



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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To: Area Agencies on Aging
Pima Health Systems

From: Melanie K. Starns, M.A.G.
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Subject: Policies and Procedures – Chapter 3000

The following ALERT is attached:

<u>ALERT</u>	<u>FUND SOURCE/TYPE</u>
ALERT SFY-11-10D	Policy and Procedures (P&P) – Chapter 3000 revisions

The ALERT is subject to change as additional information is received by the Division.

ALERTS are available on the Division website using the link:

<https://www.azdes.gov/daas/alerts>

Should you have any questions regarding the attached ALERT, please contact Tammy Frazee at 602-542-2895 or via email at tfrazee@azdes.gov or Jutta Ulrich at 602-542-6615 or via email at julrich@azdes.gov.

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**Policy and Procedure
for SFY-2011**

Policy and Procedure ALERTS are intended to notify Area Agencies on Aging of newly developed or revised Division of Aging and Adult Services Policies and Procedures. The following Division of Aging and Adult Services Policies and Procedures have been updated: **Chapter 3000 Services and Programs**. Please ensure that the appropriate Area Agency on Aging personnel are aware of these revisions.

Background

ITCA is in the process of preparing an electronic version of the Short Form Intake Document (SFID), which has replaced the Tribal Intake Document. It was determined that DAAS Policy Chapter 3000 did not clearly explain the use of the SFID for tribal services, specifically in regard to home-delivered meals (HDM). The current revision will allow the SFID for all tribal services, including HDM. However, a home visit will be required if the SFID is used for tribal services, necessitating revisions to other policy sections related to HDM and/or home visits. In addition, language related to caregiver assessment was clarified.

Policy Revisions

Chapter 3000 provides an outline of the Division of Aging and Adult Services (DAAS) policies and procedures for services and programs. Revisions were made in the following areas:

Section 3123 Operational Procedures for Assessing Eligibility for the NMHCBS System

- Requirements for home visits
- Tribal Services
- Redetermination of Eligibility
- Home-Delivered Meals

Section 3604 Family Caregiver Support Program (FCSP) Operational Procedures - Program Services

- Family Caregiver Assessment

The details of the revisions are included in SFY 11-10D Attachment A of this ALERT.

The current Policies and Procedures can be accessed at
<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>

Note: The entire DAAS Policy and Procedures Manual was reformatted; content has not been changed other than those identified in this ALERT.

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Section #	Section Name and Current Text	REVISION, effective July 1, 2011
3120	Case Management for the NMHCBS System	
3123	Operational Procedures for Assessing Eligibility for the NMHCBS System	
3123.3	Determination of eligibility for entry into the NMHCBS System requires the use of one of the following assessment instruments:	Determination of eligibility for entry into the NMHCBS System requires the use of one of the following assessment instruments:
	A) The Arizona Standardized Client Assessment Plan (ASCAP), as defined in section 3123.4.	A) The Arizona Standardized Client Assessment Plan (ASCAP), as defined in section 3123.4. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).
	B) The Short Form Intake Document (SFID, formerly known as the Short Term Form or STF), as defined in section 3123.5.	B) The Short Form Intake Document (SFID, formerly known as the Short Term Form or STF), as defined in section 3123.5. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).
	C) The Kinicare Intake Document (KID), as defined in section 3123.6.	C) The Kinicare Intake Document (KID), as defined in section 3123.6.
	D) Effective July 1, 2011, caregivers receiving client-supported services as described in section 3604.2.D shall be assessed using the Caregiver Assessment Tool (CAT).	(see revisions in A and B above)
3123.4	The ASCAP shall be used as described below:	The ASCAP shall be used as described in this section. A home visit is required for all individuals assessed with the ASCAP.
	A) A home visit is required for all individuals assessed with the ASCAP.	A) The following services require the use of the ASCAP to assess eligibility unless identified in 3123.5 and 3123.6.
	B) The following services require the use of the ASCAP to assess eligibility unless identified in 3123.5 and 3123.6.	(see revision above)
3123.5	The Short Form Intake Document (SFID) may be used instead of the ASCAP to assess eligibility as described below:	The Short Form Intake Document (SFID) may be used instead of the ASCAP to assess eligibility for the services described in this section. Unless otherwise identified, a home visit is required for all individuals assessed with the SFID.
	A) A home visit is not required when using the SFID to determine eligibility for short-term home delivered meals.	(see revision above)
	B) Short Term Home Delivered Meals, for a period up to 90 days, if Home Delivered Meals is the only service being authorized.	A) Short Term Home Delivered Meals, for a period up to 90 days, if Home Delivered Meals is the only service being authorized. A home visit is not required when using the SFID to determine eligibility for short-term home delivered meals.
	C) Family Caregiver Support Services (FCSP):	B) Family Caregiver Support Services (FCSP): Respite, Group Respite, or Adult/Child Day Care, Supplemental Services, including home repair/renovation, adaptive aids and devices, transportation, and supplemental provisions.
	1) Respite, Group Respite, or Adult/Child Day Care.	1) If an individual is being assessed for emergency respite services, a home visit may take place after authorization and service delivery.
	2) Supplemental Services for Family Caregivers, including home repair/renovation, adaptive aids and devices, transportation, kinship care support, and supplemental provisions.	(see revision to B above)
	D) Tribal Services	C) Tribal Services
	1) Home Delivered Meals (up to 90 days);	1) Home Delivered Meals;
	2) Housekeeping/Homemaker;	2) Housekeeping/Homemaker;
	3) Personal Care;	3) Personal Care;
	4) Respite Care;	4) Respite Care;

	5) Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids, and Supplemental Provisions; and 6) Other services as approved by DAAS.	5) Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids, and Supplemental Provisions; and 6) Other services as approved by DAAS.
3123.6	The Kincare Intake Document (KID) is used when assessing eligibility of grandparents or other relative caregivers of children for services within the FCSP, which includes the Grandparent Kinship Care Support Program, and can be used to determine eligibility for the following services: A) Case Management; B) Respite, Group Respite, or Adult/Child Day Care; and C) Caregiver Supplemental Services, including Kinship Care Support, Home Repair, Adaptive Aids, and Supplemental Provisions.	The Kincare Intake Document (KID) is used when assessing eligibility of grandparents or other relative caregivers of children for services within the FCSP, which includes the Grandparent Kinship Care Support Program, and can be used to determine eligibility for the services identified in this section. A home visit is required for all individuals authorized for services with the KID. A) Case Management; B) Respite, Group Respite, or Adult/Child Day Care; and C) Caregiver Supplemental Services, including Kinship Care Support, Home Repair, Adaptive Aids, and Supplemental Provisions.
3123.8	Re-Determination of Eligibility. The Case Management provider shall conduct a re-determination of eligibility as follows: A) If a change occurs which affects eligibility or the need for service; or B) At least every twelve months unless identified in 3123.8.C and D; C) Short-term Home Delivered Meals authorized with the SFID must be re-determined with the ASCAP if service exceeds 90 days; D) Effective July 1, 2011, caregivers receiving services as described in 3604.2.D. shall be assessed every twelve months using an assessment tool designated by DAAS. This assessment can be done as part of a regularly scheduled client assessment or can be done over the telephone.	Re-Determination of Eligibility. The Case Management provider shall conduct a re-determination based on the following criteria: A) A change occurs which affects eligibility or the need for service . B) At least every twelve months unless identified in 3123.8.C . C) As specified in section 3123.5. A, if it is determined that Home Delivered Meals is needed beyond 90 days, redetermination must be conducted using the ASCAP. (see revisions to 3123.3 and 3604.3.C)
3124.4	Services are authorized by Case Management providers, who create a service plan for each client. A) A correlation must be demonstrated between the individual's impairment level(s) and the service(s) authorized. B) Service authorizations shall not exceed levels required to meet the eligible individual's needs. C) Service authorizations shall be for a time period determined to meet the eligible individual's need, but shall not exceed a 12-month period. See section 3123.8. for re-determination process. 1. Short-term Home Delivered Meals authorized with the SFID shall not exceed 90 days. 2. Authorizations for Home Delivered Meals for a spouse shall coincide with the authorization of Home Delivered Meals for the primary recipient. The assessment tool must reference the corresponding social security number of the primary recipient in order for the spouse's authorization to be valid.	Services are authorized by Case Management providers, who create a service plan for each client. A) A correlation must be demonstrated between the individual's impairment level(s) and the service(s) authorized. B) Service authorizations shall not exceed levels required to meet the eligible individual's needs. C) Service authorizations shall be for a time period determined to meet the eligible individual's need, but shall not exceed a 12-month period. See section 3123.8 for re-determination process. 3124.4.1 removed 1. Authorizations for Home Delivered Meals for a spouse shall coincide with the authorization of Home Delivered Meals for the primary recipient. The assessment tool must reference the corresponding social security number of the primary recipient in order for the spouse's authorization to be valid.
3127 Operational Procedures for Monitoring of Service Plans		
3127.2.C	C) The following applies to Home Delivered Meals:	C) The following applies to short-term Home Delivered Meals as specified in section 3123.5.B:

	1. The individual shall be contacted by the Case Management provider at least ten business days before the end of the 90 day period to determine service continuance or termination.	1. The individual shall be contacted by the Case Management provider at least ten business days before the end of the 90 day period to determine service continuance or termination.
	a) If service continuation is warranted or if it is determined that other services are needed, the Case Management provider shall complete the ASCAP.	a) If service continuation is warranted or if it is determined that other services are needed, the Case Management provider shall complete the ASCAP.
	b) If service continuance is not warranted, the Case Management provider shall submit the SFID to the AAA within seven business days following the end of the 90 day period so that the services to that individual may be closed in AIMS.	b) If service continuance is not warranted, the Case Management provider shall submit the SFID to the AAA within seven business days following the end of the 90 day period so that the services to that individual may be closed in AIMS.
3600	Family Caregiver Support Program (FCSP)	
3604.3	Individuals must meet the eligibility requirements described in section 3603, and any additional eligibility criteria for specific program services, as described below:	Individuals must meet the eligibility requirements described in section 3603, and any additional eligibility criteria for specific program services, as described below:
	A) Services specified in 3604.2 (D) and (E) shall only be provided to a family caregiver who is providing care to an older individual who has been determined unable to perform at least <u>two</u> ADLs without substantial human assistance, including verbal reminding, physical cueing, or supervision, using assessment instruments as defined in Section 3120. IADLs cannot be substituted for ADLs.	A) Services specified in 3604.2 (D) and (E) shall only be provided to a family caregiver who is providing care to an older individual who has been determined unable to perform at least <u>two</u> ADLs without substantial human assistance, including verbal reminding, physical cueing, or supervision, using assessment instruments as defined in Section 3120. IADLs cannot be substituted for ADLs.
	B) Functional screening of the care recipient is not required for grandparents, or an older individual who is a relative caregiver to a child under 19, to receive these services.	B) Functional screening of the care recipient is not required for grandparents, or an older individual who is a relative caregiver to a child under 19, to receive these services.
	C) Services specified in 3604.2.D shall only be provided to a family caregiver who is assessed to be at moderate or high risk as determined by an assessment tool designated by DAAS.	C) Services specified in 3604.2.D shall only be provided to a family caregiver who is assessed to be at moderate or high risk as determined by an assessment tool designated by DAAS. This assessment can be done as part of a regularly scheduled client assessment or can be done over the telephone.
	D) For additional information on Case Management, refer to Policy and Procedure Manual Section 3120 - Case Management for the NMHCBS System.	D) For additional information on Case Management, refer to Policy and Procedure Manual Section 3120 - Case Management for the NMHCBS System.