

1021 – CONTRACTOR CARE MANAGEMENT

EFFECTIVE DATES: 10/01/21

APPROVAL DATES: 06/01/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. The Contractor shall ensure the provision of care management to assist members who may or may not have a chronic disease but have physical or behavioral health needs or risks that require immediate attention. This care coordination shall assure members get the services they need to prevent or reduce an adverse health outcome. The Contractor is responsible for adhering to all requirements for medical management as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438.

II. DEFINITIONS**ADVANCE CARE
PLANNING**

A part of the ‘End of Life’ care concept and is a billable service that is a voluntary face-to-face ongoing discussion between a qualified health care professional and the member/Health Care Decision Maker (HCDM) to:

1. Educate the member/HCDM and Designated Representative (DR) about the member’s illness and the health care options that are available to them,
2. Develop a written plan of care that identifies the member/HCDMs choices for treatment, and
3. Share the member/HCDMs wishes with family, friends, and his or her physicians.

**ARIZONA STATE
HOSPITAL
(AZSH)**

Provides long-term inpatient psychiatric care to Arizonans with mental illnesses who are under court order for treatment.

CARE MANAGEMENT

A group of activities performed to identify and manage clinical interventions or alternative treatments for identified members to reduce risk, cost, and help achieve better health care outcomes. Distinct from Case Management, Care Management does not include the day-to-day duties of service delivery.

CASE MANAGEMENT

A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes.

**CONDITIONAL RELEASE
PLAN
(CRP)**

If the psychiatric security review board finds that the person still suffers from a mental disease or defect or that the mental disease or defect is in stable remission but the person is no longer dangerous, the board shall order the person's conditional release. The person shall remain under the board's jurisdiction. The board in conjunction with the state mental health facility and behavioral health community providers shall specify the conditions of the person's release. The board shall continue to monitor and supervise a person who is released conditionally. Before the conditional release of a person, a supervised treatment plan shall be in place, including the necessary funding to implement the plan as specified in A.R.S. § 13-3994.

**END-OF-LIFE (EOL)
CARE**

A concept of care, for the duration of the member's life, that focuses on Advance Care Planning, the relief of stress, pain, or life limiting effects of illness to improve quality of life for a member at any age who is currently or is expected to experience declining health, or is diagnosed with a chronic, complex or terminal illness.

**HEALTH CARE DECISION
MAKER (HCDM)**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.

INFORMAL SUPPORT

Non-billable services provided to a member by a family member, friend or volunteer to assist or perform functions such as, but not limited to:

1. Housekeeping,
2. Personal care,
3. Food preparation,
4. Shopping,
5. Pet care, or
6. Non-medical comfort measures.

**PSYCHIATRIC SECURITY
REVIEW BOARD
(PSRB)**

Consists of the following members who are appointed by the governor pursuant to A.R.S. § 38-211 as specified in A.R.S. § 31-501 experienced in the criminal justice system:

1. One psychiatrist,
2. One psychologist,
3. One individual who is experienced in parole, community supervision or probation procedures,
4. One individual who is from the general public,
5. One individual who is either a psychologist or a psychiatrist.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

**SPECIAL HEALTH CARE
NEEDS
(SHCN)**

Serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by members generally, that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a Primary Care Provider (PCP).

III. POLICY

The Contractor shall have in place a Contractor Care Management process with the primary purpose of coordinating care needs for members who are medically complex and require intensive physical, and or behavioral health support services.

Care managers identify and manage clinical interventions or alternative treatments for identified members to reduce risk, cost, and help achieve improved health outcomes. Care management is typically expected be short-term and time-limited in nature. Care management services may include assistance in making and keeping needed physical and/or behavioral health appointments, following up and explaining hospital discharge instructions, health coaching and referrals related to the member's immediate needs, Primary Care Provider (PCP) reconnection, and offering other resources or materials related to wellness, lifestyle, and prevention.

The Contractor Care Management program shall establish a process to ensure coordination of member physical and behavioral health care needs across the continuum, based on early identification of health risk factors or special care needs, as defined by the Contractor. Coordination shall ensure the provision of physical and behavioral services in any setting that meets the member's needs in the most cost-effective manner available.

The Contractor care managers are expected to have direct contact with members for the purpose of providing information and coordinating care.

The Contractor care management shall occur at the Contractor level and is an administrative function. If the Contractor intends to delegate a portion of the Care Management functions, prior approval by AHCCCS is required. Request for approvals shall be submitted as specified in ACOM Policy 438.

Care managers are not performing the day-to-day duties of the ALTCS Case Manager, the provider Case manager, the TRBHA care manager, or the Tribal ALTCS case manager; however, Contractor care managers work closely with case managers to ensure the most appropriate service plan and services for members. Refer to AMPM Policy 570 for provider case management requirements. ALTCS Contractors and Tribal ALTCS shall refer to the additional ALTCS Case Management Standards as specified in AMPM Section 1620. TRBHAs care coordination responsibilities are outlined in the IGA.

The Contractor shall develop member selection criteria for the Contractor Care Management model to determine the availability of services. Contractor care managers shall work with the ALTCS case manager, provider Case manager, TRBHA case manager, and Tribal ALTCS case manager, PCP and/or specialist(s) to coordinate and address member needs in a timely manner. The Contractor care manager shall continuously document interventions and changes in the plan of care.

The Contractor shall develop a plan specifying short- and long- term strategies for improving care coordination and the Care Management program as specified in the MM Program workplan. In addition, the Contractor shall develop an outcome measurement plan to track the progress of the strategies. The plan specifying the strategies for improving care coordination and the outcome measurement shall be reported in the annual MM Program Plan, and submitted as specified in Contract utilizing AMPM Policy 1010, Attachment A and Attachment B.

1. The Contractor shall establish policies and procedures that reflect integration of services to ensure continuity of care by:
 - a. Ensuring that, in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements including, but not limited to, as specified in 45 CFR Part 160 and 164, Arizona statutes and regulations, and to the extent applicable in 42 CFR 457.1220, 42 CFR 438.100(a)(1), and 42 CFR 438.100(b)(2)(vi),
 - b. Allowing each member/Health Care Decision Maker (HCDM) to select a PCP, TRBHA, or behavioral health provider, if appropriate, who is formally designated as having primary responsibility for coordinating the member's overall health care,
 - c. Ensuring each member has an ongoing source of care appropriate to his or her needs as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(1),
 - d. Ensuring each member receiving care coordination has an individual or entity that is formally designated as primarily responsible for coordinating services for the member, such as the - care manager, ALTCS case manager, Tribal ALTCS case manager or provider case manager. The member/HCDM shall be provided information on how to contact their designated person or entity as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(1),

- e. Specifying under what circumstances services are coordinated by the Contractor, including the methods for coordination and specific documentation of these processes,
- f. Coordinating the services for members between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(i),
- g. Coordinating covered services with the services the member receives from another Contractor and/or FFS as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(ii) and (iii),
- h. Coordinating covered services with community and informal supports that are generally available through contracting or non-contracting providers, in the Contractor's service area as specified in 42 CFR 457.1230(c) and 42 CFR 438.208(b)(2)(iv),
- i. Ensuring members receive end of life care and advance care planning as specified in AMPM Policy 310-HH,
- j. Establishing timely and confidential communication of clinical information among providers, as specified in AMPM Policy 940. This includes the coordination of member care among the PCP, AHCCCS Contractor(s), Tribal ALTCS, and TRBHA. At a minimum, the PCP shall communicate all known primary diagnoses, comorbidities, and changes in condition to the Contractor and/or FFS and TRBHA when the PCP becomes aware of the Contractor, Tribal ALTCS, or TRBHA involvement in care,
- k. Ensuring that Contractor is providing pertinent diagnoses and changes in condition to the PCP in a timely manner. The Contractor shall facilitate this communication exchange as needed and establish monitoring activities such as record review to ensure that the exchange occurs as specified in AMPM Policy 940,
- l. Ensuring that Contractor care managers provide consultation to a member's inpatient and outpatient treatment team and directly engage the member/HCDM and designated representative as part of the Contractor Care Management program. Ensuring policies reflect care coordination for members presenting for care outside of the Contractor's provider network,
- m. The Contractor shall identify and coordinate care for members with Substance Use Disorders (SUD) and ensure access to appropriate services such as Medication Assisted Treatment (MAT) and Peer Support Services, and
- n. Coordinate care for members with High Needs and/or High Costs (HNHC) who have physical and/or behavioral health needs. Care coordination and interdisciplinary team meetings shall occur at least monthly, or more often, as needed, to affect change and if needed to discuss barriers and outcomes. The Contractor shall implement the following, which includes planning interventions for addressing appropriate and timely care for the identified members as well as:
 - i. Specifying methodologies, inclusion criteria, interventions and member outcomes based on data analysis, and
 - ii. The Contractor may include additional criteria if the Contractor determines necessary.

- The Contractor shall submit an overview of the HNHC program, which shall include the above requirements, in the Medical Management (MM) Program Plan submission, AMPM Policy 1010, Attachment A.
2. The Contractor shall develop policies and implement procedures for members with Special Health Care Needs (SHCN), as specified in Contract and AMPM Policy 520, including:
 - a. Identifying members with SHCN,
 - b. Ensuring an assessment by an appropriate health care professional for ongoing needs of each member,
 - c. Ensuring adequate care coordination among providers or TRBHAs,
 - d. Ensuring a mechanism to allow direct access to a specialist as appropriate for the member's condition and identified needs (e.g. a standing referral or an approved number of visits), and
 - e. Additional care coordination activities based on the needs of the member.
 3. The Contractor shall implement measures to ensure that members/HCDM and designated representatives involved in Contractor Care Management:
 - a. Are informed of particular health care conditions that require follow-up,
 - b. Receive, as appropriate, training in self-care and other measures they may take to promote their own health, and
 - c. Are informed of their responsibility to comply with prescribed treatments or regimens.
 4. The Contractor Care Management service plan shall focus on achieving member wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The Contractor care manager shall also assist the member/HCDM in identifying appropriate providers, TRBHAs, or other FFS Programs, and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the member and the Contractor.
 5. The Contractor shall proactively provide care coordination for members who have multiple complaints regarding services or the AHCCCS program. This includes members who do not otherwise meet the Contractor criteria for Contractor Care Management, as well as, members who contact governmental entities for assistance, including AHCCCS.
 6. The Contractor shall develop and implement policies and procedures to provide high touch Contractor Care Management or other behavioral health and related services to members on conditional release from the Arizona State Hospital (AzSH) consistent with the Conditional Release Plan (CRP) issued by the Psychiatric Security Review Board (PSRB), including but not limited to assignment to a Contractor care manager. The Contractor shall not delegate the PSRB Contractor Care Management functions to a subcontracted provider. The Contractor Care Manager is responsible for at minimum the following:
 - a. Act as the key clinical single point of contact who is responsible for collaboration with AzSH and the PSRB,

- b. Coordination with AzSH for discharge planning,
 - c. Participating in the development and implementation of the CRP,
 - d. Participation in the modification of an existing or the development of a new service plan that complies with the CRP,
 - e. Member outreach and engagement at least once per month to assist the PSRB in evaluating compliance with the approved CRP,
 - f. Attendance in outpatient staffing at least once per month either telephonically or face-to-face,
 - g. Coordination of care with the member's treatment team, TRBHA, and providers of both physical and behavioral health services to implement the service plan and the CRP,
 - h. Routine delivery of comprehensive status reporting to the PSRB and AHCCCS MM,
 - i. Attendance in a monthly conference call with AHCCCS,
 - j. In the event of a member violating any term of their CRP, psychiatric decompensation, or use of alcohol, illegal substances or prescription medications not prescribed to the member, the Contractor shall immediately notify the PSRB and provide a copy to AHCCCS and AzSH. The Contractor further agrees and understands it shall follow all obligations, including those stated above, applicable to it as set forth as specified in A.R.S. § 13-3994,
 - k. The Contractor shall submit a comprehensive status reports for members on conditional release to the PSRB and AHCCCS, as specified in Contract, utilizing Attachment A. The Contractor shall provide additional documentation at the request of AHCCCS.
7. The Contractor shall utilize Attachment D to report their monitoring of members awaiting admission and those members who are discharge ready from AzSH Contractor shall provide additional documentation at the request of AHCCCS.
8. In the event that a member's mental status renders themselves incapable or unwilling to manage their medical condition and the member has a skilled medical need, the Contractor shall arrange ongoing medically necessary nursing services in a timely manner.
9. The Contractor shall identify and track members who utilize Emergency Department (ED) services inappropriately four or more times within a six month period. Interventions shall be implemented to educate the member/HCDM on the appropriate use of the ED and divert members to the right care in the appropriate place of service.
10. Contractor Care Management interventions to educate members/HCDMs shall include, but are not limited to:
- a. Outreach phone calls/visits,
 - b. Educational letters,
 - c. Behavioral health referrals,
 - d. HNHC program referrals,
 - e. Disease/chronic care management referrals,
 - f. Exclusive pharmacy referrals, and
 - g. Social Determinants Of Health (SDOH) resources.

- The Contractor shall submit the Emergency Department Diversion Summary, Attachment C as specified in Contract, identifying the number of times the Contractor intervenes with members utilizing the ED inappropriately.
11. The Contractor shall monitor the length of time adults and children remain in the ED while awaiting behavioral health placement or wrap around services. Immediately upon notification that a member who requires behavioral health placement or wrap around services is in the ED, the Contractor shall coordinate care with the ED and the member's treatment team to discharge the member to the most appropriate placement or wrap around services. The Contractor's CMO involvement is required for members experiencing a delay in discharge from institutional settings or the ED.
 12. The Contractor shall submit the 24 Hours Post Medical Clearance ED Report utilizing Attachment B as specified in Contract.

OPEN UNTIL 07/23/21