Arizona Health Care Cost Containment System

Arizona Long Term Care System (ALTCS) Performance Measure

Initiation of Home and Community Based Services For Elderly and Physically Disabled Members

Measurement Period: October 1, 2005, through September 30, 2006

Prepared by the Division of Health Care Management
August 2007

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Director, AHCCCS

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Overview

It is estimated that the elderly population will double by 2030, and that people 85 years and older, the group most likely to have long-term care needs, will quadruple by 2050.[1]

The greatest increases in the elderly population are occurring in the South and in the West, particularly Mountain states like Arizona.[2] In less than 20 years, the number of Arizonans age 65 and older is expected to be almost 2 million, or about 20 percent of the state's population.[3]

While the health of older Americans is improving overall, many are disabled and suffer from chronic conditions, which often lead to disability. About 80 percent of seniors have at least one chronic health condition, and 50 percent have two or more chronic health conditions. Arthritis, hypertension, heart disease, diabetes and respiratory disorders are some of the leading causes of activity limitations among older people.[2]

About 9.5 million Americans require long-term care services. But the elderly are not the only users of long-term care: nearly four in 10 (38 percent) are younger than age 65 and have some sort of physical and/or mental limitation.

Long-term care consists of a variety of medical and social services to help meet the health and personal needs of people with chronic illness or disability. These services range from skilled nursing care to support services, such as help with activities of daily living (dressing and bathing, for example). Of Americans with long-term care needs, 17 percent reside in nursing homes, while the other 83 percent live in the community, often cared for by family members.[1]

Estimates of total U.S. spending on long-term care services range from $158 billion to $194 billion in 2004. Medicaid is the largest financier of long-term care services, with different studies estimating the proportion at 42 to 49 percent of all long-term-care spending in 2004.[1,4]

Home and community-based services (HCBS) have become a growing part of states' Medicaid programs, providing a cost-effective alternative to institutional care for the elderly and physically disabled (E/PD). From 1992 to 2002, HCBS expenses rose from 15 percent to 30 percent of all long-term care expenditures.[5]

Fueling this growth are consumers' desires to reside in their own homes rather than in nursing homes, and changes in federal and state policy that support this option. Research has shown a strong connection between receiving services in the home and improved consumer satisfaction and overall quality of life.[6]

The Arizona Health Care Cost Containment System (AHCCCS) has provided home and community-based services to long-term care beneficiaries through a waiver from the Centers for Medicare and Medicaid Services (CMS) since 1989. Through its Arizona Long Term Care System (ALTCS), AHCCCS provides comprehensive coverage for HCBS members residing in their own homes or approved alternative residential settings, such as assisted living facilities or group homes. Covered services include care such as home health nursing, attendant or personal care, and home-delivered meals. Members may designate a relative or friend to provide attendant care; after completion of training, these caregivers may be paid by AHCCCS.

Services are initiated promptly when the individual is determined eligible and selects HCBS

Focus Area 1.B.4, Prompt Initiation, Framework for Quality in HCBS, from the Centers for Medicare and Medicaid Services

By providing a variety of alternative settings with differing levels of care, ALTCS members are able to delay institutionalization or, in some cases, transfer from nursing homes to home or other community-based settings. As of October 2006, about 63.6 percent of the more than 22,000 elderly and physically disabled Arizonans enrolled in ALTCS resided in home and community-based settings. The proportion of HCBS members in rural counties was higher than in urban counties.

Once eligibility for ALTCS is determined based on financial and medical criteria, E/PD members enroll with a contracted health plan (Contractor), depending on where they live. Each member is assigned a case manager, who coordinates care with the member's primary care provider (PCP), addresses any problems with service delivery and modifies the member's care plan based on changes in health status. Case managers visit new members and, in conjunction with those members and their authorized representatives, assess needs to determine the most appropriate services and placement. Services must be initiated within timelines to meet members' medical needs, but no later than 30 calendar days from their enrollment.

The ALTCS program has a number of mechanisms to ensure that members receive services that provide the proper level of care and that services are monitored. These include reassessment of member needs at regular intervals by Contractors' case managers, review of case management services by AHCCCS, and monitoring of the timeliness of initiation of services after enrollment by both Contractors and AHCCCS.

As part of its quality assessment and performance improvement program, AHCCCS measures the percentage of newly placed ALTCS members, by Contractor, who receive specific HCBS services within 30 days of enrollment. These services include adult day health care, attendant care, home-delivered meals, home health nursing and homemaker assistance (a complete list of services and service codes is included in Appendix A).

It should be noted that this Performance Measure does not include all covered home and community-based services. For example, emergency-alert and home-modification services are not included because they are typically provided in conjunction with nursing, personal care or other supportive services. This measurement focuses on the health-related services that primarily allow ALTCS members to remain in their homes longer.

Methodology

The methodology for this measurement is based on two study questions:

- What is the number and percentage (overall, by urban and rural counties, and by individual Contractor) of sample members to whom a home and community-based service was provided within 30 days of enrollment?
- For those members who did not receive services within 30 days of enrollment, what were the reasons?

The measurement period for the study was October 1, 2005, through September 30, 2006. The sample frame consisted of E/PD members who:

- were enrolled for 30 days or more with an ALTCS Contractor during the measurement period, and
- were newly placed in a home or community-based setting (other than an assisted living facility).

This study did not include ventilator-dependent members, as Contractors are required to initiate services for those members within 14 days of enrollment.

A representative random sample was selected for each Contractor. Data were first collected from AHCCCS encounter data (records of claims paid by Contractors). If services within 30 days of enrollment were not found in AHCCCS encounter data, Contractors were asked to provide information from medical or case management records or their claims data.

In analyzing initiation of services, AHCCCS did not include members who: were residing in and receiving services from an assisted living facility or nursing home, were admitted to a hospital, were receiving hospice services, or refused services when these situations were documented as occurring within 30 days of enrollment. A small number of members also were excluded for other reasons, primarily because Medicare covered a service for the member during the first 30 days. Percentages of members in the sample who fell into one of the above categories also were analyzed.

To validate additional information collected by Contractors, AHCCCS required documentation of services provided or reasons why a member did not receive services (for example, the member refused services while waiting for a family member to become trained to provide attendant care or was hospitalized during all or part of the first 30 days of enrollment). Documentation provided by Contractors included copies of the pertinent sections of case management records, medical/service records from providers, or verification of claims paid by Contractors for qualifying services.

Performance Standards

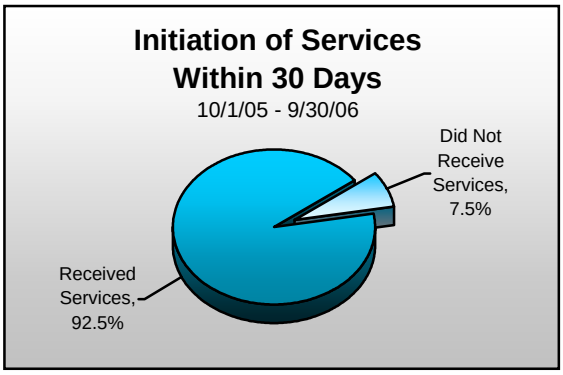
AHCCCS has established a Minimum Performance Standard (MPS) that Contractors achieve a rate of at least 84 percent for this measure. If Contractors are already achieving the minimum standard, they should strive for a rate of 85 percent or higher. The AHCCCS long-range goal is that all Contractors achieve a rate of at least 98 percent for this measure.

Results and Analysis

The original study sample included 854 HCBS members. Of those, 284 people were excluded because they were residing in assisted living facilities or transferred to nursing homes (171), were admitted to hospitals (10), were receiving hospice services (24), refused services while a friend or family member was being trained as a paid caregiver (66), or for other reasons (13) in the first 30 days of enrollment (Table 1).

Exclusions by Contractor	
Cochise Health Systems	7
Evercare Select	120
Mercy Care LTC	60
Pima Health System LTC	60
Pinal/Gila LTC	28
Yavapai County LTC	9
TOTAL	**284**

Among the remaining 570 people, 527 or 92.5 percent received services within 30 days of enrollment (Table 2). The overall rate of initiation of services did not show a statistically significant change, compared with the previous measurement (p= .069).



As was the case in the previous measurement, there was no significant difference in rates of initiation of services between rural and urban counties in the current period (p=.343).

Rates by Contractor ranged from 79.3 percent to 97.7 percent. Five of six Contractors exceeded both the AHCCCS minimum standard and the current goal. Two Contractors, Cochise Health Systems and Pima Health System, achieved rates of 97.7 percent, just short of the AHCCCS long-range goal of 98 percent.

Conclusions and Recommendations

Given the variety and complexity of members' needs and personal situations when they enroll in the ALTCS program, Contractors' case managers face distinct challenges in ensuring that enrollees have prompt access to home and community based services that fit with their individual choices and needs. However, the overwhelming majority of new ALTCS members placed in HCBS settings receive services within 30 days of enrollment.

Of the 284 people excluded from the study in the current measurement, 66 members or their authorized representatives refused other services while awaiting a friend or relative of the member to complete training to become their paid caregiver. The proportion of members/representatives who refused services was 23.2 percent, compared with 17.9 percent in the previous measurement.

The option of having a relative or friend provide care appears to be a popular choice among elderly and disabled individuals. One study showed that more than 60 percent of care for such people nationally is provided by unpaid "informal caregivers," including relatives and friends.[7] Given the high proportion of unpaid family and friends who already provide care and support, it is logical that these people would continue to provide care under a paid arrangement.

Since much of the data for this indicator is collected from case management records when claims or encounters for services are not available, Contractors must ensure that case managers thoroughly and consistently document when home and community-based services are initiated for new members or when members or authorized representatives refuse services. Over the past few years, AHCCCS has worked with Contractors to improve documentation.

In October 2004, AHCCCS implemented a policy that ALTCS Program Contractors should develop a standardized system for verifying the delivery of services with the member or representative after authorization, in order to better ensure that the services that have been ordered are put in place in a timely manner. Implementation of this policy should help to sustain high rates of initiation of home and community based services.

Promising practices related to timely provision of home and community-based services have been identified through programs in other states, including disease management programs.[8-11] These strategies include:

- *Building ongoing relationships with PCPs and other providers.* This enables case management staff to better coordinate care and facilitate communication and authorizations.
- *Communicating with providers through secure electronic means.* An HCBS program in Ohio has implemented a process that allows providers to respond to a Request for Services and advise case managers within 24 hours if they are able to provide specific services to a particular person. The process safeguards the recipients' privacy and reduces the amount of time case managers spend on the phone or faxing information to find a provider. (Arizona is working on a comprehensive initiative to create an electronic health information infrastructure that would increase provider efficiency and improve care coordination.)
- *Utilizing automated case management systems*. These systems can be used to track timeliness of service initiation and generate reports to evaluate overall quality and outcomes. Reminders for case managers may be built into the systems.

Another key component of improving the timeliness of health care service delivery is the availability of performance information by contracted health plan. Given that nearly all Contractors are meeting the Minimum Performance Standard for this measure, AHCCCS will consider raising the minimum performance level in order to encourage continued improvement toward meeting the long-range goal.

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Table 1
AHCCCS ALTCS Perfromance Measure
INITIATION OF HOME AND COMMUNITY BASED SERVICES
Exclusions from Analysis of Initiation of Services, All Contractors
Measurement Periods: October 1, 2005, through September 30, 2006

Reason	n	Percent	Relative Percent Change
Member in Assisted Living Facility/Nursing Facility	171	60.2%	-6.2%
	111	64.2%	
Member Recieving Hospice Services	24	8.5%	-8.6%
	16	9.2%	
Member Admitted to Hospital	10	3.5%	-49.2%
	12	6.9%	
Member Refused Services/Awaiting Designated Caregiver to be Trained	66	23.2%	29.7%
	31	17.9%	
Other	13	4.6%	164.0%
	3	1.7%	
TOTAL	284	100.0%	
	173	100.0%	

Note:
Shaded rows show results of previous measurement, October 1, 2004, through September 30, 2005.

Table 2
AHCCCS ALTCS PERFORMANCE INDICATOR
INITIATION OF HOME AND COMMUNITY BASED SERVICES
WITHIN 30 DAYS OFENROLLMENT BY CONTRACTOR
Measurement Period: October 1, 2005, through September 30, 2006

Contractor	n	Number who Received Service Within 30 Days	Percent who Received Service Within 30 Days	Relative Percent Change	Statistical Significance
Cochise Health Systems *	43	42	97.7%	2.2%	1.000
	45	43	95.6%		
Evercare Select	111	88	79.3%	-11.9%	0.075
	60	54	90.0%		
Mercy Care LTC *	211	199	94.3%	10.2%	0.006
	132	113	85.6%		
Pima Health System LTC *	129	126	97.7%	6.3%	0.093
	86	79	91.9%		
Pinal/Gila County LTC *	56	53	94.6%	12.5%	0.101
	44	37	84.1%		
Yavapai County LTC *	20	19	95.0%	2.9%	1.000
	26	24	92.3%		
TOTAL	570	527	92.5%	3.8%	0.069
	393	350	89.1%		

Notes:

* Indicates Contractor met or exceeded the AHCCCS Minimum Performance Standard.

Shaded rows show results of previous measurement, October 1, 2004, through September 30, 2005.

Appendix A: Acceptable Home and Community Based Services

Adult Day Health	Other
S5100 Day Care service; per 15 minutes. S5101 Day Care service; per ½ day. S5102 Day Care service; per diem.	**S5180 and S5181– applies to following:**
Attendant Care	S5180 Home health respiratory therapy, initial evaluation.
S5125 Attendant care service; per 15 minutes.	S5181 Home health respiratory therapy, NOS; per diem.
Home-Delivered Meals	**Habilitation Services**
S5170 Home-delivered meals; per meal including preparation.	T2021 Day habilitation waiver; per 15 minutes
Home Health Aide	T2020 Day Habilitation, waiver; per diem.
T1021 Home health aide or Certified Nurse Assistant (CNA); per visit.	T2017 Habilitation residential, waiver; per 15 minutes.
Home Health Nursing – S9123 =RN, S9124= LPN	**Behavioral Health**
S9123 Nursing Care, in the home, by RN; per hour (w or w/o *Modifier TG)	T1019 Personal care services; per 15 minutes.
S9124 - Nursing Care in the home by LPN; per hour. (w or w/o *Modifier TG)	T1020 Personal care services, not for IP or residential care facilities; per diem.
Home Infusion	H2014 Skills training and development; per 15 minutes. (w or w/o *Modifier HQ)
S9379 Home Infusion Therapy; per diem. Not otherwise classified.	H2025 Ongoing support to maintain employment; per 15 minutes.
Personal Care	T2018 Habilitation, supported employment, waiver; per diem.
T1019 Personal care services; per 15 minutes.	T2019 Habilitation, supported employment, waiver; per 15 minutes.
Respite	H2019 Therapeutic behavioral services (*Behavioral Health Therapeutic Day Program*); per15 minutes. (w or w/o *Modifier TF)
	H2020 Therapeutic behavioral services (*Behavioral Health Therapeutic Day Program*); per diem.

	S5150 Unskilled, not hospice; per 15 min in home respite care.		H0036 Community psychiatric supportive treatment, Face to Face (*Behavioral Health Medical Day Program*); per 15 minutes.
Respite, cont.		**Behavioral Health**	
	S5151 Unskilled, not hospice; per diem in home respite care.		H0036 Community psychiatric supportive treatment, Face to Face (*Behavioral Health Medical Day Program*); per 15 minutes. (*Modifier TF)
	S5150 Group, not hospice; per 15 min respite care. (*Modifier HQ)		
Homemaker			H0037 Community psychiatric supportive treatment program (*Behavioral Health Medical Day Program*); per diem.
	S5130 Homemaker services, NOS; per 15 min.		

*Modifier HQ – Modifier for group setting
*Modifier TF - Modifier for intermediate level of care
*Modifier TG - Modifier for complex/high level of care.

Appendix B:
Arizona Long Term Care System (ALTCS)
Performance Measure Methodology

Project Title: **Initiation of Home and Community Based Services (HCBS)**

Background: Health care services and supports should be provided to members in the Arizona Long Term Care System (ALTCS) who are residing in home and community-based settings as quickly as possible after enrollment. These services and supports include, but are not limited to: adult day health care, attendant care, behavioral health services, habilitation services, home-delivered meals, home health aide services, home health nursing, homemaker assistance, home infusion therapy and respiratory therapy.

Arizona Health Care Cost Containment System (AHCCCS) medical policy requires that service be provided within the first 30 days after enrollment to new ALTCS members who are placed in the Home and Community Base Services (HCBS) program.

Purpose: The purpose of this study is to evaluate ALTCS Contractor compliance with AHCCCS medical policy in initiating services to newly enrolled elderly and physically disabled (E/PD) members in the HCBS program.

Measurement Period: October 1, 2005, through September 30, 2006

Study Questions:

1. What is the number and percentage (overall, by urban and rural counties, and by individual Contractor) of sample members to whom a service was provided within 30 days of enrollment?
2. For those members who did not receive services within 30 days of enrollment, what were the reasons?

Population: All newly enrolled E/PD members placed in the HCBS program

Sample Frame: The sample frame consists of E/PD members who met the following criteria:

- Newly enrolled with an ALTCS Contractor during the measurement period,
- Enrolled in ALTCS for 30 or more days during the measurement period, and
- Placed in an ALTCS-authorized HCBS setting

Sample Frame Exclusions: This measure did not include members who were enrolled in the Ventilator Dependent program. AHCCCS requires services for these members to be implemented within 14 days of enrollment.

Members with Prior Period Coverage (PPC) were excluded from the sample frame. PPC is a retroactive coverage period for which Contractors are financially responsible for paying for covered services.

Sample Selection: A statistical software package was used to select a random representative sample by Contractor from the sample frame. The sample size was determined using a confidence level of 95 percent and a 5-percent confidence interval, plus oversampling that was based on the previous year's exclusions and missing record count**.**

Sample Strata: The random sample was further stratified by urban and rural counties.

Data Sources: AHCCCS recipient enrollment data was used to identify members who met the sample frame criteria. AHCCCS encounter data, and member medical records and/or case management files, and Contractor claims data were used to identify services received by members in the sample frame.

Data Collection: Data was first collected from AHCCCS administrative (encounter) data. If acceptable services were not identified as being provided within 30 days of enrollment, AHCCCS requested that Contractors use medical records, case management files or their own claims data to verify whether any of the services measured in this study were provided to those members within the first 30 days of enrollment. If services were not provided within 30 days, Contractors were to provide the reason and supporting documentation for each case.

Contractors were required to collect data using the AHCCCS standardized methodology in an electronic format provided by AHCCCS. Each Contractor was provided an electronic file of its sample members for whom encounters for services within 30 days of enrollment were not found in the AHCCCS encounter system. After collection of data, Contractors were required to return the data to AHCCCS in the predetermined electronic format.

Confidentiality Plan: AHCCCS continues to work in collaboration with Contractors to develop, implement and maintain compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements.

The Data Analysis & Research (DAR) Unit maintains the following security and confidentiality protocols:

- To prevent unauthorized access, the sample member file is maintained on a secure, password-protected computer, by the DAR project lead,
- Only select Division of Health Care Management (DHCM) employees, who enter or analyze data, have access to study data.
- Sample files given to Contractors are tracked to ensure that all records are returned.
- All employees and Contractors are required to sign a confidentiality agreement.
- Member names are never identified or used in reporting.

- Upon completion, all study information is removed from the computer and placed on a compact disk, and stored in a secure location.

Data Validation: The sample frame was validated to ensure that members met criteria for inclusion in the study.

Data files received back from Contractors were reviewed to ensure that:
- all members included in the sample were listed in the returned data file,
- services met numerator criteria for this performance measure,
- all requested information was provided.

Service data provided by Contractors must have been accompanied with documentation of the source data (i.e., copy of the pertinent section of the medical record or case management file and/or a copy of a paid claim), including the date(s) of service. Contractor-supplied data was validated by clinical staff of the AHCCCS ALTCS unit.

Indicators:
1. The number and percentage (overall, by urban and rural counties, and by individual Contractor) of sample members who received at least one acceptable home and community-based service within 30 days of enrollment during the measurement periods.
2. The number and percentage of members who did not receive an acceptable home and community-based service within 30 days of enrollment, by reason category.

Denominators:
1. The number of members who met the sample frame criteria
2. The number of members who met the sample frame criteria and did not receive a service within 30 days of enrollment

Numerators:
1. The number of sample members who received an acceptable service within 30 days of enrollment in ALTCS
2. The number of sample members who did not receive an acceptable service within 30 days of enrollment for one of the following reasons:
   - The number of members in denominator #2 who refused all services (including those who refused other services while waiting for a specific person to be trained as an attendant caregiver)
   - The number of members in denominator #2 who died within 30 days of enrollment
   - The number of members in denominator #2 who were admitted to a hospital or nursing facility within 30 days of enrollment
   - The number of members in denominator #2 who were receiving hospice services within 30 days of enrollment
   - The number of members in denominator #2 who were in an assisted living facility within 30 days of enrollment
   - The number of members in denominator #2 for whom no reason was given

Analysis Plan:
- The numerator was divided into the corresponding denominator for each indicator (i.e., study question) to determine the indicator rate.

- Data for services received within 30 days was analyzed as a statewide aggregate, and by urban and rural counties, to determine overall and urban- and rural- county rates.
- When calculating rates for initiation of services within 30 days of enrollment (study question #1), members were excluded from the denominator for the following reasons:
    - refused all applicable services
    - died within 30 days of enrollment
    - admitted to a hospital or nursing facility within 30 days of enrollment
    - receiving hospice services within 30 days of enrollment
    - residing in an assisted living facility within 30 days of enrollment
- Outliers were identified using standard deviations and patterns of abnormal distribution of data.
- Differences between prior study results were analyzed for statistical significance and relative change.
- The following assumptions were used to determine whether the indicator criteria was met:
    - Members included in the sample sent to Contractors for which data was not received back from the Contractor were counted as having no service within 30 days;
    - Any service documented by the Contractor that did not include the date it was first delivered was counted as being provided outside the 30-day requirement.

Comparative Analysis:

- Overall rates for urban and rural counties were compared.
- Individual Contractor rates were compared to each other and to the AHCCCS Minimum Performance Standard and Goal.

Deviations from HEDIS:

This indicator is based on an AHCCCS contractual requirement and is not based on any nationally recognized methodology, such as the Health Plan Employer Data and Information Set (HEDIS).

Deviations from Previous Methodology:

There were no deviations from the methodology used for the previous measurement.

Quality Control:

To ensure consistency and reliability in data abstraction, AHCCCS:

- provided each Contractor with the methodology for this measure,
- provided each Contractor with a data specification sheet, file layout, and data dictionary for this measure,
- provided Contractors with detailed written instructions for data collection,
- provided updates and ongoing technical assistance to Contractors regarding data collection for this measure.

Arizona Health Care Cost Containment System (AHCCCS)
Arizona Long-Term Care System (ALTCS) Performance Indicator
Initiation of Home and Community (HCB) Services

Instructions for submission of data

Contractors can submit information in one of three ways: using an Excel spreadsheet provided by AHCCCS, or a d-BASE IV file or a Text file. The data layout and instructions described must be followed for submission to ensure accuracy of data translation and acceptance of data elements by AHCCCS.

- All variable fields must be left justified.
- All variable fields are to be used exactly as indicated in the proceeding tables.
- If information does NOT exist for any variable field, leave blank spaces in the columns.
- Do not add any "new" variables that are not listed in the proceeding table.
- Do not change variable names.
- Do not change the order of the variable fields.
- All dates should be formatted as mm/dd/yyyy. Thus, January 2, 2003 would be reported as 01/02/2003.
- If submitting information in an Excel spreadsheet, use the file provided by AHCCCS. Do not change the formatting.
- The format has been designed for accurate importing of the data into AHCCCS software. Any changes to the format could result in lost information and a request for the Contractor to resubmit the data.
- Do not change information provided by AHCCCS. Any discrepancy in provided information, please provide AHCCCS with separate notation of difference and reason for change.
- If submitting the information in a d-BASE IV format, use the field layout provided below. If no information exists for a variable field or your data does not fill the required field length, use blank spaces in that column.
- Data files must be formatted as fixed-width text files (*.txt).
- Submit the data files using a CD-ROM. If file size is an issue, please compress the files into a .zip file. If this does not solve the file size problem, please contact Sam S. Kim (e-mail: sam.kim@azahcccs.gov).

- Put an external label on the CD-ROM indicating:
  Contractor Name
  Contact Name & Phone Number
  Number of records in file(s) being provided

- Send the CD to:

  AHCCCS
  Division of Health Care Management
  701 East Jefferson, Mail Drop 6600
  Phoenix, AZ 85034

- The CD needs to arrive at AHCCCS by close of business **April 16, 2006.**

ANY DEVIATIONS FROM THE INSTRUCTIONS FOR SUBMISSION OF DATA WILL NOT BE ACCEPTED AND RETURNED TO THE CONTRACTOR.

Contact information:

Technical questions related to the data request: should be directed to Sam S. Kim e-mail: sam.kim@azahcccs.gov (preferred) or call (602) 417-4503

All other questions related to the project should be directed to Rochelle Tigner at (602) 417-4683 or e-mail: rochelle.tigner@azahcccs.gov

LAYOUT OF MEMBER IDENTIFIED FILE

Variable	Variable Name	Format	Length	Start Column	End Column
1	AHCCCS ID	Text	9	1	9
2	Contractor	Text	6	10	15
3	Last Name	Text	30	16	45
4	First Name	Text	20	46	65
5	Placement Code	Text	2	66	67
6	Placement Begin Date	Date	10	68	77
7	Placement End Date	Date	10	78	87
8	ALTCS Enrollment Begin Date	Date	10	88	97
9	ALTCS Enrollment End Date	Date	10	98	107
10	Date Of Birth	Date	10	108	117
11	Date Of Death	Date	10	118	127
12	Gender	Text	1	128	128
13	Fiscal County	Text	2	129	130
14	Residential County	Text	2	131	132
15	Service Code	Text	5	133	137
16	Service Date	Date	10	138	147
17	Exclusion Begin Date	Date	10	148	157
18	Exclusion End Date	Date	10	158	167
19	Reason For Exclusion	Text	10	168	177
20	Other	Text	50	178	227
21	Race	Text	1	228	228

Description of Included Elements

1	AHCCCS ID	9-digit alpha number assigned to a member upon enrollment into AHCCCS
2	Contractor	6-digit number that tells what Contractor the member was enrolled with
3	Last Name	Last name of member as listed in AHCCCS system
4	First Name	First name of member as listed in AHCCCS system
5	Placement Code	ALTCS placement code
6	Placement Begin Date	Date that member became eligible for Home Community Based Services.
7	Placement End Date	Date that member's Home Community Based Services ended.
8	ALTCS Enrollment Begin Date	Date (not including prior period coverage) member was enrolled with the Contractor
9	ALTCS Enrollment End Date	Date that member's ALTCS enrollment ended
10	Date of Birth	Date that member was born as listed in AHCCCS system
11	Date of Death	Date that member expired as listed in AHCCCS system
12	Gender	Male or Female
13	Fiscal County	County of financial responsibility
14	Residential County	County in which the member resides
15	Service Code	Five digit code that identifies specific service provided
16	Service Date	Date that service was first provided to member (this is not the date that the case manager authorized the service)
17	Exclusion Begin Date	Date that a service began making a member eligible for exclusion
18	Exclusion End Date	Date that a service ended making a member eligible for exclusion
19	Reason For Exclusion	Reason why service was not provided within 30 days of enrollment. **(Drop-Down box is provided that includes the acceptable exclusions.)**
20	Other	Other reason why service was not provided within 30 days of enrollment
21	Race	Race of member as listed in AHCCCS system