DFSM Tribal ALTCS

2nd Quarter Case Management Supervisor Meeting

Thursday, April 28th, 2022
WELCOME TO ALL!

Agenda Overview

- **Morning Prayer:** Beatrice Norton, HOPI Tribe
- **Rachel Hunter:** Welcome, PMMIS – Future System Updates
- **Ice Breaker:** Soni and Cheryl
- **System Updates:** Rachel Hunter
- **Soni Fisher:** HCA List
- **Cheryl Begay:** PMMIS Provider Type RF612 & Provider Search PR005
- **Rachel Hunter:** Prior Authorization Data Review
- **Vanessa Torrez:** Prior Authorization Requests, BHRF, CES>100%
- **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.
PMMIS Future System Updates

Rachel Conley, Tribal ALTCS Administrator
Arizona’s PMMIS (CATS subsystem) - Case Management System

Suggested System Requirements/Needed or Wanted Functions/Features):

- Service Authorizations (new and continuing services) – assist with monitoring of the timely provision of services to members.

- Will also assist when addressing member concerns, as will allow us to see what services member has been authorized for.

- Could we go a step further and have the system also capture assessed services, as sometimes can differ from what is authorized (not cost-effective, member/guardian refusing assessed services or request to hold off on authoring for various reasons, and/or services are already being provided informally, or paid for via another source)?
DFSM Tribal ALTCS

Ice Breaker
ICE BREAKER

ALL ABOUT CHOCOLATE

Who doesn't love Chocolate!

Today, we're going to take you back through time and reveal some historical and fun facts about chocolate.

We'll have two games where we'll ask about certain brands of chocolate. You can type your answer in the Meeting Chat and the person with the most correct answers will win that game.
ICE BREAKER

HISTORICAL FACTS

ABOUT CHOCOLATE

In Mayan times, cacao beans were used as currency and considered to be worth more than gold dust. To keep the value of the cocoa bean in check, the cultivation of cacao trees was restricted. Otherwise, it would have been too tempting to just grow your own currency!

Daniel Peter, a Swiss chocolatier and entrepreneur, spent eight long years trying to figure out a recipe for milk chocolate that would work. It wasn’t until 1875 that he realized that condensed milk was the answer to all his troubles. We’re so glad Daniel never gave up!
ICE BREAKER

MORE HISTORICAL FACTS ABOUT CHOCOLATE

M&M's Were Originally Created To Allow Easy Transport Of Chocolate To The Military — Fact Of The Day. M&M's were first introduced commercially in 1941 by Forrest Mars, Sr. Forrest got the idea for the candy after observing soldiers eating chocolate pellets with a hard shell during the Spanish Civil War.

By World War II, American soldiers were given M&M's by the United States Army because they were a convenient snack that traveled well in any climate; soon after M&M's were marketed to the public.
ICE BREAKER

FUN FACTS ABOUT CHOCOLATE

The mere smell of chocolate increases theta brain waves, which trigger relaxation. In fact, a study conducted at Hasselt University in Belgium showed that when the scent of chocolate was diffused in bookstores, sales of books increased — especially those of romance novels. Relaxation, indeed!

Chocolate also contains tryptophan, which the brain uses to produce serotonin, a hormone that causes generalized euphoria. So, eating chocolate really does make you happier!
ICE BREAKER – GAME 1

How well do you know your Chocolate?

Q. What candy bar is this?  
Answer: Snickers

Q. What candy bar is this?  
Answer: Baby Ruth

Q. What candy bar is this?  
Answer: 100 Grand
How well do you know your Chocolate?

Q. What candy is this?  
Answer:  

Q. What candy bar is this?  
Answer:  

Q. What candy bar is this?  
Answer:
ICE BREAKER – GAME 2

How well do you know your Chocolate?

Q. What candy is known for the slogan “The Great American Candy Bar.”

Answer:

Q. What candy is known for the slogan "Give me a Break"?

Answer:

Q. What candy is known for the slogan "Chocolate, Caramel and a surprising Cookie Crunch"?

Answer:
How well do you know your Chocolate?

Q. What candy is known for “The milk chocolate that melts in your mouth, not in your hand.”

Answer:

Q. What candy is known for the slogan "Two great tastes that taste great together"?

Answer:

Q. What candy is known for the slogan "Get the Sensation"?

Answer:
Thank you for participating in our Tribal ALTCS Ice Breaker.
DFSM Tribal ALTCS

Home Care Agencies (HCA)

Presented by: Soni Fisher, Tribal ALTCS Manager
AHCCCS would like to know if any of the Tribal Programs have a restricted Home Care Agency (HCA) list that you utilize within your Program/Office, and if so, what are the determining factor(s) of which HCA’s get on the restricted list?

In specific cases, such as White Mountain Apache, the Tribal government has only a handful of HCA’s that they allow to come on to their Tribal lands, therefore a restricted list is appropriate.
HOME CARE AGENCIES (HCA)

We received a call from an HCA provider who alleged that some Case Managers have told ALTCS members that they have a restricted list of HCA’s that they can refer the member to. The provider indicated that their agency is apparently not on the “List”, and therefore as they do not receive as many referrals as other HCA agencies.

In addition, the provider indicated that they understand that some CM’s have relatives who own or work at specific HCA’s and that the CM is referring members to that provider.
REPORT FRAUD, WASTE & ABUSE, OR MEMBER QUALITY OF CARE

Who Can Report Fraud, Waste & Abuse, or Member Quality of Care Concerns?
Absolutely anyone can report fraud, waste & abuse, or member quality of care concerns.

If an HCA or a Tribal CM believes that a member’s health care is being compromised, or if they believe fraud is being perpetrated, either the HCA or the Tribal CM have the option to submit a QOC or OIG complaint and it will be investigated.

How to Report Concerns About the Quality of Care Received
https://www.azahcccs.gov/ACMS/

How to Report Fraud, Waste or Abuse of the Program
https://www.azahcccs.gov/Fraud/ReportFraud/
ANY QUESTIONS?

THANK YOU!!
10-minute BREAK
DFSM Tribal ALTCS

PMMIS Provider Type  RF612 & Provider Search PR005

Cheryl Begay, Tribal ALTCS CM Coordinator
PMMIS Provider Type Search RF612

• If a search needs to be performed for a specific provider type, CM may use the PMMIS Screen- RF612.

• There are 12 pages of 14 types per page. Note: TCMs will not use all these types of providers.

• Use F8 to toggle from page to page to find the CODE (left column and the DESCRIPTION of the type of provider/s you are searching for)
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>BEG DATE</th>
<th>END DATE</th>
<th>LAST MOD</th>
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<tr>
<td>A1</td>
<td>LEVEL II BEHAV HTH RESID (17+BEDS) (IMD)</td>
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<td>01/14/02</td>
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<td>LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)</td>
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<td>03/11/04</td>
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<td>A5</td>
<td>BEHAVIORAL HEALTH THERAPEUTIC HOME</td>
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<td>08/20/07</td>
<td>M1</td>
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<td>A6</td>
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<td>A7</td>
<td>RESPITE</td>
<td>10/01/82</td>
<td>08/06/02</td>
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<td>A8</td>
<td>IHR-INDIVIDUAL HOME RESPITE</td>
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<td>07/07/15</td>
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<td>BOARD CERTIFIED BEHAVIOR ANALYST</td>
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<td>CHIROPRACTOR</td>
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<td>MASSAGE THERAPIST</td>
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<td>NURSING HOME</td>
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<td>HOME HEALTH AGENCY</td>
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<td>05/22/08</td>
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<td>29</td>
<td>COMMUNITY/RURAL HEALTH CENTER</td>
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PP: 1-HLP 2-RTN 3-CLR 4-MSG 7-UP 8-DWN 9-RPT 10-TOP 11-BOT 12-ESC
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<td>300035</td>
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<td>A + AMBULANCE, INC.</td>
<td>401802</td>
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<td>T 31</td>
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Example: TCM is searching for ACTIVE AHCCCS Home Health Agencies in Arizona.

- Go to PRO05, ENTER A (active) for STATUS.
- ENTER 23 for TYPE (provider).
- ENTER AZ for ST (state).
- Happy Searching!
ANY QUESTIONS?

THANK YOU!!
Tribal ALTCS Prior Authorization Requests Data Review

Rachel Conley, Tribal ALTCS Administrator
## PRIOR AUTHORIZATION REQUEST DATA

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<th>Tribal ALTCS Comments</th>
<th>SUMMARY</th>
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<td>DUPLICATE</td>
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<tr>
<td>MISSING INFORMATION</td>
<td>208</td>
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<tr>
<td>MULTIPLE MEMBERS</td>
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<tr>
<td>NO PA REQUIRED</td>
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<tr>
<td>PA APPROVED</td>
<td>832</td>
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<tr>
<td>PA UNDER REVIEW</td>
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<td>PENDED PA</td>
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<td>30</td>
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<td><strong>TOTAL</strong></td>
<td><strong>1378</strong></td>
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<td>Assignment</td>
<td>DUPLICATE</td>
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<td>---------------------------------</td>
<td>-----------</td>
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<tr>
<td>&gt;80% CES</td>
<td>2</td>
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<tr>
<td>100% CES</td>
<td></td>
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<td>ALF BH</td>
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<td>CONTRACTOR CHANGE</td>
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<td>DME</td>
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<td>E1399</td>
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<td>HOMEMOD</td>
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<td>OPEN LINE REQUEST</td>
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<td>OUT OF STATE PLACEMENT</td>
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<td><strong>Grand Total</strong></td>
<td><strong>165</strong></td>
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</table>
Tribal ALTCS Prior Authorization Requests Report, BHRF, CES>100%

Vanessa Torrez, Tribal ALTCS Nurse
Prior Authorization (PA) is a process by which the AHCCCS Division of Fee-For-Service (FFS) Management (DFSM) determines in advance whether a service that requires prior approval will be covered, based on the initial information received. PA may be granted provisionally (as a temporary authorization) pending receipt of required documentation to substantiate compliance with AHCCCS criteria. PA is not a guarantee of payment.
CES H0018 SHORT TERM BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF) Policy

- **310-B** TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT
- **320-O** BEHAVIORAL HEALTH ASSESSMENTS, SERVICE, AND TREATMENT PLANNING
- **320-V** BEHAVIORAL HEALTH RESIDENTIAL FACILITIES
- **1620-C** COST EFFECTIVENESS STUDY STANDARD
- and **1620-E** SERVICE PLAN MONITORING AND REASSESSMENT STANDARD
(BHRF) Prior Authorization Documentation Requirements

• Documentation has to be submitted prior to the Behavioral Health Residential Facility (BHRF) admission. If admission is urgent and documents are from the crisis clinic or member’s treatment provider, or the TRBHA, then admission notification must be sent to AHCCCS Division of Fee-For-Service Management (DFSM) on the day of the admission.

• Admission date has to be written on the documents.

• The documents must be completed by the outpatient or inpatient treatment team (not the admitting BHRF) and must include:
  - Behavioral Health Assessment done by the Behavioral Health Provider (BHP) or cosigned by the BHP
  - Treatment Plan that has recommendation for the member to be admitted to the BHRF

• Members have to receive treatment at the BHRF for the BHRF to submit claims for payment. Members cannot receive treatment from the outpatient providers and only live in the BHRF. For example, if the member goes to the Day Hospital Treatment Program or Intensive Outpatient and only comes to the BHRF to eat and sleep, then the BHRF cannot submit the claim for payment. The BHRF can bill code H0018 only for full treatment day. If a member needs additional treatment done by the outpatient provider, this must be written in the Treatment Plan.

• The Tribal ALTCS Case Manager must fax to the DFSM Tribal ALTCS Nurse to review and determine if the H0018 Setting is justified.
CONTINUED STAY CRITERIA

New CES H0018 Overcost Packet to be faxed to the DFSM Tribal ALTCS Nurse for review/approval.

BHRF Full Behavioral Health Assessment within past Year.

Updated BHRF Treatment Plan within past 30 days

7 Day Treatment Schedule

Full 7 days of Treatment notes by BHRF ONLY. (with group topics, connection to the member’s Treatment Plan and details of member’s participation)
Any H0018 Short-Term Behavioral Health Residential Facility (BHRF) services must have a CES H0018 Overcost packet faxed in to the DFSM Tribal ALTCS Nurse for review/approval to determine if the H0018 setting is justified. H0018 services will only be approved on a 90-day basis.
Review PMMIS, Cost Effectiveness Study CA160 screen

Which identifies the Home Community Based Services Percentage according to current level of care that the assigned tribal case manager has assessed including all services that are medically necessary for the member’s current placement.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>UNIT</th>
<th>CODE</th>
<th>MOD</th>
<th>COST</th>
<th>UNITS</th>
<th>MONTH 1</th>
<th>MONTH 2</th>
<th>MONTH 3</th>
<th>AVG COST</th>
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<td>30</td>
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<td>7658.70</td>
<td>30</td>
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COMMENTS: N CUR PLACEMENT: H DATE: 08/06/2020 REASON: 11

HCBS PRNT: 107% SSI PRNT: ___
TR: CA160          AHCCCS - LONG TERM CARE          04/27/22
NTR: _____ I _______________ CMP - COST-EFFECTIVENESS STUDY          11:20:12
LT02L110

YES DATE: 01/08/2022 ASSESS DATE:

NAME: ____________ ____________ ____________ AHCCCS ID: ____________
WORKER ID: ____________ CURR CSMGR: ____________ LATEST ACN:

LOC: INST GRS COST: $ 7155.30 SOC: $ 0.00 NET COST: $ 7155.30
     HCBS GRS COST: $ 7658.70 SOC: $ 0.00 NET COST: $ 7658.70

SERVICE UNIT MONTH 1 MONTH 2 MONTH 3 AVG COST
CODE MOD COST UNITS COST UNITS COST UNITS COST PER MONTH
H0018 __ 255.29 30 7658.70 30 7658.70 30 7658.70 7658.70

COMMENTS: N CUR PLACEMENT: H DATE: 08/06/2020 REASON: 11

HCBS PRCNT: 107% SSI PRCNT: ___
Training Presentations

Behavioral Health Residential Facilities (BHRF) - Prior Authorization Requirements

Behavioral Health Residential Facility (BHRF) Policy Overview
Tribal ALTCS Nurse Contact Information:
(602) 417-4169  Direct Line
(602) 254-2426  Fax
PA Office: 602-417-4400
Vanessa.Torrez@azahcccs.gov
Thank you
Any Questions?
Tribal Plan Recognitions

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