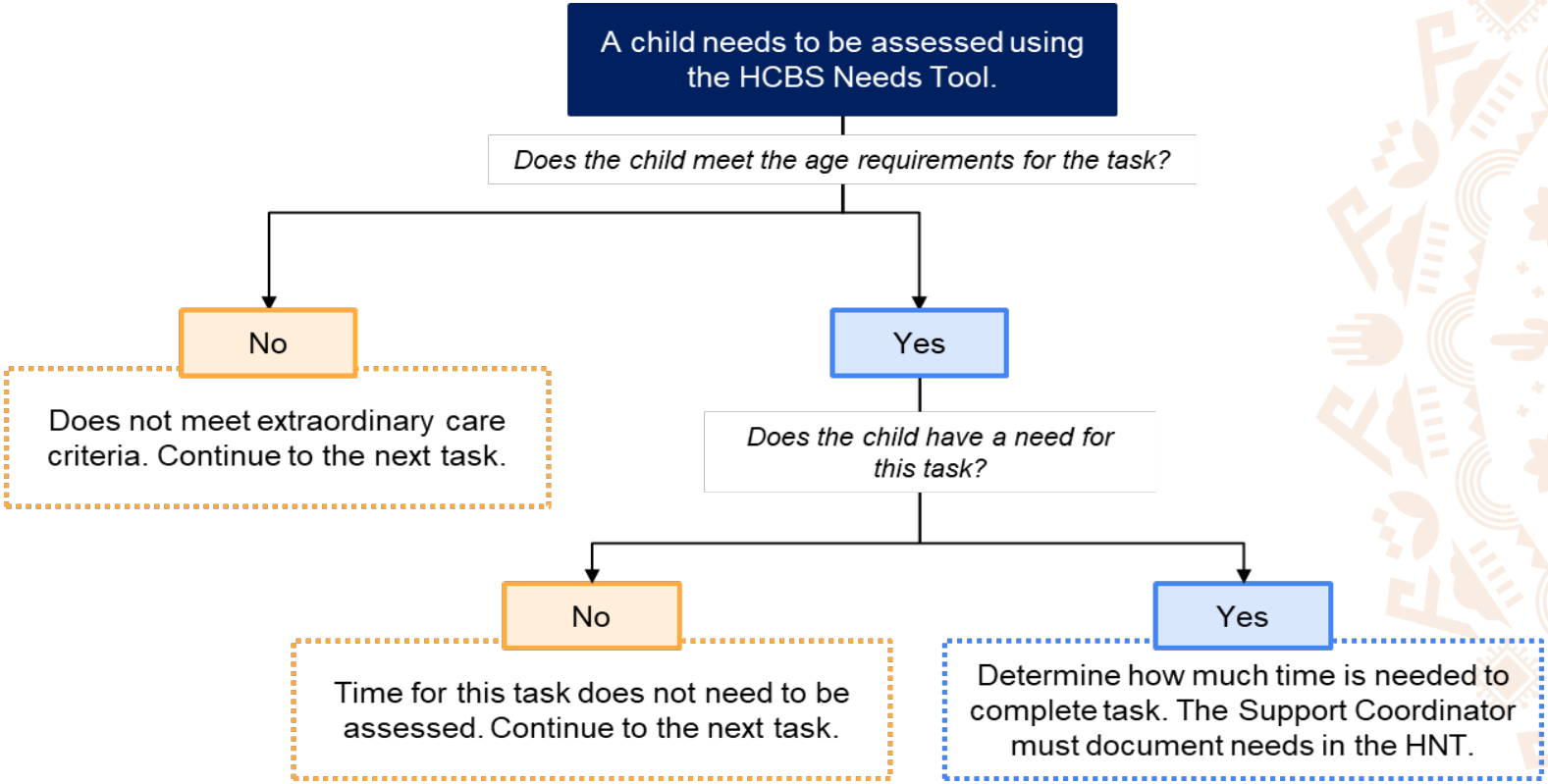
Date: November 18 – 19, 2025
Location: Phoenix
Meeting invites will be sent to the following:

- Case Manger Supervisors
- Case Managers that have a child on their caseload
- Lead Case Managers for each Health Plan

Day 1 Agenda Topics
Changes to the PCSP
Background of PPCG Model
New PPCG Requirements
Extraordinary Care
Scheduling Tool and HCBS Needs Tool

Day 2 Agenda Topics
Review New PPCG Requirement
Review Extraordinary Care
Conduct Activity: Member Senarios
Prepare for Difficult Conversations

How to Determine Extraordinary Care?



HCBS Needs Tool Changes

- Changes help capture extraordinary care and are a result of new state and federal requirements.

- Document all key discussions and discussions with members to highlight when extraordinary care is needed or not needed.

Policies to Support PPCG

The following policies support the PPCG service model. You can refer to these policies as you work through the tools with the members:

AHCCCS	
1620-B	Needs Assessment Care Planning Standard
1620-D	Placement and Service Planning Standard
1620-E	Service Plan Monitoring and Reassessment Standard
1620-10	Person Centered Service Plan
1620-17	HCBS Needs Tool and Instructions
1620-24	HCBS Scheduling Tool
1240-A	Direct Care Services
1240-A	Service Delivery Monitoring and Supervisory Visit Documentation Form
1240-E	Habilitation
1620-21	Minor Caregiver Options: Discussion Guide and Decision Roadmap
1620-22	Acknowledgement of Understanding

Upcoming Reviews

Row Labels	Prior to 2026	Jan 2026	Feb 2026	Mar 2026	Apr 2026	Grand Total
190000-NACHC/FFS	75	9	2	6	4	96
190009-WHITE MOUNTAIN APACHE	89	20	6	5	3	123
190017-NAVAJO NATION	904	221	43	65	18	1251
190025-GILA RIVER TRIBE	64	28	9	4	3	108
190033-TOHONO O'ODHAM	96	24	7	9	5	141
190075-PASCUA YAQUI TRIBE	17	8	1	1	1	28
190083-SAN CARLOS APACHE	69	35	3	7		114
190091-HOPI	44	10	3	2		59
Grand Total	**1358**	**355**	**74**	**99**	**34**	**1920**

Tribal ALTCS Quarterly Reviews

- INDIVIDUALIZED GOALS AND OUTCOMES
- VIII - IDENTIFICATION OF RISKS
- III - RISK ASSESSMENT – REVIEW ANY MODIFICATION OF RISKS PREVIOUSLY IDENTIFIED
- IV – MODIFICATIONS TO PLAN THROUGH RESTRICTION OF MEMBER'S RIGHTS
- V - ACTION PLAN FOR FOLLOW-UP

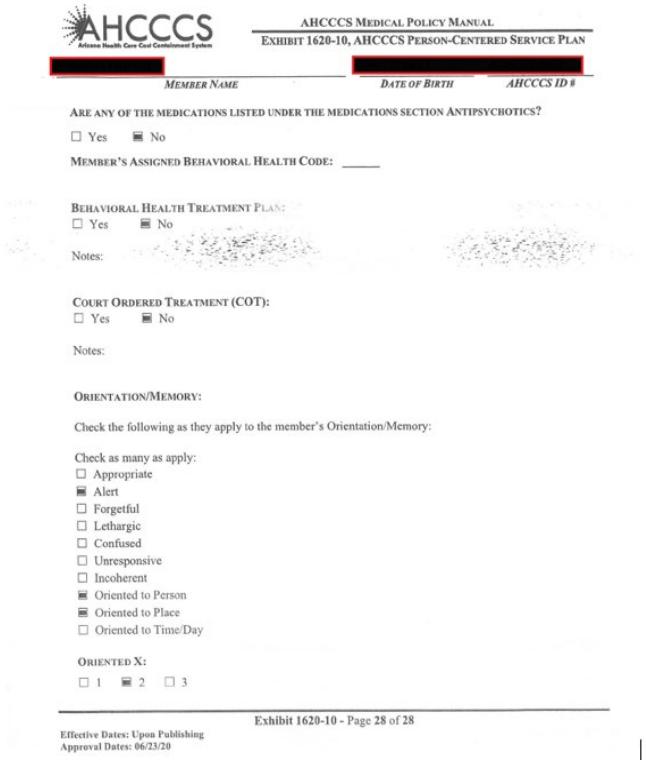
Questions?

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Tribal ALTCS CM Tool Updates

Amber Heard, TALTCS Program Manager

PCSP-UPDATES



AHCCCS Medical Policy Manual
Exhibit 1620-10, AHCCCS Person-Centered Service Plan

[redacted] [redacted]
Member Name | Date of Birth | AHCCCS ID #

Are any of the medications listed under the medications section Antipsychotics?

☐ Yes ■ No

Member's Assigned Behavioral Health Code: _____

Behavioral Health Treatment Plan:
☐ Yes ■ No

Notes:

Court Ordered Treatment (COT):
☐ Yes ■ No

Notes:

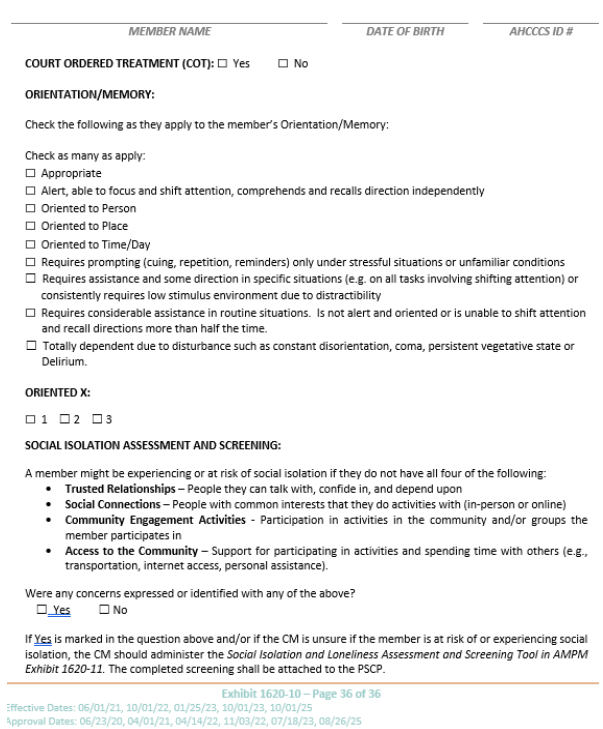
Orientation/Memory:

Check the following as they apply to the member's Orientation/Memory:

Check as many as apply:
☐ Appropriate
■ Alert
☐ Forgetful
☐ Lethargic
☐ Confused
☐ Unresponsive
☐ Incoherent
■ Oriented to Person
■ Oriented to Place
☐ Oriented to Time/Day

Oriented X:
☐ 1 ■ 2 ☐ 3

Exhibit 1620-10 - Page 28 of 28
Effective Dates: Upon Publishing
Approval Dates: 06/23/20



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
AHCCCS MEDICAL POLICY MANUAL
EXHIBIT 1620-10 - AHCCCS PERSON-CENTERED SERVICE PLAN

MEMBER NAME | DATE OF BIRTH | AHCCCS ID #

COURT ORDERED TREATMENT (COT): ☐ Yes ☐ No

ORIENTATION/MEMORY:

Check the following as they apply to the member's Orientation/Memory:

Check as many as apply:
☐ Appropriate
☐ Alert, able to focus and shift attention, comprehends and recalls direction independently
☐ Oriented to Person
☐ Oriented to Place
☐ Oriented to Time/Day
☐ Requires prompting (cuing, repetition, reminders) only under stressful situations or unfamiliar conditions
☐ Requires assistance and some direction in specific situations (e.g. on all tasks involving shifting attention) or consistently requires low stimulus environment due to distractibility
☐ Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
☐ Totally dependent due to disturbance such as constant disorientation, coma, persistent vegetative state or Delirium.

ORIENTED X:

☐ 1 ☐ 2 ☐ 3

SOCIAL ISOLATION ASSESSMENT AND SCREENING:

A member might be experiencing or at risk of social isolation if they do not have all four of the following:

- **Trusted Relationships** – People they can talk with, confide in, and depend upon
- **Social Connections** – People with common interests that they do activities with (in-person or online)
- **Community Engagement Activities** - Participation in activities in the community and/or groups the member participates in
- **Access to the Community** – Support for participating in activities and spending time with others (e.g., transportation, internet access, personal assistance).

Were any concerns expressed or identified with any of the above?
☐ Yes ☐ No

If Yes is marked in the question above and/or if the CM is unsure if the member is at risk of or experiencing social isolation, the CM should administer the *Social Isolation and Loneliness Assessment and Screening Tool in AMPM Exhibit 1620-11*. The completed screening shall be attached to the PSCP.

Exhibit 1620-10 – Page 36 of 36
Effective Dates: 06/01/21, 10/01/22, 01/25/23, 10/01/23, 10/01/25
Approval Dates: 06/23/20, 04/01/21, 04/14/22, 11/03/22, 07/18/23, 08/26/25

PCSP Changes-V. Individualized Goals & Outcomes

V. INDIVIDUALIZED GOALS AND OUTCOMES

DIRECTIONS FOR CASE MANAGER: For members utilizing the parents as a paid caregiver service model, there must be at least one member-directed and individualized goal focused on community engagement with peers in community settings.

Considerations: *What do you want to start learning/doing now? What is something that interests you that we can help you do? Are you able to be as independent in your personal care and/or healthcare as you would like to be? What might help you reach your goals?*

WHAT AREA OF YOUR LIFE WOULD YOU LIKE THE TEAM TO SUPPORT YOU IN? (*Goals are listed in order of priority. Use additional pages as needed and number each goal accordingly*).

☐ Health ☐ Home Life ☐ Daily Life

GOAL #1:
IMPLEMENTATION DATE: **TARGET COMPLETION DATE:**
OUTCOME:

Where are they now (at the time of this plan, including any barriers impacting/preventing the member from completing or achieving their goal)?

What actions will the team take to support the member in achieving/reaching their goal, including re-assessing goals, interventions, strategies for goal success, etc.)?
A.
B.
C.

MEMBER NAME *DATE OF BIRTH* *AHCCCS ID #* *DATE OF MEETING*

WHO WILL DO:	WHEN?
A.	
B.	
C.	

PROGRESS ON GOAL
The case manager shall document the members' active participation in goal progress or achievement as their self-management plan ***(include progress updates from all planning team members and action items)***:

☐ Health ☐ Home Life ☐ Daily Life

GOAL #2:
IMPLEMENTATION DATE: **TARGET COMPLETION DATE:**
OUTCOME:

Where are they now (at the time of this plan, including any barriers impacting/preventing the member from completing or achieving their goal)?

What actions will the team take to support the member in achieving/reaching their goal, including re-assessing goals, interventions, strategies for goal success, etc.)?
A.
B.
C.

WHO WILL DO:	WHEN?
A.	
B.	
C.	

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
AHCCCS MEDICAL POLICY MANUAL
EXHIBIT 1620-10 - AHCCCS PERSON-CENTERED SERVICE PLAN

MEMBER NAME *DATE OF BIRTH* *AHCCCS ID #* *DATE OF MEETING*

PROGRESS ON GOAL
The case manager shall document members active participation in goal progress or achievement as their self-management plan ***(Include progress updates from all planning team members and action items)***:

IS THERE ANOTHER AREA OF YOUR LIFE THAT YOU WOULD LIKE TO WORK ON? ☐ Yes ☐ No

Changes to the HNT-MEAL PREP & CLEAN UP

Meal Preparation & Clean-Up In general, should not exceed 75 minutes per day. Includes blenderizing or pureeing but not cutting up food.	Independent: No assistance needed.	0 min/day	
	Breakfast: (**check**) If member eats same meal with others.	1-15 min/day 1-5 min/day	
	Lunch: (**check**) If member eats same meal with others. If HDM is in place, please note this on this line for the appropriate day.	1-20 min/day 1-5 min/day	
	Dinner: (**check**) If member eats with others.	1-40 min/day 1-5 min/day	
	Alternative Meal Schedule: Ex: Has diabetes, with multiple small meals/snacks per day requiring preparation.	1-10 min/meal	

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Meal Prep & Clean Up Includes blenderizing or pureeing but not cutting up food In general, should not exceed 75 minutes per day	Independent: No assistance needed.	0 min/day												
	Breakfast Preparation If member cannot eat the same meal that is prepared/eaten by other persons in the home	1-15 min/day									0			
	Breakfast Modification If the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-5 min/day									0			
	Lunch Preparation If member cannot eat the same meal that is prepared/eaten by other persons in the home	1-20 min/day									0			
	Lunch Modification If the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-5 min/day									0			
	Dinner Preparation If member cannot eat the same meal that is prepared/eaten by other persons in the home	1-40 min/day									0			
	Dinner Modification If the member eats the same meal but requires the meal to be presented in a different way (e.g. chopped, pureed)	1-5 min/day									0			
	Alternative Meal Schedule or snacks: Ex: Diabetic with multiple small meals/snack per day requiring prep.	1-10 min per snack/small meal									0			

Changes to the HNT-General Supervision

Task	Description	Approx. Time	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	Comments (Who is Providing Care/Why > < time needed)
General Supervision	Supervision is based on need, and can be provided based on member need identified on Page 1.	X Time/Day									0	

Task		Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
General Supervision															
Supervision Needs may include but are not limited		Independent: No assistance needed.	0 min/event												
☐	Wandering Risk		# minutes per day; based on need and typical day structure									0			
☐	Confused/Disoriented at risk to themselves											0			
☐	Unable to call for help, even with Lifeline											0			
☐	Complex medical or behavioral needs											0			
☐	Other:											0			
												Total Minutes Supervision Needed/Week:	0	Total Minutes of IFS/Week:	0

New Tool-Exhibit 1620-24 Home and Community Based Services Scheduling Tool

HOME AND COMMUNITY BASED SCHEDULING TOOL

This tool is designed to be completed by the ALTCS case manager with the member/ Health care Decision Maker (HCDM) and Person-Centered Service Plan (PCSP) planning team to provide a general understanding of the member's day to day life to support the determination of when services might be needed and/or provided by other avenues (i.e. school-based care, day programs, etc.). It is not intended to create an inflexible or prescriptive schedule for the member but rather reflect the member's autonomy and self-determination to direct their everyday lives. Therefore, this tool is completed prior to and helps inform the needs assessment conducted by the ALTCS Case Manager using the HCBS Needs Tool (HNT) (AMPM Exhibit 1620-17) which determines the authorized services and hours. **Instructional Note:** ALTCS Case Manager must select the item on the list that best fits what the member does or wants to do during that day and time. The notes section can be used to document items that aren't already captured in the listing as well as note any services that may be supporting the member's needs during those days/times.

Members' Name _____ *AHCCCS ID Number* _____

DAY TO DAY SCHEDULE								
TIME	SUN	MON	TUE	WED	THU	FRI	SAT	NOTES
12:00 AM	Select One	Select One	Select One	Select One	Select One	Select One	Select One	
1:00 AM	Select One	Select One	Select One	Select One	Select One	Select One	Select One	
2:00 AM	Select One	Select One	Select One	Select One	Select One	Select One	Select One	
3:00 AM	Select One	Select One	Select One	Select One	Select One	Select One	Select One	
4:00 AM	Select One	Select One	Select One	Select One	Select One	Select One	Select One	

FUTURE TRAINING OVERVIEW & IDEAS

- Schedule trainings that are specific to each Tribal Program after the results of the Operational Audits are completed.
- Are there any trainings or refresher trainings that might be helpful in the future that we have not addressed?
- We would appreciate your input and thoughts.

Questions?

ARIZONA
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Closing Remarks

Rachel Conley, Tribal ALTCS Administrator

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