Maricopa Long Term Care Plan

Maricopa Long Term Care Plan (**MLTCP**) is a plan funded by Arizona Health Care Cost Containment System (AHCCCS) designed to provide long term care in a variety of settings for residents of Arizona who meet medical and financial criteria.
Settings include:

- Nursing Facility
- Home
- Adult Foster Care
- Adult Care Home
- Supportive Residential Living Center
- Alternative Residential Settings (also known as Assisted Living Facilities)
- Residential Treatment Facility (under 21)
- Psychiatric Hospitals (if under 21)
- Behavioral Health Centers (Level 1, II, III)
- Centers for the Traumatically Brain Injured

The plan provides for services in a variety of settings, as well as arranges and covers many different types of services.
These services include, but are not limited to:

- Attendant Care
- Home Delivered Meals
- Homemaker Services
- Nursing Services
- Respite Care
- Acute Care Services
  - Doctors office visits
  - Immunizations
  - Lab
  - X-rays
  - Prescriptions
  - Medical Supplies
  - Emergency Medical
- Home Adaptation and Repairs
- Home Health Aid
- Hospice
- Personal Care
- Transportation
- OT, PT and ST
- Adult Day Health Care
- Medical supplies, equipment
- Customized DME
- Ventilation Dependent Services and Settings
- Nursing Home Care
- Behavioral Health Services

The following services are not covered:

- Non-medical services not arranged by the member's MLTCP Case Manager
- Personal items
- Cosmetic surgery
- Sex change or certain organ transplants
- Routine or preventative dental services for adults
- Drugs and medical supplies not ordered by your doctor
- Hearing aids, glasses or eye exams for adults 21 and over
- Extended services usually offered by a TB or mental hospital
- Care from private doctors, hospitals or other providers that have not been ordered by the member's PCP
- Care from providers not registered with AHCCCS
- Care not deemed medically necessary or not provided for in the ALTCS rules
- Artificial or mechanical hearts or non-human tissue grafts
- Room and board at an AFC or a group home
- Care given in a care home or in an area of a care home that is not Medicare/Medicaid certified
- Care given to persons who require care that is found to be lower than needed to qualify for ALTCS
- Therapy, x-rays, lab tests and equipment not ordered by the member's PCP

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Eligibility Requirements

Individuals who are substantially impaired by a functional and/or medical condition that is expected to be long term and limits their capacity for self care may be eligible for MLTCP. Persons seeking coverage under this plan must meet the following criteria:

Financial eligibility requirements:
In most cases, resources should not exceed $2,000 for an individual or $3,000 for a couple.

Medical eligibility determination (includes a combination of the following):

- Requires nursing care or supervision on a daily basis
- Requires regular medical monitoring
- Impaired orientation to time, place or person
- Needs help with activities of daily living
- Impaired continence
- Psychosocial deficits

Home and Community Based Services

Home and Community Based Services (HCBS) are services provided in non-institutionalized, non-acute settings.

Examples are:

Adult Care Homes (Assisted Living Homes) – Can provide a residential setting for up to ten (10) people. The sponsor is not required to live there; however, employees must cover the 24-hour period.

Adult Day Care – Recreation, socialization, personal living skills training, health monitoring – provided in a licensed adult day care facility.

Adult Foster Care – Sponsors can provide a residential setting for up to four (4) people. Members pay room and board.

Home Adaptation and Repairs – Provides building modifications, repairs, or items that allow members to function as independently as possible in their own homes.

Home Delivered Meals – Provides meals to members at their homes up to seven (7) days per week

Home Health Aid – Monitoring of members' medical condition, health maintenance, continued treatment services, and/or activities of daily living. Services are provided under the supervision of a RN.

Homemaker Services – Provides assistance with activities, such as cleaning, shopping, and meal preparation

Hospice – Provides care/counseling for the terminally ill, their families, and caregivers

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Nursing Services – skilled nursing services requested by a MIHS-HP physician and implemented through an individualized care plan. Services are provided on an intermittent basis.

Personal Care – assistance to meet essential personal physical needs in the member's home.

Respite Care – provides short-term care for the client's usual caregiver. MIHS-HP will provide up to 720 hours a year (30 days). Should respite be required for more than three (3) consecutive days, client will be placed in Adult Foster Care or a Nursing Facility.

Supportive Residential Living – private residential units licensed by ADHS to provide room, board, and general supervision, as well as supportive living services on a 24 hour basis.

Transportation - provides transportation to and from medically necessary appointments and services.

Quality Management

MIHS-HP contracted providers agree to participate in MIHS-HP's quality improvement processes. Quality Management includes credentialing, recredentialing, facility audits and active participation in surveys. Any concerns regarding quality should be directed to our Quality Management Department. Quality issues are investigated by MIHS-HP.

Formulary

MIHS-HP has a closed formulary and expects its physicians to use the drugs listed on its formulary. Should a formulary drug not be appropriate for your member, please request a non-formulary drug via fax or phone to MIHS-HP. Refer to the Formulary section of the Provider Manual for more information.

Communication between Providers

MIHS-HP expects that Providers will communicate with each other regarding the needs of it's members in a timely fashion. This includes but is not limited to diagnostic results, treatment plans, social and economic factors that may or may not impact the treating physician's ability to care for his/her patient. Test results and other outcomes should be provided to the referring physician as well as the member's PCP as soon as possible. This communication should become a part of the patient's medical record.

Communication with Members

MIHS-HP expects that Providers will communicate with its members in a timely fashion regarding their medical care. Clear and concise communication with the member in language and manner that he/she understands regarding the risks, benefits and consequences of treatment or non-treatment, and the member's right to refuse treatment must be clearly communicated. This communication must be documented in the member's file.

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Members Rights and Responsibilities

- Members must have choice & timely access of a qualified Contracted Primary Care Physician including PCPs, Specialists and Emergency Care
- Members must have the right to be treated with dignity and respect and have the right to privacy
- Members must have the opportunity to engage in candid discussion of appropriate or Medically Necessary treatment options including active participation in the selection of treatment options.

- Members must provide physicians or other care providers the information necessary for treatment
- Members must follow treatment plans
- Members must behave in a manner that supports care provided to other patients and the general functioning of the facility
- Members must Accept responsibility for Copayments or Coinsurance
- Members must review information regarding their benefits
- Members must ask questions of their Primary Care Physicians or the Health Plan regarding concerns related to treatment or financial issues.

Enrollment Choice

As directed by AHCCCS, MLTCP has included in its Provider Manual AHCCCS' policy for change of Program Contractor. This policy is intended to provide information regarding the rights, obligations and responsibilities of all affected parties during the process. You will find the policy at the end of this section.

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Prior Authorization

Service or Procedure	Phone Number	Fax Number
After Hours Authorizations	344-8111	344-8458
Hospitalization Requests/Notifications: Inpatient hospitalizations Pre-admissions for elective surgery Observation Unit	344-8734	344-8348
Outpatient services: Outside of the service area provider Contracted provider	344-8480	344-8480
Rehabilitation – Acute Setting	344-8734	344-8348
OB Authorizations/Notifications: Delivery notifications Prenatal care/global OB services	344-8111	344-8458
Pharmacy: Non-Formulary Drug Request Drugs requiring prior authorization Intravenous infusion (IV) non-formulary hydration TPN (total parenteral nutrition)	344-8451	344-8858
Other:		
Allergy consults & testing	344-8483 344-8825 344-8859	344-8706 344-8524
Disease Management Programs	344-8310	344-8348
Infertility	344-8483 344-8825 344-8859	344-8706 344-8524
Medi-sets	344-8483 344-8825 344-8859	344-8706 344-8524

Service Authorization Form (SAF)

The Service Authorization Form (SAF) provides authorization for services arranged by the member's assigned case manager, including behavioral health services. The member's case manager will complete this form; however, depending on the services being ordered MIHS-HP may request supporting documentation.

Outside Service Orders(OSO)

Some services require the completion of the Outside Service Order (OSO). Examples of services that require an OSO are durable medical equipment (DME), emergency medical alert.

In the course of arranging for services covered under the MLTCP program, the Primary Care Physician may be requested to provide the documentation listed below:

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Outside Service Order (OSO) cont.

Service Requested	Documentation
Adult Care Home for the Traumatic Brain Injured	- Current Progress Notes - Signature on SSA 787 form, if necessary to obtain payee - Documentation of TB test/Chest X-ray - Prescription for medications - Order for psychiatrist evaluation
Adult Care Home	- Documentation of TB test or Chest X-ray - Current medication list - Progress Notes
Adult Day Care	- Health Review Form signed by Physician - Documentation of TB test/Chest X-ray
Adult Foster Care	- Documentation of TB test\Chest X-ray
Durable Medical Equipment	- Signed OSO - Progress Notes or justification for equipment - Certificate of Medical necessity (CMN)
Emergency Alert System	- Physician order on OSO - Progress Notes or Documentation for Equipment
Environmental Modification and Home Repair	- Physician order on OSO - Progress notes or documentation for modification/repair
Home Health Aide	- Physician's order
Hospice	- Physician's order
Level II Behavioral Health Group Placement	- Current physicians progress notes - Current psychological and or psychiatric evaluations - Completion of SSA 787 - Documentation of TB test\Chest X-ray - List of original prescriptions
Nursing Home Placement	- Current History and Physical - Current medication and treatment orders - Current TB test\Chest X-ray - All problem lists - Lab results - Physicians progress notes - Any consults or therapy evaluations - Any consults or therapy evaluations - Immunization records

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Outside Service Order (OSO) cont.

Physician Home Visit Program	- Physician order - Medication - Medication Sheet - All problem lists - Progress Notes - Recent consultation reports - Recent X-rays - Recent lab reports
Therapy	- Signed OSO - Therapy referral form

Role of the Case Manager

MLTCP members are assigned a MIHS-HP Case Manager. The Case Manager will assist with the coordination of all services and care for the members. Notify the member's Case Manager when a member needs home services, placement/discharge in a nursing facility, or alternative residential setting. The case manager must be notified immediately of any significant changes in the member's status. This includes, but is not limited to, admits, discharges, falls, loss of appetite, behavior changes, or emergency dental requirements. The MIHS-HP case managers can arrange the following for MLTCP members:

Adult care home placement
Adult foster care placement
Attendant care
Behavioral health services (in conjunction with MD)
Durable medical equipment (in conjunction with MD)
Environmental modification
Home delivered meals
Home health (RN, LPN, HHA)
Housekeeping
Nursing home placement
Personal care
Respite service
Supportive residential living placement

Case managers will notify the member's PCP when there is a need for services that require a doctor's order.

Case managers will visit MLTCP members in their homes at least every three (3) months and will notify the doctor if they observe anything that may require medical intervention (e.g. at risk skin condition, noncompliance with medical regime, etc).

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Plan Hospitals

- Arrowhead Hospital
- Maryvale Hospital
- Mesa General Hospital
- Boswell Memorial Hospital
- Tempe St. Luke's Medical Center
- Scottsdale Memorial Shea
- John C. Lincoln Deer Valley
- St Joseph's Hospital
- Maricopa Medical Center
- Del Webb Hospital
- Phoenix Baptist Hospital -
- Chandler Regional Hospital
-Wickenburg Regional Hospital
-Scottsdale Memorial Osborne
- John C. Lincoln North Mountain

Plan Pharmacies

Fry's Pharmacy
United Drugs
MIHS-HP Family Health Centers

Appeals and Grievances

MLTCP members may file a grievance by calling Member Services at 602/344-8760 or by submitting their grievance in writing to:

Maricopa Integrated Health Systems Health Plans
Grievance and Appeals Unit
2502 East University
Phoenix, Arizona 85034

Providers may file a grievance by writing to:

Maricopa Integrated Health Systems Health Plans
Grievance and Appeals Unit
2502 East University
Phoenix, Arizona 85034

All grievances, except those regarding claim denials, must be filed no later than sixty (60) days from the date of the adverse action, decision, or policy made by MIHS-HP. Grievances regarding claim denials must be filed in writing no later than twelve (12) months from the date of the service.

MIHS-HP will make a final decision on grievances within thirty (30) days of the filing of the grievance and dispute, unless both parties agree upon an extension in writing. If on the 25th day following the filing of the grievance, it appears additional time is required to review the case, MIHS-HP will send a letter to the grievant requesting a thirty (30) day extension. If the extension is not agreeable to the grievant, or if the grievant fails to return the letter, MIHS-HP will use the available information to make a decision within the thirty (30) day limit. If the 30th day falls on a Sunday or legal holiday, MIHS-HP will make a decision on the following business day.

Members and providers have the right to appeal the grievance decision rendered by MIHS-HP within fifteen (15) days of decision notification. AHCCCSA will consider the appeal decision

OUTSIDE SERVICE ORDER

CERTIFICATE OF MEDICAL NECESSITY

SERVICE AUTHORIZATION FORM