Tribal ALTCS Quarterly Meeting

Friday, October 9, 2020

WELCOME TO ALL!

- **Rachel Hunter**: New Staff, EVV, MNDD, Person Centered Planning

- **Kevin Hoy**: Ice Breaker, Google Survey Results, Digital Tool Box Update and Tour

- **Bandana Chetty**: Home Modification Packet, Membership Report and Daily Roster

- **Soni Fisher**: U Modifiers Overview , Adding Comments into PMMIS and A23 Notifications

- **Cheryl Begay/Soni Fisher**: Ownership of NSL/OD Report Updates

- **Cheryl Begay**: Introduce Proposed Future CES Process

- **Tribal Plan Presentations:** Pascua Yaqui and Navajo Nation

- **Closing**

EVV
Business Requirement & System Changes

Purpose:

The purpose of this document is to describe the requirements necessary to be in compliance with the new (EVV) regulation designed around tracking the Medical Necessity Determination Date (MNDD) for long term care services.

Project Scope

To add the MNDD on each long term care service line on the CA165 panel in the Client

Assessment and Tracking System (CATS). To add MNDD to LT-SER01R/U Table. To populate

pre-EVV service plan records' MNDD field with a placeholder date.

Add MNDD to Service Lines on CA165

Column header will be titled 'MNDD'

- Date format will be MM/DD/YY

- Should not allow invalid dates (e.g. 13/02/89)

- Date cannot be greater than the 'END DATE' of the service

- MNDD will be a mandatory field

- MNDD can be edited until the 'TOT USD' field is populated (if value is greater than 0)

Current Panel Layout

```
  TR: CA165                      AHCCCS - LONG TERM CARE                01/14/20
  NTR: █      I _____  CMP - SERVICE PLAN                   09:47:20
  KEY DATE: _____                          WORKER ID:            LT02L120
  NAME:   SCREEN                   EXAMPLE          AHCCCS ID: A00000001
  LAST CES DATE: 10/01/2019  CURR CSMGR: 000009   LATEST ACN:           BHS: G
  LAST PC: 110007 ENR DT: 12/19/1988 DISEN DT:            LST RVW DT: 09/17/2019
  CUR: LOC: _   PLACEMENT: Q   DATE: 10/22/2015  RSN: 01  NXT RVW DT: 12/17/2019
  PAS DIAG CDS: 06B                        DIAG 1: CORONARY DISEASE
  DIAG 2: _____    DIAG 3: _____
  A   SER   -MOD-   EFF DATE   END DATE   UNITS UNIT CST  TOT USD PROV   RSN
  _  Z3133  ___    07/01/1999 06/30/2000   366   105.57      0 017419 50
  _  Z3133  ___    07/01/2000 09/30/2000    92   105.57      0 017419 10
  _  Z3030  ___    09/01/2000 12/30/2000     8    33.00      0 175928 50
  _  Z3133  ___    10/01/2000 12/30/2000    90   109.89      0 017419 50
  _  Z3030  ___    12/31/2000 12/31/2000     1    33.00      0 175928 50
  _  Z3133  ___    01/01/2001 03/31/2001    90   109.89      0 017419 50
  _  Z3030  ___    01/01/2001 06/30/2001    12    33.00      0 175928 50
  _  Z3133  ___    04/01/2001 06/30/2001    90   109.89      0 017419 50


                            COMMENTS: N

                    Z171 ACTIVE IN HEA          Z022 MORE DATA AVAILABLE
  1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

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Modified Panel Layout

```
 TR: CA165                    AHCCCS - LONG TERM CARE              01/14/20
 NTR: ■     I                    CMP - SERVICE PLAN                09:47:20
 KEY DATE:                                      WORKER ID:         LT02L120
 NAME:  SCREEN                  EXAMPLE         AHCCCS ID: A00000001
 LAST CES DATE: 10/01/2019  CURR CSMGR: 000009  LATEST ACN:         BHS: G
 LAST PC: 110007 ENR DT: 12/19/1988 DISEN DT:          LST RVW DT: 09/17/2019
 CUR: LOC: _    PLACEMENT: Q    DATE: 10/22/2015  RSN: 01  NXT RVW DT: 12/17/2019
 PAS DIAG CDS:  06B                        DIAG 1:  CORONARY DISEASE
 DIAG 2:                                   DIAG 3:
 A   SER   -MOD-   EFF DATE    END DATE  UNITS UNIT CST TOT USD PROV  RSN   MNDD
 _  Z3133  ___   07/01/1999 06/30/2000   366   105.57       0 017419 50 01/01/80
 _  Z3133  ___   07/01/2000 09/30/2000    92   105.57       0 017419 10 01/01/80
 _  Z3030  ___   09/01/2000 12/30/2000     8    33.00       0 175928 50 01/01/80
 _  Z3133  ___   10/01/2000 12/30/2000    90   109.89       0 017419 50 01/01/80
 _  Z3030  ___   12/31/2000 12/31/2000     1    33.00       0 175928 50 01/01/80
 _  Z3133  ___   01/01/2001 03/31/2001    90   109.89       0 017419 50 01/01/20
 _  Z3030  ___   01/01/2001 06/30/2001    12    33.00       0 175928 50 01/01/20
 _  Z3133  ___   04/01/2001 06/30/2001    90   109.89       0 017419 50 04/01/20

                          COMMENTS: N

                  Z171 ACTIVE IN HEA          Z022 MORE DATA AVAILABLE
 1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```

Additional Screen Information:

System Default Date:

AHCCCS will determine a default date prior to 'Go Live Day'

Service plan line errors:

- EW14 - END DT REQ'D

- C019 - INVALID DATE

- EW13 - END DT < EFF DT

- TBD1 - MNDD > END DT

When a user receives an error message the cursor will be placed on the field with the error.

<u>Support Rather Than Fix</u>

Questions to help get there:

Group 1 - What can others do to help you be successful?

Group 2 - Has anyone ever said or done something to help you in the past?

- o What did they say or do?

Group 3 - What has worked in the past to help your day go by better?

Group 4 - What support have you had in the past?

PERSON CENTERED PLANNING

What people want

Dignity · Respect · Inclusion · Safety

Person-Centered Thinking (PCT)

Inspires and guides respectful listening which leads to actions, resulting in people who:

➢ **Have positive control over the life they desire and find satisfying**

➢ **Are recognized and valued for their contributions (past, current and potential) to their communities**

➢ **Are supported in a web of relationships, both natural and paid, within their communities.**

Questions?

Thank You.

ICE BREAKER
GOOGLE SURVEY RESULTS
CM DIGITAL TOOL BOX UPDATE & TOUR

Kevin Hoy – DFSM Tribal ALTCS Manager

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QUIZ

Q: **What is the most Northern City in America?**

Q: How many American Indian Tribes are in Arizona?

Q: What was the population of Arizona in 1920?

Q: What was the population of Arizona in 2019?

Q: What did the Navajo Code Talkers in WW II call a submarine?

Q: Is the Grand Canyon deeper than any ocean on the planet?

A: Barrow, Alaska (summer: avg temp 36F/winter: avg temp -10F)

A: 21

A: 340,000

A: 7,278,717

A: Iron Fish

A: No, the Mariana Trench is 4 miles deep, as Grand Canyon is 1 mile deep.

Mariana Trench Creatures

Grand Canyon Creatures

EGUIDE/Digital Tool Box
Google Survey Results

- Survey was emailed out, via Google Forms, in July 2020

- Total of 34 recipients/received 23 responses (68% return rate)

- ALTCS team met and reviewed all responses

- Team divided responses into Training and Digital Tool Box areas

- Team members were assigned to various topics to implement training and/or add to the digital tool box project

- Results are as following….

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Google Survey Responses Future Training Topics			
CES	Share of Cost	AHCCCS provider search function	PMMIS
EMCR	Skin Care	Service Planning/setting goals	HNT
AHCCCS website review/ALTCS Page	Quarterly Reports	AHCCCS On-line Usage	How to use Calculation sheets

Google Survey Responses Digital Tool Box			
Quick access to tools; HNT, PCSP, Service plan assessment	FFS rate schedules/post revisions that show changed rates	Roles of each Tribal ALTCS staff/contact info	AHCCCS On-line info/access
Blank deliverable reports and schedule	Skin Care Video	Videos on certain topics/Google Meets Video	PCSP video
SNF/ALF rate Calculation sheet	DME list	Link to AHCCCS provider search function	Quick access to all forms
Transportation Company list	DCW Agency list	Link to COVID FAQs	Link to AM/PM 1600, 1200

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TRIBAL ALTCS
CASE MANAGEMENT
DIGITAL TOOL BOX

TOUR

https://tst.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/CaseToolManagementDigitalToolBox/index.html

Tribal ALTCS Webpage

Case Management Digital Tool Box Home Page

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ENHANCED BY Google

Advanced search

| HOME | AHCCCS INFO | MEMBERS/APPLICANTS | PLANS/PROVIDERS | AMERICAN INDIANS | RESOURCES | FRAUD PREVENTION | CRISIS? |

Home / American Indians / This Page

- ▼ American Indian Health Program
- American Indian Medical Home
- American Indian Health Facilities
- Applicants
- Members
- ▼ Providers
- ▲ Tribal Arizona Long Term Care System
- Home

Case Management Digital Tool Box

Training Center

Tribal Contacts

Report and Meeting Schedules

ATTENTION
Regulatory Reporting
DEADLINES APPROACHING

All About Forms

AHCCCS Policy

Policy Exchange

Ideas/Messages

IDEAS

Training Center Landing Page

Example of Training Center Media

Reports & Schedule Landing Page

Example of Report Download

ferences Mailings Review View Acrobat

AaBbCcl **AaBbC** AaBbCc AaBbCcI **AaBb** AaBbCcD

Heading 1 Heading 2 Heading 3 Heading 4 Heading 5 Heading 6

Paragraph Styles

TRIBAL CONTRACTOR
QUARTERLY CASELOAD RATIO REPORT

CONTRACTOR: _____

- 1st QUARTER (Oct-Dec)
- 2nd QUARTER (Jan-Mar)
- 3rd QUARTER (Apr-Jun)
- 4th QUARTER (Jul-Sept)

Case Manager Name	Placement			Placement			Placement			Placement			WEIGHTED VALUE
	H (own home)	Value	Sub-Total	H (ALF)	Value	Sub-Total	D	Value	Sub-Total	Q	Value	Sub-Total	
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		
		X 2.2 =			X 1.8 =			X 1.0 =			X 1.0 =		

Provide explanation and plan of correction, including timeframes, if **ANY** weighted value exceeds 96 *(attach a separate sheet if more space is needed):*

_____
_____
_____
_____

_____   _____
Supervisor Signature   Date

1st Quarter- Due January 15th
2nd Quarter- Due April 15th
3rd Quarter Due – July 15th
4th Quarter Due – October 15th

T:\TRIBAL ALTCS\FFSMANL\Updated Caseload Ratio Report_Dec2015.doc   11/01/01

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Questions?

Thank You.

HOME MODIFICATIONS
TRIBAL POPULATIONS
DAILY ROSTERS

Bandana Chetty – Tribal ALTCS Specialist

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Home Modifications

8. Describe modification(s) being requested (use separate sheet of paper if needed):

MODIFICATION REQUESTED	JUSTIFICATION	APPROVED	DENIED
☐ Ramp with Handrails and Landing			
☐ Walk-in Shower and Hand-Held Shower Head			
☐ Roll-in Shower and Hand-Held Shower Head			
Grab Bars – ☐ Shower or ☐ Toilet			
Widen Doors- ☐ Bathroom ☐ Bedroom ☐Front			
Lever Handles- ☐ Bathroom ☐ Bedroom ☐ Front Door			
☐ High Rise Toilet or ☐ Roll Under Sink			
Special Request- Please Explain			

Tribal Population

Health Plan Name
- GILA RIVER TRIBE
- HOPI
- WHITE MOUNTAIN APACHE
- NAVAJO NATION
- NACHC/FFS
- TOHONO O'ODHAM
- PASCUA YAQUI TRIBE
- SAN CARLOS APACHE

Total Tribal ALTCS

Population 2459

Quick stats for August 2020: Decrease of 9 members since July

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Daily Roster

- At our October 2019 Quarterly Meeting you requested that we send you the PAS Assessments Summaries for new members appearing on the Daily Rosters, reflecting the diagnosis codes; and you agreed to notify Home Care Agencies (HCAs) of the diagnosis codes.

- The coordinators are still receiving quite a number of calls and emails from HCAs requesting diagnosis codes for members.

- When you receive your daily roster, if any of the new members are assessed to receive HCBS services through a HCA, the Supervisor is to instruct the CM to notify the HCA of the diagnosis codes as reflected on the PAS Assessment. Your assistance with this is appreciated. Thank you.

- On the following page is an example of a PAS Assessment summary I send out with the daily roster for new enrollees which includes the diagnosis codes.

Daily Roster - Example

PAS Summary (Read Only)	☑ Case Notes	ALTCS

Applicant	Assessment:	09-09-2020 INITIAL

Service/Treatments

INTRAMUSCULAR/ SUBCUTANEOUS INJECTIONS
DRUG REGULATION
DRUG ADMINISTRATION

Summary

81 year old female whose usual living arrangement is Community with Diabetes Mellitus Type II, Generalized Pain, Hyperlipidemia, Hypertension, Joint Replacement, Lower Back Pain, Obesity, Osteoarthritis, Urinary Tract Infection and does not have Medicare Part   has had 0 hospitalizations, 0 ER visits, 0 falls.

Diagnosis Code

Hypertension – I10 Essential (primary) Hypertension

Diabetes – E11.9 Type 2 diabetes mellitus without complications

Questions?

Thank You.

U MODIFIERS, PMMIS COMMENTS and A23 NOTIFICATIONS

Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

U FAMILY MODIFIERS

- When Family Informal Support is being provided, please ensure that you reference the corresponding U Modifier code, as outlined in Policy 1620-D, III, 20, C.

  AMPM Policy 1620-D, III, 20, C.
  - *Attendant care – including when provided through a member directed option. One or more service code modifiers **must** be used to distinguish the type of Attendant Care when /if provided as follows:*

    i. *By the **member's spouse (U3)**,*
    ii. *By **family living with the member (U5)**,*
    iii. *By **family <u>not</u> living with the member (U4)**,*

U MODIFIERS CONTINUED

In the example below, the highlighted should reflect the "U" modifier , in order to indicate which family member was providing the informal support, along with the dummy provider code.

```
_  A23  __ __  07/31/2020 08/01/2020   2   180.82       0 029108
_  0192 __ __  08/02/2020 08/20/2020  19   180.82      19 820391
_  S5125 __ __  08/21/2020 08/31/2020  24     5.19       0 299092
_  S5125 __ __  09/01/2020 09/30/2020 528     5.19       0 299092
_  S5125 U4 ① 10/01/2020 10/02/2020   2       0.00       0 029108
_  S5125 U5 ② 10/03/2020 10/03/2020   1       0.00       0 029108
_  S5125 U3 ③ 10/04/2020 10/05/2020   2       0.00       0 029108
_  S5125 __ __  10/06/2020 10/31/2020 430     5.19       0 299092
_  S5125 __ __  11/01/2020 11/30/2020 504     5.19       0 299092
```

Without these U modifiers we are left to guess that either the CM forgot to input the units, unit cost and the HC PID; or did someone off the street come in and provide informal support? In the scenario above, it paints a clear picture and we can tell at a glance that ① from 10/01/20 – 10/02/20 a family member, not living in the same dwelling as the member, provided informal support; ② on 10/03/20 a family member, residing in the same dwelling as the member, provided informal support; and lastly ③ from 10/04/20 - 10/05/20 the member's spouse provided informal support.

PMMIS COMMENTS

Placing Comments in PMMIS is a extremely helpful tool for AHCCCS and paints a picture for us of what is going on with the member(s).

Examples of some useful information that could be added to the Comments to justify the review being late or other issues going on with the member:

a. *"07/12/20 & 07/13/20 CM made repeated attempts to contact member or family. Daughter finally returned call to CM and review completed on 7/16/20".*

b. *"08/14/20 - CM attempted to contact member and left message with her spouse; no response. Case review finally completed on 8/17/20".*

c. *"10/07/20 – CM called family, no response. CM called HCA and received correct telephone number".*

PMMIS COMMENTS CONTINUED

d. *"09/23/20 – CM cannot reach member, family or HCA. CM and Supervisor made a home visit for an Emergency Wellness check of the member. Member was hospitalized at XYZ Hospital, PID #XXXXX".*

e. *"10/01/20 HCA called CM and reported member hospitalized at XYZ Hospital on 09/30/20. CM called hospital and confirmed member admitted 09/30/20 PID #XXXX.*.

f. *"10/05/20 Member discharged from XYZ Hospital to Home"* (or could be Rehab PID #XXXXX, ALF PID #XXXXX, SNF PID #XXXX, or BHF PID #XXXXX).

g. *"10/05/20 Member's daughter reported mother expired on 10/01/20. Submitted eMCR".* Sometimes we need to follow up with Eligibility to find out why the member's DOD has not yet been recorded in PMMIS. We may ask the CM for a copy of the eMCR to be scanned/emailed to us.

PMMIS COMMENTS CONTINUED

h.   *"06/20/20 – Member elected to voluntarily withdraw from ALTCS. CM submitted eMCR and Voluntary Withdrawal paperwork.* We may ask the CM for copies of the eMCR and signed Voluntary Withdrawal form to be scanned/emailed to us. Sometimes we need to follow up with Eligibility to find out why the member has not been voluntarily withdrawn.

i.   *"09/25/20 CM mailed Loss of Contact letter".* This comment alone creates some concerns for us, especially during the pandemic. What else has been done to locate the member? Has a wellness check been ordered/conducted to locate the member? Has CM reached out to the family, Home Care agency, and anyone else they can think of to locate the member?
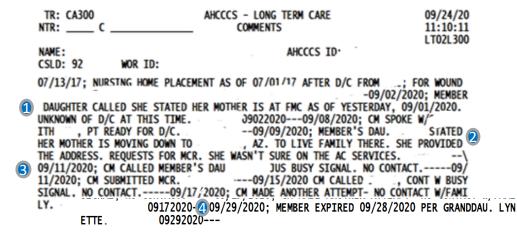
PMMIS COMMENTS CONTINUED

- This member's review is overdue. By looking at this screen we cannot tell what is going on. However, the CM has noted there are Comments, so let's go to the next page and see what is going on with this member.

```
  TR: CA165                  AHCCCS - LONG TERM CARE              09/29/20
  NTR: _____ I _____   CMP - SERVICE PLAN               12:27:36
  KEY DATE: _____              WORKER ID:            LT02L120
  NAME:                                AHCCCS ID:
  LAST CES DATE: 01/01/2020  CURR CSMGR:        LATEST ACN:          BHS:
  LAST PC: _       ENR DT: 12/17/2012 DISEN DT:        LST RVW DT: 05/06/2020
  CUR: LOC: _   PLACEMENT: _   DATE: _____ RSN: __ NXT RVW DT: 08/04/2020
  PAS DIAG CDS: R32    I63.9   E10      DIAG 1:  UNSPECIFIED URINARY INCONTINEN
  DIAG 2: CEREBRAL INFARCTION, UNSPECIFI DIAG 3:  TYPE 1 DIABETES MELLITUS
  A  SER  -MOD-  EFF DATE   END DATE   UNITS UNIT CST TOT USD PROV  RSN  MNDD
  _  0192 __ __ 07/01/2020 07/31/2020   31   182.63     31 488181 __ _____
  _ S5135 __ __ 07/15/2020 07/15/2020    2     5.19      2 488181 __ _____
  _  0192 __ __ 08/01/2020 08/31/2020   31   182.63     31 488181 __ _____
  _ A0130 TN __ 08/05/2020 08/05/2020    2     5.61      0 488181 __ _____
  _ S0209 TN __ 08/05/2020 08/05/2020  126     1.54    126 488181 __ _____
  _ S5135 __ __ 08/05/2020 08/05/2020   16     5.19     16 488181 __ _____
  _   A23 __ __ 09/01/2020 09/09/2020    9     0.00      0 029108 __ _____
  _ S5125 __ __ 09/10/2020 09/30/2020    5     0.00      0 029108 __ _____

                        COMMENTS: Y
```

PMMIS COMMENTS CONTINUED

1. We can see that the member was hospitalized at Flagstaff Medical Center as of 09/01/20 and was ready for discharge 09/09/20.

2. The member's daughter stated that her mother is moving to the Phoenix valley, as family live there. The daughter provided the new address and the CM submitted an eMCR.

3. Then on 09/11/20, 09/15/20 and 09/17/20 the CM continued to attempt to reach the member to perform the quarterly review.
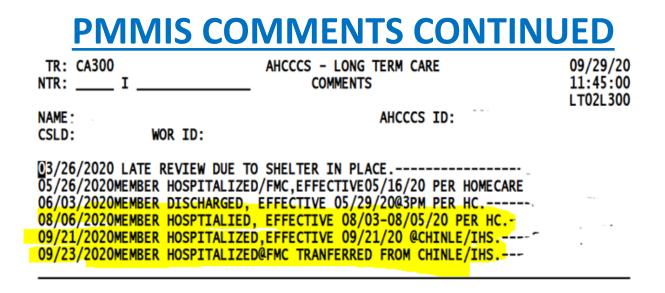
4. And finally on 09/29/20 the CM was able to connect with the member's granddaughter and learned that the member expired on 09/28/20.

PMMIS COMMENTS CONTINUED

This member was hospitalized on 08/03/20 and again on 09/21/20. In this instance the CM entered Comments in PMMIS (see next page).

```
TR: CA165              AHCCCS - LONG TERM CARE          09/29/20
NTR: █    I _____  CMP - SERVICE PLAN          11:51:42
KEY DATE: _____                   WORKER ID:       LT02L120
NAME:                                  AHCCCS ID:
LAST CES DATE: 03/26/2020  CURR CSMGR:    LATEST ACN:       BHS:
LAST PC:        ENR DT: 04/03/2019 DISEN DT:      LST RVW DT: 06/24/2020
CUR: LOC: _   PLACEMENT: H  DATE: 05/07/2019  RSN: 13  NXT RVW DT: 09/22/2020
PAS DIAG CDS: 07B                  DIAG 1:  NO DESCRIPTION FOUND
DIAG 2: _____ DIAG 3: _____
A  SER  -MOD-  EFF DATE   END DATE  UNITS UNIT CST TOT USD PROV  RSN  MNDD
_  S5125 U4 __ 05/29/2020 05/31/2020   60    5.19    60 561039 __ _____
_  S5125 U4 __ 06/01/2020 06/30/2020  528    5.19   528 561039 __ _____
_  S5125 U5 __ 07/01/2020 07/31/2020  552    5.19   552 561039 __ _____
_  S5125 U5 __ 08/01/2020 08/02/2020   40    5.19    40 561039 __ _____
_  A23   __ __ 08/03/2020 08/05/2020    3    0.00     0 029108 _ _____
_  S5125 U5 __ 08/06/2020 08/31/2020  500    5.19   500 561039 __ _____
_  S5125 U5 __ 09/01/2020 09/20/2020  336    5.19     0 561039 __ _____
_  A23   __ __ 09/21/2020 09/30/2020   10    0.00     0 029108 _ _____

                    COMMENTS: Y
```

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Arizona Health Care Cost Containment System

PMMIS COMMENTS CONTINUED

```
TR: CA300                    AHCCCS - LONG TERM CARE        09/29/20
NTR: _____ I _____        COMMENTS                11:45:00
                                                            LT02L300

NAME:                                    AHCCCS ID:
CSLD:          WOR ID:

03/26/2020 LATE REVIEW DUE TO SHELTER IN PLACE.------------------
05/26/2020MEMBER HOSPITALIZED/FMC,EFFECTIVE05/16/20 PER HOMECARE
06/03/2020MEMBER DISCHARGED, EFFECTIVE 05/29/20@3PM PER HC.------
08/06/2020MEMBER HOSPTIALIED, EFFECTIVE 08/03-08/05/20 PER HC.-
09/21/2020MEMBER HOSPITALIZED,EFFECTIVE 09/21/20 @CHINLE/IHS.----
09/23/2020MEMBER HOSPITALIZED@FMC TRANFERRED FROM CHINLE/IHS.---
```

- **As you can see, this CM painted a picture for us.**
  - **It tells AHCCCS that the Home Care agency notified the CM on 08/06/20 that the member was hospitalized from 08/03-08/05/20.**
  - **Then again the member was hospitalized on 09/21/20 at Chinle IHS; and**
  - **Then it further states that on 09/23/20 the member was transferred from the Chinle IHS to Flagstaff Medical Center.**

A23 URBAN HOSPITALIZATION NOTIFICATIONS

Whenever the Prior Auth Nurses notify one of the Coordinators that a member has been hospitalized in an urban acute care facility, we have been sending out an email Notification to the Program Manager and/or Supervisor, instructing to have the CM enter the hospitalization services on the CA165 screen and also to contact the provider to coordinate discharge procedures from the acute care facility.

Note: These notifications do not pertain to IHS or 638 acute care facilities on tribal
   lands.

   See the email sample on the next page:

A23 NOTIFICATIONS CONTINUED

Please have the assigned case manager update CA165 for this admission and make contact with the facility to assist with care coordination once a discharge date is set.

COMMENTS

AHCCCS ID: **AXXXXXXXX**   **N**AME: **MEMBER NAME**   SEX F
EFFECTIVE DATES: 10/01/2020 - 12/31/2020 ELG: LT BIRTHDATE XX/XX/XXXX AGE XX
PA NUMBER: 00XXXXXXX   SEQ: 05   CASE TYPE: P CASE STATUS: A
PROVIDER ID: 020123   NPI: 1780635078 **NAME: FLAGSTAFF MEDICAL** TYPE: 02
AUTHORIZED DATES: **10/03/2020 - 10/03/2020** ADMIT DATE: **10/03/2020**   CCR: N
EVENT TYPE: IP STA: R REAS: PR103 MEDICARE TYPE:
ICD 10 DIAGNOSIS: L89.214   DESC: PRESSURE ULCER OF RIGHT HIP, S
REQUEST: XXXXX XXXXX
NO PA REQUIRED
LENGTH OF STAY: 1   ACCOMODATION DAYS: 0   AVAILABLE DAYS: 0
SEL LN TYP   CODE   MOD ALLOWED   USED   STA REAS UNIT PRICE SRC

This would be the perfect time to enter a Comment in PMMIS stating that the **member was hospitalized on 10/03/20 at Flagstaff Medical Center PID 020123, and is expected to be discharged on 10/10/20 (example)**.

Questions?

Thank You.

Projected Overdue and No Service Line Reports

- A year ago a pilot project was initiated by AHCCCS Tribal ALTCS and Navajo Nation. Our goal has been for all Tribal ALTCS programs to be successful with the two weekly reports: Projected Overdue and No Service Lines.

- With this pilot project, we emailed the reports with no comments. We relied on the program to take full ownership of the reports that were provided. The report was to be returned to the Coordinator with an action plan for each member that appeared as Overdue (OD) or No Service Lines (NSL) on the reports.

- The pilot project was successful and therefore we are rolling out this project to all Tribal ALTCS Programs effective November 1, 2020.

Projected Overdue and No Service Line Reports

- Supervisors/Program Managers will continue to receive the weekly reports on Monday, with the exception if Monday is a holiday. Keep in mind that the reports have always been run at 5:00 A.M. on the previous Friday, therefore any entries made in PMMIS on that day, will not be reflected on the current reports.

- The Case Management Standards located in Policy *1620-E "Service Plan Monitoring and Reassessment Standard"* (*https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620E.pdf*), reflects monitoring and planning requirements. This is in accordance with the Intergovernmental Agreement (IGA) each Tribal ALTCS Program has entered into with AHCCCS, and the standards are expected to be adhered to.

Projected Overdue and No Service Line Reports

Examples of some of the _outstanding_ action plans/responses, reflected on the reports, from the various Tribal ALTCS Programs that we have received are as noted below:

1. *"CM has been trying to make contact with member or his family to confirm the report of hospitalization by HCA, but unsuccessful. Member does not have a reliable telephone. CM and/or Supervisor will make a home visit today or tomorrow to check on member".*

2. *"After several attempts, daughter finally returned call to CM and review completed on 7/16/20".*

3. *"After several attempts, daughter finally returned call to CM and review completed on 7/16/20. CM made attempts to contact member and left message with her spouse; but, no response. Case review finally completed on 8/17/20".*

3. *"CM was able to make contact with member; but, the member's phone cut off. CM tried to call member, but member's phone was not working. Finally, made contact on 8/12/20 to complete review".*

Projected Overdue and No Service Line Reports

ACCEPTABLE PLAN OF ACTION-UPCOMING REVIEWS RESPONSES:

1. *"CM scheduled visit for 9/4/2020".*

ACCEPTABLE LOSS OF CONTACT RESPONSES:

1. *"CM made attempts to contact member, but unsuccessful. CM will send out LOC letter 10/01/20 and continue to call him"*.

2. *"Several attempts made and unsuccessful. LOC mailed 8/12/20. Will try again on 8/20/20".*

Projected Overdue and No Service Line Reports

TIMELY REVIEW, ENTERED AFTER REPORT RAN (during Stay-At-Home pandemic orders)

1. *"Review completed 7/9/20 and entered after 7/10/20 due to no internet service"*.

Note: This was **<u>acceptable</u>** as it was during the lockdown of the COVID-19 Pandemic, in accordance with each of the Tribal Executive Stay-At-Home Orders.

Projected Overdue and No Service Line Reports

Examples of some of the *insufficient* action plans/responses from the various Tribal ALTCS Programs are as follows:

TIMELY REVIEW, ENTERED AFTER REPORT RAN (after Stay-At-Home Orders lifted)

1. *"Review completed 8/31/20 and entered after 09/11/20" Review due date was 08/31/20.*

Note: Since the COVID Pandemic the Centers for Medicare and Medicaid Services (CM) approved for Telephonic Assessments to be completed. Also, the Tribal Stay-At-Home Orders were lifted. Therefore, with the extra time of not having to drive to a member's home, the expectation is that the CM should be able to log into PMMIS and enter the review date as they are performing the review at their desk. **Therefore, the response above will no longer be acceptable during non-lockdowns.**

Projected Overdue and No Service Line Reports

Other *insufficient* action plans/responses from the various Tribal ALTCS Programs are as follows:

UNTIMELY REVIEW COMPLETED

1. *"Review completed 09/10/20 and entered after 09/11/20"* Review due date was 08/31/20.

Note: This is an **unacceptable** response because the review was due on 08/31/2020, completed on 09/10/2020, with no explanation as to why it was completed late.

Questions?

Thank You.

PROPOSED FUTURE CES APPROVAL PROCESS

Cheryl Begay – Tribal ALTCS Case Mgmt Coordinator
Soni Fisher – Tribal ALTCS Case Mgmt Coordinator

1620-C COST EFFECTIVENESS STUDY STANDARD

This Policy applies to ALTCS E/PD, ALTCS DES/DDD (DDD) Contractors, and Fee-For-Service Program including: Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes standards for the cost effectiveness study regarding services provided under Title XIX.

Please note that as a result of the current Public Health Emergency the implementation of the new Person-Centered Service Plan (PCSP) Tool and process has been postponed. AHCCCS intends to postpone PCSP. Contractors and Tribal ALTCS Programs are not required to implement the PCSP requirements noted in this policy until further notification.

Policy 1620-D, Section III
REQUIREMENTS FOR A COST EFFECTIVE STUDY

There are twelve requirements in this policy and for this presentation we will focus on:

- The CES shall be completed for all Tribal ALTCS members who are residing in their own home or in a skilled nursing facility. *The link for the Timeframes exhibit is below.*

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

- When the cost of HCBS exceeds 80% of the cost of institutional care:

  a. Contractor Case Managers shall provide written justification of services to their administration for approval, and

  b. **Tribal ALTCS Case Managers shall provide written justification of services to the AHCCCS/Division of Fee-for-Service Management (DFSM)/Tribal ALTCS Unit as a request for approval.**

Current CES Approval Process

- When the cost of HCBS exceeds 100% of the cost of institutional care, but the cost is expected to drop below 100% within the next six months because of an anticipated change in the member's needs:

  a. A Contractor's administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and

  b. **Tribal ALTCS Case Managers shall provide written justification of services to the DFSM/Tribal ALTCS Unit as a request for approval.**

Current CES Approval Process Continued

- Tribal members with a CES > 80% prepare an Overcost Packet with all pertinent medical documentation to justify all medically necessary services assessed by the tribal case manager.

- This packet is faxed to Tribal ALTCS CM Coordinator with the required Medical Documentation Fax Sheet; and

- The CES Overcost Checklist with all medical documentation/forms that are required to make an approval for >81% to 99% (services may not be prior authorized on CA160/CA165, if CES is greater than 100%).

Current CES Approval Process Continued

Medical
Documentation
Fax Cover Sheet

CES Overcost
Checklist

"**Proposed**" CES Approval Process

- When the cost of HCBS exceeds 80% of the cost of institutional care:

  a. Contractor Case Managers shall provide written justification of services to their administration for approval, and

  b. **Tribal ALTCS Case Managers shall provide written justification of services provide to their Supervisor for approval.**

"**Proposed**" CES Approval Process Continued

- When the cost of HCBS exceeds 100% of the cost of institutional care, but the cost is expected to drop below 100% within the next six months because of an anticipated change in the member's needs:

  a. A Contractor's administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and

  b. **Tribal ALTCS Case Managers shall provide written justification of services provide to their Supervisor for approval.**

"**Proposed**" CES Approval Process Continued

- When the cost of HCBS exceeds 100% of the cost of institutional care, and is expected to remain above 100%:

  a. A Contractor's administration may approve the HCBS costs. Justification and the approval shall be documented in the case file, and

  b. **Tribal ALTCS Case Managers shall provide written justification of services to DFSM/Tribal ALTCS Nurse for approval.**

- We are expecting to roll this out before the end of this year, therefore more discussions are to follow at a later date. Thank you.
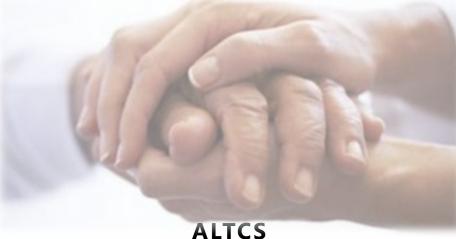
Questions?

Thank You.

PASCUA YAQUI HEALTH SERVICES DIVISION
HOME & COMMUNITY BASED PROGRAMS

Tribal Arizona Long Term Care Services (ALTCS) & "We Care" Attendant Care Provider Program

IGA Established: March 1991

ALTCS

This program provides quality long term care services to eligible Tribal members who are elderly, physically or developmentally disabled.

WE CARE

Specializes in attendant care services for Tribal members who may not be eligible for other home health assistance programs due to income guidelines. Our staff will support you with home activities necessary to allow you to stay in your home.

Our Staff

GUADALUPE	YEARS OF SERVICE
1 Case Manager	9
1 Community Health Nurse	1

TUCSON	YEARS OF SERVICE
1 Program Manager/Case Manager	29
1 Attendant Care Provider Supervisor	23
1 Community Health Nurse	4
1 Care Coordinator	27
5 Attended Care Providers (ACP's)	60

Committed to Supporting your Medical and Social needs through a "Person Centered Planning" Approach.

ALTCS TEAM

COMING TOGETHER
"Nau Ya'ha"
Members

➢ Gift Bag (ie. Facemasks, hand sanitizer, craft, treat) all Members despite Placement
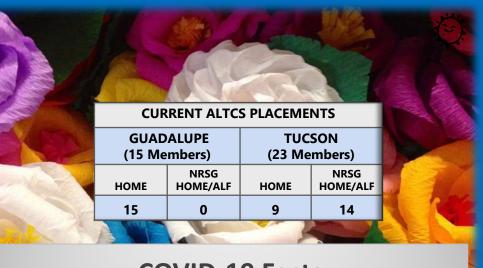 ➢ Special Message: Affirmation of Program Support
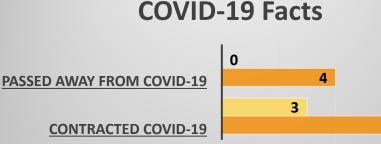   *"If you ever feel lonely or a little blue, please don't worry we are there for you. Although we can't see you yet, we have sent along a friend, to bring you lots of sunshine on all your days ahead".*
➢ Food Box Distribution: Homebound Members
➢ DME Provider Shortage in Maricopa County (Guadalupe) (June) Tucson (September) (ie. Gloves, Wipes, Briefs, Pulse Oximetry, Thermometers)
  ➢ Our PYT Public Health Emergency Preparedness/Injury Prevention Program PHEP/IP- Provided necessary supplies to members through collaborative efforts:
    ❖ PYT Community Health Nursing
    ❖ National Supply Center
    ❖ Coronavirus Aid, Relief, and Economic Security Act (CARES)

Administrative Impact

- PYT Executive Orders (3x) requiring communities to remain indoors and away from large gatherings.

- Mandatory On-line Training on Contact Tracing for all Staff
  - John Hopkins Bloomberg School of Public Health

- Establishment of Contract Tracing P&P, Strategic Plan for all Covid Cases

- 3 Patient Education Protocols/Press Release Dissemination(s)
  - Hand delivered to each home in all Communities: Guadalupe, Pascua Pueblo, Old Pascua, South Tucson, & Marana

- Members Handbook and Emergency Preparedness
  - Packets hand delivered to all members; P/C; Drop at Door-PPE

- Skilled Nursing Facility Placements came to a Halt; Covid-Free 14 Days
  - Development of SNF Weekly Reporting Form in July

- Encounters & Assessments done via Telephone (except Med Box refills) with Member or Member's Representative

- Establishment of Huddles
  - Daily with ALTCS Program & M, W, Friday with CHN Program

- Attendant Care Providers (ACP's)
  - Assisted @ Test Site/Covid Data Entry, Front Desk/Anywhere Needed
  - ACP's/Care Coordinator- Assisted with TUSD's "Meals on Wheels"- K-12th Grade, Daily-1 Month

- Sponsored Luncheon by HCBS: Covid Efforts : September 9t

CURRENT ALTCS PLACEMENTS			
GUADALUPE (15 Members)		TUCSON (23 Members)	
HOME	NRSG HOME/ALF	HOME	NRSG HOME/ALF
15	0	9	14

COVID-19 Facts

Covid Testing in Home coming soon!

NAVAJO NATION TRIBAL ALTCS

Featuring: Marie Keyonnie, Byron Wesley, Nyana Leonard, and Casey Etsitty

Navajo Nation Tribal ALTCS

Navajo Nation Tribal ALTCS
Tribal Liaison/ALTCS Program Manager

Marie Keyonnie, Navajo Nation Tribal Liaison/ALTCS Program Manager

Navajo Nation Tribal ALTCS
Tribal Liaison/ALTCS Program Manager's Office

- Last year, around this time, with an average caseload of 1,803 cases, Navajo Nation requested to take full responsibility of our Weekly Overdue and Weekly No Service Line (NSL) Reports.

- In September 2019, the Nation had an average of 38 members on the Weekly Overdue Report, and an average of 17 members on the Weekly NSL Report.

- Since then, the Nation has reduced the numbers on the reports to an average of 6 members on the Weekly Overdue Report and an average of 1-3 members on the Weekly NSL Report. By Thursday of the following week, we usually have nearly all of the overdue reviews completed, depending on a member's situation (i.e. Hospital) and any NSLs entered.

- The contributions of the Navajo Nation Supervisors and Staff have been instrumental in our success. They are all outstanding people, and I am very proud of their dedication and the care they have for and show to our members.

Navajo Nation Tribal ALTCS
COVID Pandemic – Delivering Food Boxes/Water

Navajo Nation Tribal ALTCS
COVID Pandemic – Delivering Food Boxes/Water

Navajo Nation Tribal ALTCS Staff
Additional Activities during COVID-19 Pandemic

- During the pandemic, the Navajo Nation Tribal ALTCS staff assisted the Chapters with delivering food and bottled water to our remote members, as well as members who were ill or unable to get out to the food bank.

- When Case Managers have been unable to reach members, their family members, etc. for their quarterly reviews, they worked with the Chapters and CHR's (Community Health Representatives) to conduct emergency wellness checks on members, and if no resources were available CM made the home visits themselves, while maintaining social distancing.

- Especially during the early part of the pandemic, medical transportation for our members was challenging as some transportation companies were not transporting any ill members. The office specialist and all the staff continually monitored telephone calls to ensure transportation requests were processed promptly and that members were able to get to their necessary medical appointments.

Navajo Nation Tribal ALTCS Chinle Office Staff

Chinle Office left:

Left Side front to back: Malisa Tom, Jennifer Blueeyes, and Janeen Denny

Right Side front to back: Byron Wesley (Supervisor), Marletha Harvey and LaToyia Franklin

Gertrude James (not pictured) and Ramona Tracey (not pictured)

Pinon Office Above: L-R: Seraphina Nez and Verna Williams

Navajo Nation Tribal ALTCS
[Dilkon/Mesa Office Staff](#)

Dilkon Office, Front-Back: Lupita Spencer; Deirde Cly; Crystal Morris; Sharon Smith; Bonnie G. Paddock; and Nyana Leonard (Supervisor);

Mesa Office: Kaven Begay (not pictured)

Navajo Nation Tribal ALTCS Fort Defiance Office Staff

Standing L-R: Keffie Nez, Bernice Boone and Desaray Tate.

Seated L-R: Nellie Begay, Rita Keams-Yazzie, Delta Yazzie and Evangeline Jumbo

Navajo Nation Tribal ALTCS Tuba City Office Staff

Tuba City staff:

Back row L-R: Darlene Begay, Alvina Yazzie, Virginia Hardy, and Rose Denetsosie

Front row L-R: Alice Shorty, Marissa Huskie, and Casey Etsitty (Supervisor)

Dennehotso Office (Top Left): Martha John

Kaibeto Office (Top Center): Richard Tsosie

Navajo Mountain Office (Top Right): Agatha Tsinnijinnie

Kayenta Office: Diana Todacheenie (not pictured)

Navajo Nation Tribal ALTCS

Ahéhee'

(Thank you)

Thank you for giving these Outstanding Tribal Plan Presentations

We want to recognize all of our amazing Tribal Plans as the work you perform each day assists our most treasured members, our Elders!

CLOSING REMARKS

THANK YOU ALL
&
STAY SAFE