

A. Members should be placed in a “D” placement in the following situations:

1. The member has refused both institutional and/or Home and Community Based (HCB) services but does not wish to withdraw from the program. “Refused” includes circumstances where the member/representative is unavailable or unwilling to receive services offered by the Contractor.
2. The member receives no Long Term Care (LTC) services because a provider for the service(s) requested/needed is not available in the member’s area.
3. The member resides in an Alternative Residential Setting that is not contracted with the member’s Contractor, or in Maricopa County is not contracted with any available Contractors and s/he does not want to move.
4. The member resides in an Alternative Residential Setting that is not registered with AHCCCS and s/he does not want to move.
5. The member is not eligible for full LTC benefits due to an uncompensated transfer of resources/property. A member under these circumstances will be approved by AHCCCS as Acute Care Only (ACO) at the time of enrollment.
6. The member receives no services, has signed a Voluntary Discontinuance and is pending disenrollment.
7. The member resides in an uncertified nursing facility.
8. The member and/or member’s guardian refuses to comply with the review visit requirements.

B. “D” placements are generally for a full calendar month only. See exceptions to this rule in case examples #5, #7 and #9-10 to follow.

C. If HCB services are provided to the member for any portion of a month, that member should be in an “H” placement code for the entire calendar month.

D. “Q” placement begin and end dates must match the actual date of admission and/or discharge. This is because member Share of Cost is assessed based on date of admission and/or discharge.

E. Placements do not need to be changed to “D” when a member is hospitalized and not receiving LTC services for a full calendar month. The placement code should remain the same as it was prior to hospitalization until it is known what placement member will be discharged to.

- F. Member Change Reports (MCR) should be submitted electronically for changes of member status from LTC to ACO as well as ACO back to LTC.
- G. MCRs are sent electronically after at least one full calendar month has passed in which no LTC services were provided.
- H. MCRs for changes from LTC to ACO must be sent electronically with adequate information to describe the reason for the change.
- I. Members whose income is greater than 100% of the current Federal Benefit Rate will not be eligible for ALTCS if/when they refuse LTC services. Case managers should advise members who refuse LTC services of the possibility of disenrollment
- J. MCRs sent must indicate the effective date(s) of ACO (at least the begin date of this status) and the reason for change (Refusing Home and Community Based Services [HCBS] or Services Not Available).
- K. The “D” placement code dates on CA161/Placement Maintenance must match the dates indicate on the MCR.
- L. AHCCCS capitates E/PD Contractors at a lower rate for all days that any member is in a “D” placement. AHCCCS will recoup funds for all members in “D” placement for whom the E/PD Contractor has received full LTC capitation.

CASE EXAMPLES:

1. Member enrolls on 4/03. Case manager conducts on-site visit and HCBS begin on 4/17. “H” placement begins on the date LTC services begin following initial contact.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Z	1	11	4/03	4/16
H	1	13	4/17	

2. Member enrolled on 1/15with HCBS in place. Member stops receiving HCBS on 5/25. Member begins to receive HCBS again on 6/19. This member’s placement will remain “H” since the member received LTC services at home in both May and June.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
H	1	13	1/15	

- Member enrolled on 1/15 with HCBS in place. Member stops receiving HCBS on 5/25. As of 6/30, the member is still not receiving any LTC services. Case manager should change placement code to “D” beginning 6/01 and send MCR indicating change from full LTC to ACO effective 6/01 with no end date.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
H	1	13	1/15	5/31
D	1	12	6/01	

- Member enrolled on 1/15 with HCBS in place. Member stops receiving HCBS on 5/25. As of 6/30, the member is still not receiving any LTC services. Case manager should change placement code to “D” beginning 6/01 and send MCR indicating ACO effective 6/01 with no end date.

Member then begins to receive HCBS on 7/20. Case manager should change placement code to “H” beginning 7/01 and send another MCR indicating change from ACO back to full LTC effective 7/01.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
H	1	13	1/15	5/31
D	1	12	6/01	6/30
H	1	13	7/01	

- New member enrolls on 7/13 with no services in place. Case manager completes on-site assessment on 7/20 and member declines any LTC service. Member should be in a “Z” placement beginning 7/13. After 30 days, the member’s placement code should be changed to “D” if no LTC services have begun. If the member has still not received LTC services by the end of the calendar month, case manager should send MCR indicating change from full LTC to ACO effective 8/13 (the 31st day after enrollment) with no end date.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Z	1	11	7/13	8/12
D	1	12	8/13	

6. New member enrolls on 7/13 with no services in place. Case manager completes on-site assessment on 7/20 and member begins to receive HCBS on 8/26. This member’s placement can be changed to “H” beginning on the 1st of August since LTC HCBS services were provided within the month of August.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Z	1	11	7/13	7/31
H	1	13	8/01	

7. New member enrolls on 7/13 with no services in place. Case manager completes on-site assessment on 7/20 and member declines any LTC service. Member should be in a “Z” placement beginning 7/13. After 30 days, the member’s placement code should be changed to “D” if no LTC services begun. If the member has still not received LTC services by the end of the calendar month case manager should send MCR indicating change from full LTC to ACO effective 8/13 (the 31st day after enrollment) with no end date.

Member then begins to receive HCBS on 9/13. Case manager should change placement code to “H” beginning 9/01 and send MCR indicating change from ACO back to full LTC effective 9/01.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Z	1	11	7/13	8/12
D	1	12	8/13	8/31
H	1	13	9/01	

8. Member enrolled 5/13 residing in an ALF that is not contracted with the Contractor. As long as the ALF is licensed by ADHS and registered with AHCCCS, the member will be enrolled as full LTC benefits even though it is not contracted. If the facility is not contracted with another PC in the area, or there is no other PC in the area, and the member refuses to move, an MCR should be sent indicating a change from LTC to ACO (refusing LTC services) effective 5/13.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
D	*1	12	5/13	

*Residence code(s) for Assisted Living Facilities (B, 5, 9, etc.) can not be combined with “D” placement so must use (1) as above.

9. Member enrolled 5/13 residing in an ALF that is not contracted with the Contractor. As long as the ALF is licensed by ADHS and registered with AHCCCS, the member will be enrolled as full LTC benefits even though it is not contracted. If the facility is not contracted with another PC in the area, or there is no other PC in the area, and the member refuses to move, an MCR should be sent indicating a change from LTC to ACO (refusing LTC services) effective 5/13.

Member moves to a nursing facility on 6/17. MCR should be sent requesting a change from ACO to full LTC status effective 6/17. Unlike when HCBS are provided in the calendar month the “Q” placement does not begin at the first of that month but rather on the actual date of admission. This is because member share of cost is assessed based on date of admission and/or discharge.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
D	1*	12	5/13	6/16
Q	2	01	6/17	

*Residence code(s) for Assisted Living Facilities (B, 5, 9, etc.) can not be combined with “D” placement so must use (1) as above.

10. Member enrolls on 3/19 in a nursing facility placed and leaves AMA on 8/11. Case manager is unable to locate the member until 9/09 and member agrees to HCBs that begin on 9/18. As long as the member receives HCB services in the calendar month, the “H” placement may begin on the 1st of that month. An MCR is needed to change the member’s status to ACO and then back to full LTC effective 9/01 to match the placement.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Q	2	01	3/19	8/10
D	1	12	8/11	8/31
H	1	13	9/01	

11. Member who has been residing in a nursing facility placement leaves the facility before HCB services are in place on 2/13. Case manager becomes aware of discharge and visits member to set up home services on 2/16. HCB services begin on 2/18. Since member will receive LTC services during the entire calendar month the “H” placement may begin on 2/14 immediately after “Q” placement ends even though home services did not begin right away.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
Q	2	01	3/19	2/13
H	1	13	2/14	

12. Member enrolls on 4/12 with ACO status due to an uncompensated transfer status will end 10/31. Regardless of member’s residence type, placement must be “D” during this time period. Member begins receiving HCBS services on 11/03. As long as the member receives HCB services in the calendar month the “H” placement may begin on the 1st of that month. No MCR is necessary because the change from ACO status to full LTC status has already been processed by the eligibility office with the end of the transfer period.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
D	1	12	4/12	10/31
H	1	13	11/01	

13. Member enrolls on 4/12 with ACO status due to an uncompensated transfer; status will end 10/31. Regardless of member’s residence type, placement must be “D” during this time period. Member is admitted to a NF on 11/05. Unlike when HCBS are provided in the calendar month, the “Q” placement does not begin at the first of the month but rather on the actual date of admission. This is because member Share of Cost is assessed based on date of admission and/or discharge.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
D	1	12	4/12	11/04
Q	2	03	11/05	

14. Member enrolls on 4/12 with ACO status due to an uncompensated transfer, status will end 10/31. Regardless of member’s residence type, placement must be “D” during this time period. Member begins to receive HCB services on 12/09. Since AHCCCS would not be aware of the continuation of Acute Care status after the end of the transfer period on 10/31, an MCR needs to be sent requesting a change from full LTC status to ACO status through 11/30.

CA 161 SCREEN:

PLACEMENT CODE	RESIDENCE CODE	PLACEMENT REASON	PLACEMENT BEGIN DATE	PLACEMENT END DATE
D	1	12	4/12	11/30
H	1	13	12/01	

15. Member and/or member’s guardian refuses to allow the Case manager to conduct the required review assessment visit, the Case manager should change the placement code to “D” on the 30th day following the due date of the last Case manager’s review. The Case manager must send an MCR indicating change from full LTC to ACO with no end date.