

## 1620-N - SERVICE CLOSURE STANDARD

EFFECTIVE DATES: 02/14/96, 03/01/13, 06/13/18, 08/15/25

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01/01/16, 08/14/18, 06/04/25

### I. PURPOSE

This Policy applies to ALTCS E/PD, DES DDD (DDD) Contractors, and Tribal ALTCS Programs. Where this Policy references ALTCS requirements the provisions apply to ALTCS E/PD, DES DDD, and Tribal ALTCS unless otherwise specified. This Policy establishes requirements regarding the closure of services for ALTCS members.

### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

For purposes of this Policy, the following term is defined as:

**NOTICE OF ADVERSE  
BENEFIT DETERMINATION  
(NOA)**

The written notice provided to the affected member/Health Care Decision Maker (HCDM) which explains the Adverse Benefit Determination made by the Contractor or AHCCCS regarding the service authorization to deny, reduce, suspend, or terminate a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested as specified in 42 CFR 438.210(c), 42 CFR 438.404, and 42 CFR 438.400(b).

### III. POLICY

#### A. SERVICE CLOSURE REQUIREMENTS

1. Closure of a member's service(s) may occur for various reasons. The following is a list of the most common reasons including but not limited to:
  - a. The member is no longer ALTCS eligible, as determined by AHCCCS Division of Member Provider Services (DMPS) and/or Division of Fee for Service Management (DFSM),
  - b. The member passes away,
  - c. The ALTCS Case Manager and/or physician determine that a service is no longer necessary, due to a member's status/level of care change,
  - d. The member/Health Care Decisions Maker (HCDM)/Designated Representative (DR) requests discontinuance of the service(s) or refuses services,
  - e. The member moves out of the Contractor service area,
  - f. The member leaves the Contractor service area temporarily and the Contractor is unable to continue services,

- g. For members who are Elderly and/or have Physical Disabilities (E/PD) in a County with choice, the member's Contractor has been changed due to member/HCDM/DR request, and/or
  - h. Contact has been lost with the member.
2. If the member has been determined ineligible for ALTCS, the member/HCDM/DR will be informed of this action and the reason(s), in writing, by AHCCCS DMPS. This notification will provide information about the member's rights regarding that decision.
  3. The ALTCS Case Managers are required to provide community referral information on available services to meet the needs of members who are no longer eligible for ALTCS as specified in AMPM Policy 1610.
  4. If a service is closed because the ALTCS Contractor has determined that it is no longer medically necessary, the member shall be given a Notice of Adverse Benefit Determination (NOA) regarding the plan to discontinue the service that contains information about their rights with regards to that decision.

A NOA is not required if the member/HCDM/DR agrees with the closure of a service on the service plan.

Refer to 9 AAC 34 for specific information and timeframes about written member notices. ACOM Policy 414 provides additional requirements for Contractors and examples of Notices of Action.

5. When the member's enrollment will be changed to another Contractor, the ALTCS Case Manager shall coordinate a transfer between the Contractors. Refer to AMPM Policy 520 for additional requirements for member transitions.
6. The ALTCS Case Manager is responsible for notification of and coordination with service providers to assure a thorough discharge planning process.
7. If a member is disenrolled from ALTCS, but remains eligible for AHCCCS benefits, the ALTCS Case Manager shall direct the member to the AHCCCS website for information regarding available AHCCCS Complete Care (ACC) Contractors and encourage the member to convey their choice of health plans to the AHCCCS Communication Center at 1-800-962-6690.
8. The case file documentation shall be updated by the ALTCS Case Manager to reflect the service closure activity, including, but not limited to:
  - a. Reason for the closure,
  - b. Member's status at the time of the closure, and
  - c. Referrals to community resources if the member is no longer ALTCS eligible.
9. The ALTCS Case Manager shall update the Service Plan information in the case file, Clients Assessment Tracking System (CATS) and placement history (CA161), as applicable. When a service is closed, the end date and service units shall be adjusted accordingly.

10. A member who is disenrolling from ALTCS will generally remain enrolled through the end of the month in which the eligibility is terminated.

If the member voluntarily withdraws and wants ALTCS benefits to stop immediately, the disenrollment will be effective with the processing of the withdrawal by DMPS.

11. The member continues to be the responsibility of the Contractor until the member's disenrollment is processed by AHCCCS DMPS and appears on the Contractor's roster. Members are eligible to receive medically necessary services through their disenrollment date.
12. When the reason for termination is the member's death, the ALTCS Case Manager shall end date the service authorization(s) with the date of death.