



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

Tribal ALTCS New Enrollment Process

New Enrollment Notification (NE)

1
Step



Assigned Individual: AHCCCS DFSM TRIBAL ALTCS UNIT

- Daily Roster
- PAS Assessment

AHCCCS DFSM Responsibility

- Send notification immediately to the assigned Tribal ALTCS Program upon verification of enrollment information.

AHCCCS DFSM New Enrollment Comment indicates a new member has been assigned to the Tribal Health Plan

NEW ENROLLEE. ACTION REQUIRED. PLEASE ASSIGN CM AND CONDUCT INITIAL REVIEW ACCORDING TO POLICY GUIDELINES. PAS SUMMARY WITH DIAGNOSIS CODES ATTACHED. IF MEMBER ASSESSED FOR HCBS SVCS IN THE HOME, PLEASE HAVE CM NOTIFY HCA OF THE DIAGNOSIS CODES.

Supervisor Assigns Case Manager

2
Step



Assigned Individual: Tribal ALTCS Health Plan Case Manager Supervisor

Supervisor Action & Assignment Checklist

- Review the (NE) New Enrollment notification and PAS summary with diagnosis codes and the contact information provided to make the initial contact.
- Assign a Case Manager for the newly enrolled member within 24 hours from the date of enrollment notification. Refer to PMMIS Manual, link is provided on the Reference Policy slide.
- Provide the PAS summary and daily roster to the newly assigned Case Manager
- Document the assignment and any handoff instructions needed for timely initial contact.

Expected Outcome

- Case Manager assignment is established by updating PMMIS with the CM ID.
- Initial contact and service coordination can begin without delay.
- Supervisor can monitor timeframe compliance from the date the daily roster was received.

Case Manager Makes Initial Contact

3
Step

TIMEFRAME: Within 7 business days of enrollment

Contact and Verify with Member and/or Representative

- Use the Daily Roster to verify address, phone number, and other point of contacts provided in the PAS Summary.
- Briefly discuss current services the member is receiving.
- Document successful or attempted contact in the member record and PMMIS 165 Comment Screen..

Continuity of Service

The case manager has reviewed the PAS prior to making initial contact. The information on the PAS provides an overall summary of the members medical condition and level of care at the time the PAS was conducted.

- If receiving attendant care, explain that services begin after the initial face to face assessment has been completed.
- Coordinate immediately when medical condition, service needs, or lack of home supports create urgency.
- For DME, advise that a prescription/script is needed to continue authorization.

System Updates

- Update the CA161 placement screen to reflect the information gathered during the initial contact and enter comment.
- Z placement with comments can only be used in the event contact cannot be made within seven days. However, the placement code will need to be changed when contact has been made.
- AHCCCS DFSM Tribal ALTCS Team notify program leaders if CA161 is not set up by the 8th business day.



Case Manager Conducts Initial On-Site visit

4
Step

TIMEFRAME: Within 12 business days of enrollment notification
(Complete the visit as soon as possible when immediate needs are indicated by initial contact or PAS information).

Visit Purpose

- Conduct the visit at the member residence or institutional setting, as applicable.
- Complete the on-site visit to initiate the Person-Centered Service Plan (PCSP).
- Complete the UAT and/or HNT
- Case Managers must support members in identifying meaningful, measurable, person-centered goals that reflect their preferences, strengths, support needs, and vision for a fulfilling life, with success defined by the member.

Person-Centered Approach

- ALTCS Case Managers are expected to use a person-centered approach when assessing the member and their needs, taking into account ALTCS-covered services, but also other needed community resources as applicable.
- The member/HCDM, designated representative, and/or Planning Team actively partner with the Case Manager throughout the person-centered planning process to identify strengths, needs and make informed decisions regarding the member's services and supports.

System Review

- Confirm placement and ensure CA161 is current and correct. Case Manager will submit an EMCR if member's address has changed.
- AHCCCS DFSM Tribal ALTCS Team notifies Tribal Health Plan if review date has not updated by the 13th business day from enrollment.



Case Manager Performs the Service Start-Up & Supervisor Review

5
Step



TIMEFRAME: Within 30 calendar days of enrollment

Service Start-Up

- Medically necessary services for newly enrolled members shall be provided within 30 calendar days of enrollment.
- Coordinate services promptly with providers and member/HCDM/DR as needed.

Required System Entries

- Set up Service Plan CA165 and add comments. (Ensure there are no gaps in service from the date of enrollment.)
- Set up CES CA160. (Service codes, modifiers, and costs should match CA165.)

System Review

- Case manager will provide the case to the supervisor for review to conduct an audit after entries are made.
- Tribal ALTCS Program Leadership will receive a notification from the AHCCCS DFSM Tribal ALTCS Team if PMMIS is not set within 31 business day of enrollment.

Reference Policies

- Initial Contact & Initial On-Site Visit

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

- Assign Case Manager:

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1630.pdf>
 - <https://www.azahcccs.gov/PlansProviders/Downloads/AHCCCTutorialGuideForPMMISInterfaceForALTCSCM.pdf>
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- Service Start-Up & Supervisor Review

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/> (Refer to AMPM 1600 Policies)

- Time Frames

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

The End

Thank You

