

FACTOR	CASE MANAGEMENT (CM) PLAN PAGE #	YES	NO	COMMENTS
1. Overview of the functional organizational structure of the case management Department, including case management functional organizational chart.				
2. Description of the Contractor’s required case manager and case manager supervisor competencies/qualifications, including competencies/qualifications for case managers serving individuals determined to have a Serious Mental Illness (SMI).				
3. Overview of the factors considered in member assignment to case manager staff (geographic location, specialty caseloads, language, etc.).				
4. Caseload Management – summary of how caseload values are used to determine case manager caseloads, description of established caseload maximums for different caseload types (if different than AHCCCS standard), overview of the process for ensuring the regular review of caseload sizes, etc. including case management caseload ratios for individuals determined to have an SMI.				
5. Overview of the process used to determine appropriate supervisor to case manager ratio and ongoing process for monitoring adherence to established ratios.				

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6. Description of orientation and initial training offered to new case managers, (including training offered or mandated by the Contractor in addition to the training requirements specified in AMPM Policy 1630).				
7. Description of on-going training/educational opportunities for established case managers, including remedial orientation as needed/ indicated, and summary of other modes of training outside of formal face-to-face training sessions, including team/unit meetings, newsletters, online training, etc. (including trainings offered or mandated by the Contractor in addition to the training requirements specified in AMPM Policy 1630).				
8. Overview of the quarterly case file audit process used to evaluate compliance with case manager standards and an outline of the process for implementing corrective action when necessary, including requirements as specified in AMPM Policy 1630.				
9. Description of quarterly inter-rater reliability review process and outline of process for implementing corrective action when necessary.				
10. Description of Contractor’s process for tracking on-site visits for members enrolled during a hospital stay, including discharge planning.				

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11. Contractor has policies and procedures for the authorization and provision of services for existing members, specified in AMPM Policy 1620-D which includes a standardized system for verifying and documenting the delivery of services with the member/Health Care Decision Maker (HCDM) after authorization.				
12. Description of how the Contractor tracks and monitors compliance with regards to the provision of services to members within the required timeframes, as specified in AMPM Policy 1620-D.				
13. Overview of case management activities related to monitoring and/or improving practices to ensure member placement in the most integrated setting.				
14. Contractor's process for assisting members in accessing behavioral health services, including non-Title XIX services for Title XIX ALTCS E/PD members with an SMI designation.				
15. Overview of case management activities related to monitoring and improving practices to ensure members are assessed/reassessed for the need of Special Assistance prior to or during the Person-Centered Service Plan (PCSP) process, inpatient discharge planning process and the SMI appeal and grievance processes in compliance with AMPM Policy 320-R.				

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16. Overview of case management activities related to monitoring and/or improving practices to ensure members identified as Special assistance have a HCDM and Designated Representative (DR) available during PCSP meetings/in-between required PCSP meetings (as applicable), inpatient discharge planning and the SMI appeal and grievance processes.				
17. Description of Contractor’s process for conducting inpatient discharge planning for members determined to have an SMI.				
18. Inter-Departmental Cooperation – description of coordination with other departments, including Quality and Medical Management (MM), and Customer Service Departments; outline of the role of case management in data collection, the development of and monitoring of performance measures/indicators and disease management.				
19. Description of Contractor’s efforts to ensure that members determined to have an SMI designation are afforded the right to file a grievance or appeal a decision in compliance with ACOM Policy 444 and 446.				
20. Description of how the Contractor’s case managers are incorporating the Arizona Disability Benefits 101 (DB101) resource tool into PCSP discussions with members, including how they are educating members about DB101.				

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21. Overview of case management Department involvement in community initiatives/activities in geographic service areas related to populations served, including status updates on any ongoing/continued initiatives/activities identified in the previous Contract year.				
22. Description of the process used in evaluating net cost of institutional care, which must include the calculation of institutional costs stratified for levels of care and specialized needs, annual re-assessment and adjustment of the institutional rates based upon changes in costs associated with the assessed levels of care and specialized needs, and implementation of processes consistent with AHCCCS policy, for determination and evaluation of the Cost Effectiveness Study (CES) for each member and processes for resolution of cases where the net Home and Community Based Services (HCBS) cost exceeds the net cost of institutional care.				
23. Description of how the Contractor promotes health equity fair health care access ¹ and efforts related to improving health equity fair health care access of members, including actions to promote equity in management of individual care.				

¹ Revising language to fair health care access throughout the Attachment when applicable.

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24. Description of other special projects/initiatives within the organization that the case management Department facilitates or participates in which enhance overall performance of the Department and/or services provided to ALTCS members.				
25. Summary of case management Plan, including progress, efficacy, successes and/or barriers related to the Contractor’s established goals, for previous Contract Year.				
26. Outline of case management Department goals established for next Contract Year, including Contractor’s anticipated outcome and established metrics for performance monitoring.				
27. Documentation reporting Active Participation Rate information, including numerical breakdown used to determine overall percentage.²				

² Revised to align with National Committee for Quality Assurance (NCQA) Long Term Services and Supports (LTSS) Accreditation Standard.