## Contents

**Important Information** ........................................................................................................ 7
ALTCS Eligibility ....................................................................................................................... 7
Notice of Non-Discrimination .................................................................................................... 8

**General Information** .......................................................................................................... 10
Member Services ....................................................................................................................... 10
Medical Management ............................................................................................................. 10
DDD Customer Service Center .............................................................................................. 10
Nurse Line ................................................................................................................................ 11
Support Coordination ............................................................................................................. 11
How and Why to Contact Your Support Coordinator ........................................................... 11
How to Find After Hour Care (Urgent Care) .......................................................................... 12

**Behavioral Health Crisis Services** .................................................................................... 12
How to Access Substance Use Disorder Services and Opioid Information ............................. 13
How to Get Materials in Other Languages ............................................................................. 13
How to Get Auxiliary Aids ...................................................................................................... 13
How to Find Non-English Speaking Providers ...................................................................... 14
Provider Directory .................................................................................................................. 14

**DDD Health Plans** ............................................................................................................ 15
Managed Care .......................................................................................................................... 16
Health Insurance Card/ID Card .............................................................................................. 16
Decisions About Your Health Care ....................................................................................... 16
Changes in Family Size or Demographics ............................................................................ 17

**When You Move** .................................................................................................................. 17
Moving Out of the United States ............................................................................................. 17
Moving Out of Arizona ............................................................................................................. 17
Temporarily Out of Arizona ..................................................................................................... 17
Moving Within Arizona ........................................................................................................... 17

**Family Members as Decision-Makers In Treatment Planning** ........................................ 17
ALTCS Transitional Program .................................................................................................. 18
Member Transitions ................................................................................................................ 18
Emergency Services ................................................................................................................ 18
Emergency and Medically Necessary Transportation ........................................................... 19

**Covered Services** ............................................................................................................... 19
Home and Community Based Services (HCBS) ..................................................................... 19
Physical Health Services ........................................................................................................ 22
Covered Physical Health Care Services .................................................................................. 23
Well Visits ............................................................................................................................... 25
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) ........................................... 26

**Women’s Preventive Care Services** ................................................................. 27

**Maternity Care Services** ................................................................................... 28
Pregnancy Services ............................................................................................... 28
Appointments During Your Pregnancy ............................................................... 29
Prenatal HIV/AIDS Testing .................................................................................. 30
Postpartum Care .................................................................................................. 30
Medically Necessary Pregnancy Terminations .................................................... 30

**HIV/AIDS Testing** ........................................................................................... 31

**Family Planning Services and Supplies** ......................................................... 31

**Dental Care** ..................................................................................................... 31
Dental Home ......................................................................................................... 33

**Pharmacy Services** ......................................................................................... 33
Exclusive Pharmacy Evaluation Criteria ............................................................ 34

**Behavioral Health Services** ............................................................................ 34
Covered Behavioral Health Services ................................................................... 35
Special Assistance for Members with Serious Mental Illness (SMI) ...................... 35
Service Authorization .......................................................................................... 35
Non-Covered Health Services ............................................................................. 36
Non-Covered Services for Adults ....................................................................... 36
Accessing Non-Title XIX/XXI Services ............................................................... 37

**Member Housing** ........................................................................................... 38
Home and Community Based Services Residential Options .......................... 40

**End of Life Care Services** ................................................................................ 41
Referrals ................................................................................................................ 41

**How to Get Services When a Provider’s Moral or Religious Objections Prevent You From Getting a Covered Service** .................................................................................................................. 42
How American Indian Members Get Health Care Services .......................... 42

**How to Obtain a Primary Care Provider (PCP)** ............................................. 42
How to Change a PCP .......................................................................................... 43
PCP Appointments and Other Provider Appointments ....................................... 43
Appointment Availability ...................................................................................... 43

**How to Get Covered Behavioral Health Services** ......................................... 45
Serious Mental Illness (SMI) Designation .......................................................... 46
Arizona’s Vision for the Delivery of Behavioral Health Services ......................... 47
The Twelve Principles for the Delivery of Services to Children .......................... 47
Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems ........................................................................................................................................ 49

Multi-Specialty Interdisciplinary Clinic Specialties (MSIC) ........................................................................................................... 51
Appointments with a Multi-Specialty Interdisciplinary Clinic (MSIC) ............................................................................................. 52

Children’s Rehabilitative Services (CRS) ................................................................................................................................. 53
How to Contact Children’s Rehabilitative Services (CRS) ........................................................................................................... 54

Member Councils .............................................................................................................................................................................. 54

DDD Approval and Denial Process .................................................................................................................................................. 55
DDD Decision Criteria ........................................................................................................................................................................ 55
Freedom of Choice .............................................................................................................................................................................. 55
Billing .............................................................................................................................................................................................................. 56
Share of Cost ..................................................................................................................................................................................... 56
Billing for Non-Covered AHCCCS Services .................................................................................................................................... 56
Medicare and Other Health Insurance ........................................................................................................................................ 56
Prescription Drugs Not Covered (Medicare Recipients) ................................................................................................................ 57
Service Authorization and Medication Requests ......................................................................................................................... 57
Notice of Adverse Benefit Determination (NOA) .................................................................................................................................... 57

Grievances & Appeals ...................................................................................................................................................................... 58
Grievances ....................................................................................................................................................................................... 58
Notice of Extension ............................................................................................................................................................................ 58
Appeal Process .................................................................................................................................................................................. 58

Grievances for Crisis Services ....................................................................................................................................................... 60

Grievances & Appeals for Serious Mental Illness (SMI) ................................................................................................................. 60
Grievances (SMI) ................................................................................................................................................................................ 60
SMI Determination Appeal Process (SMI) ..................................................................................................................................... 61
SMI Treatment Appeal Process (SMI) ........................................................................................................................................ 61
Requesting a State Fair Hearing ...................................................................................................................................................... 62
 Expedited Appeals ............................................................................................................................................................................. 63

Submitting a Concern About Quality of Care .................................................................................................................................. 63

Federal and State Law Compliance ................................................................................................................................................ 63

Filing Complaints .............................................................................................................................................................................. 64

How to Get Information About DDD Health Plans ....................................................................................................................... 64

Physician Incentive Plans ................................................................................................................................................................. 64

Member Rights ............................................................................................................................................................................... 64

Member’s Responsibilities ............................................................................................................................................................... 66
Important Information

My Support Coordinator ____________________________________________________________________________

My Support Coordinator’s Phone Number ________________________________________________________________________

My DDD Health Plan ________________________________________________________________________________________

My DDD Health Plan’s Phone Number __________________________________________________________________________

My Doctor (PCP) ____________________________________________________________________________________________

My Doctor’s Address _________________________________________________________________________________________

Phone __________________________________________________________________________

My Dentist _________________________________________________________________________________________________

My Dentist’s Address _______________________________________________________________________________________

Phone __________________________________________________________________________

My Pharmacy ________________________________________________________________________________________________

My Pharmacy’s Address ______________________________________________________________________________________

Phone __________________________________________________________________________

Other Important Numbers ___________________________________________________________________________________


Members can request a hard copy of this handbook be mailed to them annually. It is available for viewing online at the Division’s website. If you lose your copy, please call your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1.

ALTCS Eligibility
The Arizona Long Term Care System (ALTCS) provides health care, behavioral health, and long-term care services, also called Home and Community Based Services (HCBS), to eligible Arizona residents. The Division provides ALTCS services to eligible individuals with developmental disabilities. Covered services are funded under contract with AHCCCS.

When you become eligible, you will be assigned to a DDD Health Plan. You may change your DDD Health Plan. See “DDD Health Plans” on pages 15-16 for more information. You will also need to pick a doctor. We can help you pick a DDD Health Plan and a doctor. If you do not choose a doctor within 10 calendar days, DDD will assign you to one to you. See “How to Obtain a Primary Care Provider (PCP)” on page 42 for more information. You will meet with us at your home to develop a plan and answer questions.
Notice of Non-Discrimination

The Arizona Department of Economic Security (ADES) Division of Developmental Disabilities (DDD) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DDD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. DDD provides no cost aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats). DDD provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact your DDD Support Coordinator and they will arrange services for you. If you cannot reach your Support Coordinator, contact the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDD 711). Address: DES Division of Developmental Disabilities MD 2HA1, 1789 W. Jefferson St., Phoenix, AZ 85007.

If you believe that DDD failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Division. You can file a grievance by mail or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. Submit your grievance to: DES Division of Developmental Disabilities, PO Box 6123, 1789 W. Jefferson St., Phoenix, AZ 85007 Email: DDDCustomerServiceCenter@azdes.gov. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail at U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 770-9500 ext. 1 (TTY: 711).

Díí baa akó nínizin: Díí saad bee yánílt’í go Diné Bizaad, saad bee aká’ànída’áwo’déę’, t’àá jiik’eh, éí ná hólo, kojjí hódíílnih (844) 770-9500 ext. 1 (TTY: 711)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (844) 770-9500 ext. 1 (TTY: 711)。


PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (844) 770-9500 ext. 1 (TTY:711).

주의: 한국어을 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 770-9500 ext. 1 (TTY: 711) 번으로 전화해 주십시오。

ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le (844) 770-9500 ext. 1 (ATS : 711).


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (844) 770-9500 ext. 1 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 (844) 770-9500 ext. 1 (TTY: 711) まで、お電話にてご連絡ください。


주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 770-9500 ext. 1 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (844) 770-9500 ext. 1 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 9500-770(844) (الرقم الداخلي: 1 ) رقم هاتف الصم و الابكم 711
General Information

Member Services
Member Services is able to help members who have questions regarding their DDD Health Plans including who their provider is, issues with coverage, issues with their provider, changing their DDD Health Plans. DDD Member Services can be reached at 1-844-770-9500 option 7.

Medical Management
Members with questions about the health services they are receiving from their DDD Health Plan should contact their DDD Health Plan’s Medical Management unit. See pages 15-16 for DDD Health Plan contact information. Members enrolled in the DDD Tribal Health Program (THP) can contact the DDD Medical Management unit with questions regarding the services they are receiving. They will help the member understand their options and the importance of the services they are receiving, so they can remain healthy. DDD Medical Management also ensures the services members receive are delivered timely and effectively. DDD THP members can contact Medical Management at 1-844-770-9500 option 7 TTY/TDD 711 or 602-771-8080.

DDD Customer Service Center
The DDD Customer Service Center supports activities and practices for members and their families that include medical management, Division issues, services, providers and assistance to members to file a complaint about the Division, and the care members are getting. Call 1-844-770-9500 option 1 (TTY/TDD 711) or email DDDCustomerServiceCenter@azdes.gov.

Call Customer Service:
- To report a change in your medical condition
- To report a change in your medical insurance
- If you are thinking about moving
- If you would like at no cost a copy of a provider directory for your area
- If you need more information about services including physical health, behavioral health, Children’s Rehabilitative Services (CRS), and Home and Community Based Services
- If you are asking for a change in your DDD Health Plan
- If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided or why
- To make changes in contact information
- You can also call us anytime if you have any questions, concerns or need help.

Applicants for services and/or program participants have a right to file complaints and to appeal according to rules by notifying:

Arizona Department of Economic Security
Director’s Office of Equal Opportunity
1789 W. Jefferson St., 4th Floor SE
Nurse Line
You can call your health plan Nurse Line 7 days a week/24 hours per day to answer general medical questions.

- Mercy Care: 1-800-624-3879 ext. 2 TTY/TDD 711
- UnitedHealthcare: 1-877-440-0255 TTY/TDD 1-800-855-2880
- DDD THP: 1-480-267-7267

Support Coordination
The Division provides Support Coordination as a service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Support Coordinators also ensure appropriate services and/or benefits are:

- Identified
- Planned
- Obtained
- Provided
- Recorded
- Monitored
- Modified when necessary
- Terminated when necessary

This includes:

- Assessment to determine their needs and eligibility when applying for/receiving services
- Assistance in finding necessary resources in addition to covered services to meet basic needs
- Assistance in obtaining entitlements
- Communication
- Coordination of care
- Follow-up of crisis contacts or missed appointments.

Call 1-844-770-9500 option 1 if you need help contacting your Support Coordinator.

How and Why to Contact Your Support Coordinator
We will work with you to decide which services meet your needs. We will help you get services and help you find community resources. We will also keep track of the services. We will work with you and your providers, if there is a need to change anything about the services you get. You can also call us when you have questions or need help even in between Person-Centered Service Plan (PCSP) meetings with you. See “Important Information” on the inside cover for more contact information.
How to Find After Hour Care (Urgent Care)

If you need care right away but are not in danger of lasting harm or losing your life, you can go to an urgent care center. If your doctor cannot see you right away and you have an urgent problem go to an urgent care center. Urgent care is also called after hours care.

Examples of urgent problems include:
- A cut that needs stitches
- Sore throat
- The flu

You can find the closest urgent care center on your DDD Health Plan's provider list. If it is late at night or on the weekends, your doctor has an answering service that will get a message to your doctor. A doctor will call you back and tell you what to do.

American Indian/Alaska Natives can visit any Indian Health Services facility, Urban Indian Health Program or tribally owned 638 facility for urgent care.

Behavioral Health Crisis Services

If you, a family member, or a friend have a mental health emergency, it is important that you seek help right away. Trained crisis staff are available 24 hours a day, seven days a week to help over the phone. The Crisis lines are free, confidential, and open to anyone who needs help. For medical, police and fire emergency situations, always call 911.

Crisis lines are available 24 hours a day, 7 days a week, 365 days a year. A trained crisis specialist will answer your call.

Dial 988 if you or someone you know is having a mental health emergency.

Statewide Crisis Hotline
- 1-844-534-4673 (1-844-534-HOPE)

Suicide and Crisis Hotlines by County
- Maricopa County served by Mercy Care: 1-800-631-1314 or 602-222-9444
- Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties served by Arizona Complete Health - Complete Care Plan: 1-866-495-6735
- Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Health Choice Arizona: 1-877-756-4090
- Gila River and Ak-Chin Indian Communities: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Tohono O'odham Nation: 1-844-423-8759

Especially for Teens
- Teen Life Line phone or text: 602-248-TEEN (8336)
National 24 Hour Crisis Hotlines

Phone

- National Suicide Prevention Lifeline: 988 or 1-800-273-TALK (8255)
- National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357)

Text

- Text the word "HOME" to 741741

Additional crisis services include 24/7 mobile teams staffed by behavioral health professionals who travel to the individual experiencing a crisis and provide assessment, stabilization and may triage the individual to a higher level of care, as appropriate.

Facility-based crisis stabilization centers are also available that offer crisis stabilization and observation, including access to Medication Assisted Treatment (MAT) and drug detoxification.

How to Access Substance Use Disorder Services and Opioid Information

You do not need a referral from your PCP to begin substance use services. Any behavioral health provider can assist with substance use disorders and provide opioid information. Visit your DDD Health Plan's website or call their Member Services unit to locate a provider near you. See pages 15-16 for DDD Health Plan contact information. You can also contact the National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357).

How to Get Materials in Other Languages

You have the right to:

- Materials that recognize your need for empathy, courtesy and respect of culture.
- Have a provider who speaks a language you understand.
- Get information, including this handbook, in another language or format that is easier to read at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDY 711).
- Get interpreter services at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDD 711).

How to Get Auxiliary Aids

Auxiliary Aids are services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in and enjoy the benefits of programs or activities conducted by the agency.

Auxiliary aids useful for persons with impaired vision include:

- Readers
- Brailed materials
- Audio recordings
• Other similar services and devices.

Auxiliary aids useful for persons with impaired hearing include:
• Telephone handset amplifiers
• Telephones compatible with hearing aids
• Telecommunication devices for deaf persons (TDD’s)
• Interpreters
• Note takers
• Written materials
• Other similar services and devices.

You may be eligible to get auxiliary aids, which are services or devices to help you if you are having vision, speech or hearing problems. Auxiliary aids and services are available at no cost to eligible members. These aids allow you to be active in and enjoy the programs and activities offered by the Division of Developmental Disabilities. You can contact your Support Coordinator for help to get these services and devices.

How to Find Non-English Speaking Providers
We can also help you find an HCBS provider who speaks a language other than English who can accommodate members with disabilities. You can get a list of HCBS providers from our website. This list is available on the Member Resources page, https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources, then click "Search for a DDD Provider."

Let your HCBS provider know you need an interpreter. Your provider is responsible for having an interpreter available. If you have questions, call us at 1-844-770-9500 option 1.

Please contact your DDD Health Plan if you need an interpreter for a medical appointment.

Provider Directory
You can get a list of physical and behavioral health providers from your DDD Health Plan's website. The DDD website, https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources, is a directory of Home and Community Based Services providers. The directories include information which will tell you if their offices will accommodate you if you have a disability. This includes things like:
• Languages Spoken
• Adaptive Transportation Vehicles
• Changing Areas
• Wheelchair Access
• Patient Lift Assisted Devices
• Widened Doorways

When we can, you will be given a choice of providers. For some services, you may also be able to have a friend, neighbor, or relative become your provider. There is no cost for a copy
of the HCBS provider directory. Call DDD Customer Service at 1-844-770-9500 option 1 if you would like a copy of the HCBS provider directory for your area.

Members having issues getting support from their providers should contact their Support Coordinator. The Support Coordinator can help in getting a response from the provider. The Support Coordinator can also escalate issues to the DDD Health Plans or Tribal Health Program. A Support Coordinator can also request a Care Manager if they are unable to resolve the issue. The Care Manager will be a part of the planning team for a short time. They will help navigate the provider network.

DDD Health Plan provider directories include details identifying network provider sites offices that accommodate members with disabilities. For many services, there may be more than one provider in your area who can accommodate members with disabilities.

If you go to a physical or behavioral health care provider for non-emergency services and they inform you that they are not in your DDD Health Plan's network, please consult with your DDD Health Plan as services may not be covered. Please contact your DDD Health Plan's Member Services department to locate a provider in their network. Member Services phone numbers can be found on pages 15-16 of this handbook.

If you need emergency care, call 911 or go to the nearest hospital emergency room even if it is outside your DDD Health Plan's network. You do not need an approval for emergency care.

**DDD Health Plans**

DDD contracts with managed care organizations (MCOs), called “DDD Health Plans”. These DDD Health Plans offer ALTCS eligible members physical and behavioral health services, Children’s Rehabilitative Services* (CRS) and limited long term services and supports (LTSS): nursing facilities, emergency alert system services, and habilitative physical therapy for members age twenty-one (21) and over. Members can use their DDD Health Plans’ provider network to obtain health care services. DDD Health Plans are available statewide. Contact information for DDD Health Plans is listed below.

**Mercy Care**
602-263-3000 or 1-800-624-3879
Nurse Triage Line: 1-800-624-3879 TTY/TDD 711
www.mercycareaz.org

**UnitedHealthcare Community Plan**
1-888-586-4017
Nurse Triage Line: 1-877-440-0255 TTY/TDD 711
www.uhccommunityplan.com

American Indian members can choose to receive health care services through a DDD Health Plan or the DDD Tribal Health Program (DDD THP). The DDD Tribal Health Program is available statewide.
DDD THP
1-844-770-9500 option 7 TTY/TDD 711
Nurse Triage Line: 1-844-770-9500 option 7 TTY/TDD 711
Find a provider at https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/

See “How American Indian Members Get Health Care Services” on page 42 for more information about available options.

Members can change DDD Health Plans every 12 months. You will receive notification regarding annual enrollment choice 60 days before your annual enrollment choice date. Contact your Support Coordinator if you have questions about changing your DDD Health Plan. American Indian/Alaska Native members can change between a DDD Health Plan and the Tribal Health Program (THP) at any time.

* Available to members with CRS designation.

Managed Care
Managed care is a system that manages health care delivery to control costs. A managed care organization is also called a health plan. We are your health plan. We are responsible for your long-term care and your health care. The Support Coordinator is the gatekeeper, the person to help you get the quality long-term care services that you need. DDD subcontracts with health plans for your physical health care, behavioral health care and Children's Rehabilitative Services (CRS). Your DDD Health Plan will also provide these limited long term services and supports if necessary: emergency alert systems, skilled nursing, and physical therapy for members over 21 years of age. Your Primary Care Provider (PCP) will request all of the health care and services you may need. The health care and services you get must be from a provider who contracts with your DDD Health Plan.

Health Insurance Card/ID Card
If you have an Arizona driver's license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation/Motor Vehicle Division (MVD). When your health care providers check to see if you are eligible with AHCCCS, they will see your picture (if available) with your coverage. This will help us to know that no one else is using your ID card or benefits.

Your health insurance card and ID number are for your use only. It is your responsibility to protect your ID card. Selling or letting someone else use your card is fraud. You could lose your services and benefits. Legal action could also be taken against you. It is very important to always keep your card and not discard it.

Decisions About Your Health Care
You have the right to participate in decisions about your care, including to refuse care or getting information about what could happen if you get or do not get care. You have the right to have someone help you make decisions when you are unable to do so.
Changes in Family Size or Demographics
Tell your Support Coordinator if your finances or family size change, if you have any private health insurance, and if your address or phone number change.

When You Move

Moving Out of the United States
If you move out of the United States, you will no longer be eligible for ALTCS or the Division of Developmental Disabilities (the Division). If you are thinking about moving out of the United States, call your Support Coordinator.

Moving Out of Arizona
If you move out of Arizona, you will no longer be eligible for ALTCS or the Division of Developmental Disabilities (the Division). If you are thinking about moving out of Arizona, call your Support Coordinator. We can help you find services and community help.

Temporarily Out of Arizona
When you are out of Arizona, you may only get emergency care for physical and behavioral health services. With prior approval from your Support Coordinator, you may also receive HCBS. Before your trip, call your DDD Health Plan's member services or your Support Coordinator. Your DDD Health Plan's contact information is listed on pages 15-16 of this handbook. They will tell you what to do if an emergency happens. It is a good idea to make sure you have enough medication before you leave on your trip or vacation. No services are covered outside the United States.

Moving Within Arizona
Tell your Support Coordinator as soon as possible if you plan to move. We will tell AHCCCS. Your file will also be sent to an office close to where you are moving. You may be able to stay with the same provider for your services.

Family Members as Decision-Makers In Treatment Planning
You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as:

- Changing DDD Health Plans
- Scheduling meetings
- Choosing providers
- Searching for placements

You need to provide this information in writing to your DDD Health Plan to make sure they know your choice.
ALTCS Transitional Program

The ALTCS Transitional Program is available for members (both institutional and HCBS) who, at the time of medical reassessment, have improved either medically, functionally or both to the extent that they no longer need institutional care, but who still need significant long term services and supports. Members in the ALTCS Transitional Program are eligible to receive services in these facilities for up to 90 consecutive days. The members planning team will develop a plan to transition them from the facility and back to their community home as quickly as possible. The member can continue to receive the home and community-based services they have been assessed for once they return to their community home.

Member Transitions

The Division identifies and facilitates transition of care for all members to ensure continued access to services when a member changes their DDD Health Plan (MCO) to another DDD Health Plan (MCO) or transitions from the DDD Tribal Health Program (THP), a fee-for service (FFS) plan, to a DDD Health Plan (MCO) or vice versa.

DDD/ALTCS members can change their DDD Health Plan once a year. American Indian/ Alaska Native members can change between a DDD Health Plan and the Tribal Health Program (THP) at any time. See pages 15-16 for more details. A member’s Support Coordinator will help them pick a new PCP or identify providers that can assist them in either their chosen DDD Health Plan or in the fee for service THP option. The Division also coordinates transition services for all members when they are no longer ALTCS eligible.

When a member is no longer DDD eligible but still is ALTCS eligible, the member will be transferred to an ALTCS provider under the Elderly and Physically Disabled (EPD) Program. The Support Coordinator will provide information and assist in this transition by making sure the current services received are transitioned to the new ALTCS provider.

When a member is no longer ALTCS eligible but is DDD only eligible, the Support Coordinator will meet with member to discuss services available.

When a member is no longer DDD eligible but has been enrolled into an AHCCCS Complete Care Plan, the Support Coordinator will meet with the family and discuss services available.

Emergency Services

An emergency is a sudden condition that puts your life in danger or can cause harm to you if not treated fast. Examples are:

- Very bad bleeding
- Seizures
- Broken bones
- Trouble breathing

You can get emergency care 24 hours a day, 7 days a week. If you need emergency care, call 911 or go to the nearest hospital emergency room even if it is outside your DDD Health Plan's network. You do not need a prior authorization for emergency care. Hospital emergency rooms should not take the place of a doctor’s office.
If you need care right away but are not in danger of lasting harm or losing your life, you should go to an urgent care center. See page 12 for more information about Urgent Care.

**Emergency and Medically Necessary Transportation**

Rides are only for covered health care visits. If you need a ride to an appointment, ask a relative, friend or neighbor first. If you cannot get a ride, call your DDD Health Plan's or DDD Tribal Health Program's member services unit (listed on pages 15-16 of this handbook). They will help you set up transportation.

Here are some general tips if you need a ride:

- Call at least 3 calendar days before your health care visit.
- If you have an urgent need to see your doctor, try to call Member Services three hours before your visit. If you do not call ahead of time, the DDD Health Plan may not have enough time to arrange transportation.
- If you have an emergency, call 911 or the emergency number in your area. You do not need to give advance notice.
- Let member services know of any special needs you have such as a car seat or wheelchair.
- Know the address of your health care provider.
- After your health care visit, call for a ride home.
- Be specific about where you want to be picked up.
- If you cancel your health care visit, call Member Services to cancel your ride.

Transportation is for you and your caregiver, if you need help during your health care visit. Parents should make other care arrangements for other children.

**Covered Services**

**Home and Community Based Services (HCBS)**

Home and Community Based Services are provided by DDD Qualified Vendors and in some cases, Independent Providers. These services are assessed by your Support Coordinator with input from your planning team. Based on your needs, you may get one or more of the following services with no cost sharing responsibilities:

**Day Treatment:** This service provides:

- Sensory-motor
- Cognitive
- Communicative
- Behavioral training
- Supervision
- As appropriate, counseling, to promote skill development in independent living, self-care, communication and social relationships.
**Employment Services:** Services that enable members to gain the skills necessary to obtain and retain employment. These include Individual Supported Employment, Employment Support Aide, Transition to Employment, Group Supported Employment and Center-Based Employment. Learn more at [http://bit.ly/dddemployment](http://bit.ly/dddemployment).

**Habilitation:** Services provide a variety of interventions designed to maximize the functioning of members. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

**Home Health Aide:** The Home Health Aide provides medically necessary health maintenance, continued treatment, or monitoring of health conditions in the member’s home. Services may include help with activities of daily living. A Home Health Aide serves as an assistant to the primary caregiver. The aide works under the supervision of a registered nurse and follows a prescribed plan of care that is based on the member’s medical condition.

**Home Health Nurse:** Skilled nursing services are provided in the member’s home. Services may include care related to a specific condition or coordination of health services. It may also include accessing other health services. Education about medical needs and supports may be provided.

**Homemaker:** This service provides help in the performance of activities related to routine household upkeep at a member’s residence. The goal of this service is to increase or maintain a safe, sanitary, and/or healthy environment for eligible members.

**Home Modification:** Members may receive some types of home modifications that remove barriers, making it easier to be more independent in their homes. This service covers only modifications to an existing structure. It does not cover additions to the home. Modifications can be made to individually-owned or family-owned homes where the member lives. If the home is rented, the owner must give written consent to modify the home. The owner may require that the renter restore the premises to the condition that existed before the modification.

**Licensed Health Aide:** A service that provides limited skilled interventions and nursing assistant services including monitoring of a member’s medical condition, health maintenance or continued treatment services, and activities of daily living under the direction and supervision of a registered nurse (“RN”) at an individual’s place of residence or in the community.

**Respite (Up to 600 hours per year based on assessed needs):** Services are provided as a planned or unplanned non-routine interval of rest and/or relief to a family member or other unpaid person who resides with and provides ongoing care for a member.

**Residential Services:** See Home and Community Based Services Residential Options on page 40 for more information.

**Respiratory Therapy:** This service offers medically ordered treatments to restore, maintain or improve breathing and respiratory functions and to promote independence in daily activities for Members who need support with respiratory functions.
**Support Coordination:** The Division provides Support Coordination as a service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Support Coordinators also ensure appropriate services and/or benefits are:

- Identified
- Planned
- Obtained
- Provided
- Recorded
- Monitored
- Modified when necessary
- Terminated when necessary

This includes:

- Assessment to determine their needs and eligibility when applying for/receiving services
- Assistance in finding necessary resources in addition to covered services to meet basic needs
- Assistance in obtaining entitlements
- Communication
- Coordination of care
- Follow-up of crisis contacts or missed appointments

**Therapies: Occupational, Physical, and Speech**

- **Occupational Therapy (OT):** Medically ordered treatments to:
  - Improve or restore functions which have been impaired by illness or injury, or which have been permanently lost, or reduced by illness or injury
  - Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.

  OT is intended to improve the member’s ability to perform those tasks required for independent functioning.

- **Physical Therapy (PT):** Medically ordered treatments to:
  - Restore, maintain and improve muscle tone, joint mobility or physical function
  - Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired
  - Physical Therapy for members 21 years and older is provided by a member's DDD Health Plan and must not exceed 15 visits for developmental/restorative, maintenance, and rehabilitative therapy for the benefit year.

- **Speech Therapy (ST):** Diagnostic and treatment services that include:
  - Evaluation
  - Program recommendations for treatment and/or training in receptive and expressive language
  - Voice
○ Articulation
○ Fluency
○ Rehabilitation
○ Medical issues dealing with swallowing

Transportation: This service provides scheduled transportation to and from an HCBS as authorized by the Division when transportation is not already required by the service specification.

There are two (2) types of transportation: 1) scheduled, and 2) on demand. Scheduled transportation is authorized when the Division member needs regular transportation to a day program service or an employment-related service. On demand transportation is authorized when the member needs intermittent transportation to obtain an authorized service or to fulfill a mandatory obligation in the member’s planning document.

Physical Health Services
Physical health services are provided by your DDD Health Plan. It is important you review your DDD Health Plans’ member handbook. It contains more information and limits that may apply. In general, the following health services are covered:

• Ambulatory surgery
• Anti-hemophilic agents and related services
• Audiology
• Behavioral Health
• Chiropractic services
• Dental services including:
  ○ Treatment of a medical condition such as acute pain (not Temporomandibular Joint Dysfunction-TMJ pain except for reduction of trauma)
  ○ Treatment for infection or fracture of the jaw
  ○ Exam with problem and treatment of the oral cavity
  ○ Required radiographs
  ○ Complex oral surgical procedures
  ○ Appropriate anesthesia
  ○ Prescription of pain medication and antibiotics
  ○ Prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head
  ○ Other dental services, including dentures
  ○ For members who are 21 years of age and older. These dental services are limited to a total of $1000 for each 12-month period
• Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
• Early detection health risk assessment, screening, treatment, and primary prevention
• Emergency services
• Eye examinations/optometry
- Family planning
- Foot and ankle services
- Hospital services
- Immunizations
- Incontinence supplies
- Laboratory
- Maternity care services
- Medical foods
- Medical supplies, Durable Medical Equipment (DME), orthotic, and prosthetic devices
- Medically-necessary pregnancy termination
- Nutrition
- Oral health
- Physician services
- Podiatry services
- Post-stabilization care services
- Pre-natal HIV testing and counseling
- Prescription medications
- Primary Care Provider (PCP) services
- Radiology and medical imaging
- Rehabilitation therapy
- Transplantation of organs, tissue, and related prescriptions
- Transportation
- Triage/Screening and evaluation
- Vision Services/Ophthalmology/Optometry
- Well visits
- Women's preventive health services

## Covered Physical Health Care Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Title XIX Under 21</th>
<th>Title XIX 21 &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Breast Reconstruction after Mastectomy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Cochlear Implants</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Testing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Dental Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive &amp; Therapeutic Dental Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Services</td>
<td>Title XIX Under 21</td>
<td>Title XIX 21 &amp; Over</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Limited Medical and Surgical Services by a Dentist (for members age 21 and older)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Dialysis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Services-Medical</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Eye Exam</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Vision Exam/Prescriptive Lenses</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Lens Post Cataract Surgery</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Treatment for Medical Conditions of the Eye</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health Risk Assessment &amp; Screening Tests (for members age 21 and older)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Preventive Examinations in the Absence of any Known Disease or Symptom</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HIV/AIDS Antiretroviral Therapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospice</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Inpatient Medical</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Observation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Outpatient Medical</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hysterectomy (medically necessary)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Immunizations</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Laboratory</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity Care Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family Planning Services and Supplies</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early and Periodic Screening, Diagnosis and Treatment (Health Services)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Other Early and Periodic Screening, Diagnosis and Treatment Services Covered by Title XIX</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Foods</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Equipment and Appliances</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prosthetic</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Orthotic Devices</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Negative Pressure Wound Therapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nursing Facilities (up to 90 days)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Services</td>
<td>Title XIX Under 21</td>
<td>Title XIX 21 &amp; Over</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Non-Physician First Surgical Assistant</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physician Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Foot and Ankle Services*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Primary Care Provider Services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Radiology and Medical Imaging</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Occupational Therapy – Inpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Occupational Therapy – Outpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical Therapy – Inpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical Therapy – Outpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>(See policy regarding visit limitations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Studies (Polysomnography)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Speech Therapy – Inpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Speech Therapy – Outpatient</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Total Outpatient Parenteral Nutrition</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Non-Experimental transplants approved for Title XIX Reimbursement (See policy regarding specific Transplant Coverage)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transplant Related Immunosuppressant Drugs</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transportation – Emergency</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transportation – Non-emergency</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Triage</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Women’s Preventive Care Services</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Well Visits**

Well visits (well exams) are covered for members. Most well visits (also called checkup or physical) include a:

- Medical history
- Physical exam
- Health screenings
- Health counseling
- Medically necessary immunizations
Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members under 21 years of age are considered the same as a well visit.

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health conditions for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, replacement and repair of eyeglasses, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

This means that EPSDT covered services include services that correct or ameliorate physical and behavioral health conditions, and illnesses discovered by the screening process when those services fall within one of the optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, and family planning services and supplies. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive health care services through primary prevention, early intervention,
diagnosis, and medically necessary treatment to correct or ameliorate defects and physical or mental illnesses discovered by the screenings for persons under the age of 21 years. As part of EPSDT, eyeglasses and other vision services, including replacement and repair of eyeglasses, for members under the age of 21 years are covered by AHCCCS to correct or ameliorate conditions discovered during vision screenings for EPSDT. The health plan shall place no restrictions for EPSDT members for replacement and repair of eyeglasses, when medically necessary for vision correction. This includes, but is not limited to, loss, breakage, or change in refraction. To receive eyeglass replacement or repair, EPSDT members do not need to wait for their next scheduled EPSDT well child visit.

As a reminder, for members under the age of 21, federal law requires AHCCCS to cover all services listed in 42 U.S.C. 1396d(a) when medically necessary and cost effective, even when the services are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies. This means that health plans shall cover these services for EPSDT members if the treatment or service is necessary to “correct or ameliorate” defects or physical and behavioral illnesses or conditions, as long as the services are not experimental.

**Women’s Preventive Care Services**

Female members, or members assigned female at birth have direct access to preventive and well care services from a PCP, including OB/GYN providers within the Contractor’s network without a referral from a primary care provider.

Covered services included as part of a well-woman preventive care visit include:

a. A physical exam (Well Exam) that assesses overall health

b. Clinical Breast Exam,

c. Pelvic exam (as necessary, according to current recommendations and best standards of practice),

d. Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors,

e. Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
   
i. Proper nutrition,
   
ii. Physical activity,
   
iii. Elevated BMI indicative of obesity,
   
iv. Tobacco/substance use, abuse, and/or dependency,
   
v. Depression screening,
   
vi. Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/ past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems,
   
ivii. Sexually transmitted infections,
   
ixii. Human Immunodeficiency Virus (HIV),
   
ix. Family Planning Services and Supplies, (refer to Division Medical Policy 420),
x. Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
   a) Reproductive history and sexual practices,
   b) Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake,
   c) Physical activity or exercise,
   d) Oral health care,
   e) Chronic disease management,
   f) Emotional wellness,
   g) Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use, and
   h) Recommended intervals between pregnancies, and

f. Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

g. Immunizations including HPV

Maternity Care Services

Maternity Care Services available to members of childbearing age include:

- Medically necessary preconception counseling
- Identification of pregnancy
- Medically necessary education and prenatal services for the care of pregnancy.
- The treatment of pregnancy-related conditions.
- Labor and delivery services.
- Postpartum care.

Pregnancy Services

If you are or think you may be pregnant, call your DDD Health Plan's or DDD Tribal Health Program's member services on pages 15-16 and your PCP. They can help you choose a maternity care provider as soon as possible and assist with scheduling appointments. Newly assigned pregnant members and those currently under the care of an out-of-network provider can change health plans to ensure continuity of prenatal care. Members may request a health plan change either through the HEAplus system healthearizonaplus.gov or by contacting AHCCCS at (602) 417-7100 or 1-(800)-334-5283.

Maternity care providers may be:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
2. Physician Assistants.
4. Certified Nurse Midwives, and
5. Licensed Midwives.
Once you choose a maternity care provider, make an appointment right away. It is important to have early and regular prenatal visits during your pregnancy.

You can go directly to your maternity care provider for care. Your PCP will manage your non-OB/GYN care and your maternity care provider will manage your pregnancy care. You can also choose to have a maternity care provider as your PCP while you are pregnant. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

Your DDD Health Plan or DDD Tribal Health Program will send you information about family planning services and supplies by the end of your second trimester if you are pregnant. This will include information about Long-Acting Reversible Contraceptives (LARC) and Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC).

**Appointments During Your Pregnancy**

Your appointments are important to your health and the health of your baby. You should see your maternity care provider during pregnancy even if you feel good. Initial prenatal care appointments for enrolled pregnant mothers are:

- First trimester within 14 calendar days of the member’s request.
- Second trimester within 7 calendar days of the member’s request.
- Third trimester within 3 business days of the member’s request.
- High risk pregnancies as quickly as the member’s health condition requires and no later than 3 business days of identification of high risk by maternity care provider, or immediately if an emergency arises.

Your pregnancy may be called “high-risk” if you or your baby has an increased chance of a health problem. All pregnant DDD members are considered to be high risk and have maternity care coordination services available. Each pregnant member has a Maternity Team including their assigned Support Coordinator, a Complex Care Nurse, and the Care Manager assigned by their health plan. The Maternity Team can also assist with scheduling appointments and transportation.

Many things can put you at high risk such as having diabetes, cancer or epilepsy. Smoking or drinking while you are pregnant may also put you at a higher risk. Being called “high-risk” helps your maternity care provider make sure you get special attention during your pregnancy. Your maternity care provider will watch you closely during your pregnancy to find any problems early. You may also have more tests to make sure your baby is doing well.

Some ways to help you and your baby while you are pregnant include:

- Your maternity care provider will manage your pregnancy care before and after your baby is born. It is important that you keep all appointments while you are pregnant.
- If you are taking any medicine, tell your maternity care provider.
- It is important that you do not smoke, drink, or take drugs while pregnant. If you have a problem with any of these, talk with your maternity care provider.
- It is important for you and your baby that you eat right and exercise. Talk to your maternity care provider if you need information about good nutrition or exercise while
you are pregnant.

- Your maternity care provider will explain childbirth options. Pregnancy induction and cesarean sections are only performed when they are medically necessary. Your maternity care provider can also help you find childbirth classes. For more information, see the “Maternity Care Service Definitions” section on page 93.

**Prenatal HIV/AIDS Testing**

Your doctor or gynecologist will do a prenatal Human Immunodeficiency Virus (HIV) test. If you test positive, counseling and treatment services are available to you. Treatment will be provided to both the mother and infant. The earlier HIV is diagnosed and treated, the more effective HIV medicines, called antiretroviral therapy or ART, can be at preventing transmission and improving the health outcomes of both mother and child.

**Postpartum Care**

It is important that you keep all your follow-up visits after you have your baby. You should see your maternity care provider within 60 calendar days after your baby’s birth. You can also get help with family planning choices after your baby’s birth.

You will also need to choose a PCP for your new baby. It is important that you keep all your well-child checkups for your baby. Bring the shot record to every appointment.

We can help you get information about parenting classes and the Women, Infants, and Children Program (WIC). You can also call WIC at 1-800-252-5942.

**Medically Necessary Pregnancy Terminations**

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

1. The pregnant member suffers from a physical disorder, physical injury or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:
   i. Creating a serious physical or behavioral health problem for the pregnant member,
   ii. Seriously impairing a bodily function of the pregnant member,
   iii. Causing dysfunction of a bodily organ or part of the pregnant member,
   iv. Exacerbating a health problem of the pregnant member, or
   v. Preventing the pregnant member from obtaining treatment for a health problem.
HIV/AIDS Testing

Testing for HIV/AIDS is available to all members. If you test positive, you can get specialty treatment and counseling. Talk to your doctor or contact your local Health Department for testing.

Family Planning Services and Supplies

This helps you voluntarily delay or prevent pregnancy. All members of reproductive age, regardless of gender, are eligible. You can get these services and supplies from your PCP. Women can get these services and supplies from their OB/GYN too. A referral is not needed and there is no cost for these services. A referral is not required for choosing a family planning provider.

Covered family planning services and supplies include:

- Pregnancy screening
- Accurate information and counseling about family planning methods available
- Medication and/or supplies, such as:
  - Oral and injectable contraceptives (birth control pills or shots)
  - IUDs or implantable birth control (Long-Acting Reversible Contraceptives (LARC) and Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC))
  - Diaphragms
  - Condoms
  - Foams and suppositories
- Medical and lab exams and radiological procedures Including ultrasounds (related to family planning)
- Treating problems from birth control (including emergencies)
- Natural family planning education
- Referral to qualified health professionals
- Emergency oral contraception within 72 hours after unprotected sexual intercourse
- Screening and treatment for Sexually Transmitted Infections (STI)
- Sterilization services (if requirements are met) including hysteroscopic tubal sterilizations and vasectomies

For more information, see your DDD Health Plan member handbook. DDD THP members can obtain family planning services and supplies from any appropriate AHCCCS-registered provider. This includes Indian Health Facilities (the Indian Health Service, tribally-operated "638" health programs, urban Indian health clinics) and other Fee-for-Service providers.

Dental Care

To keep teeth healthy, it is important that you brush at least 2 times a day. It is also important that you see the dentist twice a year. If you are under the age of 21, your DDD Health Plan will cover 2 routine and preventive dental visits a year. The first visit should occur by the child’s
first birthday. There is no copayment or other charges for dental services for members under age 21.

Dental services for members under age 21 include:

- Preventive dental services
  - Dental exams
  - Fillings for cavities
  - Dental cleanings
  - X-rays to screen for dental problems
  - Application of topical fluoride
  - Dental sealants

- Emergency Dental Services and Therapeutic Dental Services are covered when medically necessary and cost effective. Emergency Dental Services include:
  - Treatment for pain, infection, swelling, and/or injury
  - Extraction
  - General Anesthesia

- Therapeutic Dental Services may be subject to prior authorization include:
  - Periodontal procedures
  - Crowns
  - Endodontic Services
  - Removable dental prosthetics
  - Orthodontic services and orthognathic surgery when medically necessary

Dental care if you are 21 and older is limited to a total of $1000 for each 12 month period and includes:

- Treatment of a medical condition such as acute pain (not Temporomandibular Joint Dysfunction-TMJ pain except for reduction of trauma)
- Treatment for infection or fracture of the jaw
- Exam with problem and treatment of the oral cavity
- Required radiographs
- Complex oral surgical procedures
- Appropriate anesthesia
- Prescription of pain medication and antibiotics
- Prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head
- In addition, members 21 years of age and older may receive emergency dental services up to $1,000 each year
Dental Home

This is a relationship between you and your dentist. The dental home will manage all dental services and referrals to dental specialists for members under age 21. You will have a dental home assigned no later than 12 months of age. You can change dental homes by calling your health plan's member services unit. You can find this number on your ID card. You may change your assigned dentist (Dental Home) at any time.

You do not need a referral from your PCP to see a dentist. If you need help finding a dentist who can take care of your special needs, contact your health plan's member services unit. Your Support Coordinator can also help you find a dentist.

Call your dentist's office if you need an appointment. Contact your health plan's member services unit if you need help making an appointment. Urgent appointments will be made as quickly as the member's health condition requires, but no later than 3 business days of request. If you are calling for a routine care appointment, your dentist will make your appointment within 45 calendar days of your request. Call your dentist's office ahead of time when you cannot keep your appointments. Contact your health plan's member services unit if you need transportation to your dental appointment.

Please contact DDD Customer Service at 1-844-770-9500 option 1 if you are unsure how to contact your assigned dentist for assistance.

Pharmacy Services

Your DDD Health Plan has a list of covered medications. If you want a copy of the list, call your DDD Health Plan's member services or go to their website (listed on pages 15-16).

All medications must be filled at a pharmacy in your DDD Health Plan's network. Many pharmacies are open 24 hours, seven days a week. Check your DDD Health Plan's member handbook for the process to get your medications after hours, on holidays, or on weekends. You can get a list of pharmacies from your DDD Health Plan or the DDD Tribal Health Program.

- Mercy Care 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan 1-888-586-4017
- DDD Tribal Health Program 1-800-356-3477

DDD THP members can find a list of pharmacies at https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AlHPFee-For-ServicePharmacyNetwork.pdf and a list of covered medications at https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_DRUG_LIST4.1.2022-updated.pdf

If you are denied prescriptions at a pharmacy point of sale, call your primary care provider, the doctor who prescribed the medication or your DDD Health Plan/THP member services department who will help you. See pages 15-16 for contact details. Remember to get refills before you run out of medicine.
Exclusive Pharmacy Evaluation Criteria

A member will be assigned to an exclusive pharmacy, chosen by the member or assigned by the DDD Health Plan, to provide all medically necessary federally reimbursable drugs to the member when the following criteria are met. Members assigned to an Exclusive Pharmacy will be notified via mail. Members have the right to appeal the assignment of an Exclusive Pharmacy with their DDD Health Plan or THP.

<table>
<thead>
<tr>
<th>Evaluation Parameter</th>
<th>Minimum Criteria for Initiating Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-utilization</td>
<td>Member utilized the following in a 3-month time period:</td>
</tr>
<tr>
<td></td>
<td>● 4 prescribers; and</td>
</tr>
<tr>
<td></td>
<td>● 4 different abuse potential drugs; and</td>
</tr>
<tr>
<td></td>
<td>● 4 Pharmacies.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Member has received 12 or more prescriptions of the following medications in the past three months:</td>
</tr>
<tr>
<td></td>
<td>● Atypical Antipsychotics,</td>
</tr>
<tr>
<td></td>
<td>● Benzodiazepines,</td>
</tr>
<tr>
<td></td>
<td>● Hypnotics,</td>
</tr>
<tr>
<td></td>
<td>● Muscle Relaxants,</td>
</tr>
<tr>
<td></td>
<td>● Opioids, and</td>
</tr>
<tr>
<td></td>
<td>● Stimulants.</td>
</tr>
<tr>
<td>Fraud</td>
<td>Member has presented a forged or altered prescription to the pharmacy.</td>
</tr>
</tbody>
</table>

Behavioral Health Services

Behavioral health services are provided by your DDD Health Plan. It is important you review your DDD Health Plans' member handbook. It contains more information and limits that may apply. Behavioral health services can help you with personal problems that may affect you and/or your family. Behavioral Health Services include:

- Prevention – Services that give information and skills to help you have a healthy life.
- Evaluation – Services to help decide what issues you may have and what to do about them.
- Treatment – Services to help you with an issue.

You do not need a referral from your doctor for behavioral health services. If you need Behavioral Health Services, contact your Support Coordinator. Behavioral Health Services are available to treat both mental health and substance use disorders. Your Support Coordinator or your DDD Health Plan’s member services can help you pick a provider. You can also self-refer by calling a provider from the provider directory.
Covered Behavioral Health Services
The following Behavioral Health Services are covered:

- Behavior Analysis Services
- Behavior Management (personal care, family support/home care training, peer support)
- Behavioral Health Case Management Services (with limitations)
- Behavioral Health Nursing Services
- Emergency Behavioral Health Care
- Emergency and Non-Emergency Transportation
- Evaluation and Assessment
- Individual, Group and Family Therapy, and Counseling
- Inpatient Hospital Services
- Non-Hospital Inpatient Psychiatric Facilities
- Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- Opioid Agonist Treatment
- Partial Care (supervised day program, therapeutic day program, and medical day program)
- Psychotropic Medication Adjustment and Monitoring
- Rehabilitation Services (living skills training; health promotion; supported employment services)
- Respite Care (with limitations)
- Rural Substance Abuse Transitional Agency Services
- Screening

If your services are denied, you may file an appeal. You can call us for help.

Special Assistance for Members with Serious Mental Illness (SMI)
The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself.

- Maricopa, Pinal or Gila Counties: 602-364-4585 or 1-800-421-2124
- Pima, Santa Cruz, Cochise, Graham, Greenlee, Yuma or La Paz Counties: 520-770-3100 or 1-877-744-2250
- Mohave, Coconino, Yavapai, Navajo or Apache Counties: 928-214-8231 or 1-800-421-2124

Service Authorization
An authorization is an approval from us or your DDD Health Plan to get the services you have requested. Services must be medically necessary and cost effective. They must also be based on assessments. Some services may have service limits. The service limits are in this
handbook when they apply. A Service Plan will be developed that lists the services you will get. You have the right to get authorized services. Unless you get a letter denying a service, the services on your service plan are approved.

**Non-Covered Health Services**
Not all services are covered. This includes, but is not limited to:

- Care that is not medically necessary
- Care provided by a person who is not properly licensed or certified
- Cosmetic services or items
- Drugs and supplies without a prescription

**Non-Covered Services for Adults**
The following services are not covered for adults 21 years and older. If you have other insurance, you may be covered.

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percussive Vests</td>
<td>This vest is placed on a person’s chest and shakes to loosen mucous.</td>
</tr>
<tr>
<td>Service excluded from payment:</td>
<td>AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest) and repair of the vest will be paid for.</td>
</tr>
<tr>
<td>Bone-Anchored Hearing Aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
</tr>
<tr>
<td>Service excluded from payment:</td>
<td>AHCCCS will not pay for Bone-Anchored Hearing AID (BAHA). Supplies, equipment maintenance (care of the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Cochlear Implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
</tr>
<tr>
<td>Service excluded from payment:</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb microprocessor controlled joint/Prosthetic</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
</tr>
<tr>
<td>Service excluded from payment:</td>
<td>AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Medical equipment may be purchased or rented only when there are no reasonable alternative resources from which the medically necessary medical equipment can be obtained at no cost. Additionally, the total expense of rental cannot exceed the purchase price of the item. Rental fees must terminate no later than the end of the month in which the member no longer needs the medical equipment, or when the member is no longer eligible or enrolled with a Contractor, except during transitions as specified by the AHCCCS Chief Medical Officer or designee. Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21 to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. The component will be replaced, if at the time authorization is sought, documentation is provided to establish that the component is not operating effectively. Maintenance and repair of parts will still be paid for.</td>
</tr>
<tr>
<td>Emergency Dental Service</td>
<td>Emergency services are when you have a need for care immediately, like a bad infection in your mouth, or pain in your teeth or jaw. <strong>Service excluded from payment:</strong> AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Members 21 and over have an annual dental benefit of $1000. See page 32 for more details. Members 21 years of age and older may receive emergency dental services up to $1,000 for each 12-month period. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck, or head is also covered.</td>
</tr>
</tbody>
</table>

**Accessing Non-Title XIX/XXI Services**
Some members may qualify for Non-Title XIX/XXI services like
- Room and board, which may include housing costs, services for food and food preparation, personal laundry, and housekeeping
- Mental health services (formerly known as traditional healing), treat mental health or substance use problems and are provided by qualified traditional healers.
• Auricular acupuncture, and which is the application of auricular acupuncture needles to specific areas of the body to treat alcoholism, substance use, or chemical dependency.
• Supportive housing services are provided by behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals to assist members or families obtain and maintain housing in an independent community setting.

<table>
<thead>
<tr>
<th>Counties Served</th>
<th>RBHA</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohave, Coconino, Navajo, Apache, Yavapai, Gila</td>
<td>Health Choice AZ</td>
<td>1-800-322-8640</td>
</tr>
<tr>
<td>Maricopa</td>
<td>Mercy Care</td>
<td>1-800-564-5465</td>
</tr>
<tr>
<td>La Paz, Yuma, Pinal, Graham, Greenlee, Pima, Santa Cruz, Cochise</td>
<td>Arizona Complete Health</td>
<td>1-888-788-4408</td>
</tr>
</tbody>
</table>

**Member Housing**

DDD has Affordable Housing Programs available to members who qualify. Affordable Housing means that households pay no more than 30% of their income towards rent.

Qualified members need to:

• Be eligible for DDD. Some programs are only available to members who are Arizona Long Term Care System (ALTCS) eligible.
• Be between the ages of 18-61
• Have a current Person-Centered Service Plan (PCSP)
• Meet financial eligibility and Housing and Urban Development (HUD) requirements

Members can contact their Support Coordinator for more details and to be referred for these opportunities. Referral for these programs requires Planning Team agreement. Members can also call the Customer Service Center at 1-844-770-9500 option 1 and ask to speak with a Housing Coordinator. Questions can also be emailed to the Affordable Housing Unit at DDDHousingGeneralInfo@azdes.gov.

The United States Department of Housing and Urban Development (HUD) has information on HUD rental programs. This includes Housing Choice Vouchers. Learn more at [https://www.hud.gov/states/arizona](https://www.hud.gov/states/arizona). HUD in Arizona can be contacted by:

• Phone: 1-800-955-2232
• Email: HUD-PIHRC@tngusa.net

HUD also oversees the Continuum of Care (CoC) Program. The CoC Program is designed to assist individuals and families experiencing homelessness. The program provides the services needed to help such individuals move into transitional and permanent housing. There are three Continuum of Care (CoC) systems in Arizona that work together to address homelessness in our communities.
It is important to tell your Support Coordinator if you are homeless or at risk of homelessness. Assistance is available to members who complete an assessment and participate in the coordinated entry system. These services are based on the county you live in. Maricopa and Pima County each have their own system, the rest of Arizona is served by the Arizona Department of Housing. Call 2-1-1 if you are homeless or at-risk of homelessness to see how the coordinated entry system in your area works.

**Additional Resources for the CoC Program**

**Maricopa County**

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Garcia Welcome Center (Adults)</td>
<td>206 S. 12th Ave. Phoenix, AZ 85007</td>
<td>602-229-5155</td>
</tr>
<tr>
<td>Family Housing Hub (Families with Children)</td>
<td>3307 E. Van Buren #108 Phoenix, AZ 85008</td>
<td>602-595-8700</td>
</tr>
<tr>
<td>Family Housing Hub (Youth Ages 18-24)</td>
<td>215 E. University Dr. Tempe, AZ 85281</td>
<td>602-819-9361</td>
</tr>
<tr>
<td>East Valley Men's Center</td>
<td>2345 N. Country Club Dr. Mesa, AZ 85201</td>
<td>480-610-6722</td>
</tr>
<tr>
<td>Halle Center Women's Shelter</td>
<td></td>
<td>602-362-5833</td>
</tr>
<tr>
<td>One<em>n</em>ten (LGBTQ)</td>
<td>4520 N. Central Ave., #600 Phoenix, AZ 85012</td>
<td>602-263-7773</td>
</tr>
<tr>
<td>Native American Connections</td>
<td>3660 N. 3rd St., Phoenix, AZ 85004</td>
<td>602-279-0894</td>
</tr>
</tbody>
</table>

**Pima County**

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Frontera</td>
<td>520-882-8422</td>
</tr>
<tr>
<td>Old Pueblo Community Services</td>
<td>520-546-0122</td>
</tr>
<tr>
<td>Our Family Services</td>
<td>520-323-1708</td>
</tr>
<tr>
<td>Primavera</td>
<td>520-308-3079</td>
</tr>
<tr>
<td>Sonora House</td>
<td>520-624-5518</td>
</tr>
</tbody>
</table>

**All Other Counties**

The Arizona Department of Housing website has information for housing resources in other counties throughout Arizona.

https://housing.az.gov/general-public/homeless-assistance
The Project for Assistance to Transition from Homelessness (PATH) provides grant funding dollars to contractors who serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills for individuals in order to reduce homelessness. Visit the AHCCCS website, https://www.azahcccs.gov/Resources/Grants/PATH/PATH.html, for more information.

AHCCCS provides several permanent supportive housing programs throughout Arizona alongside supportive health services to help members in need. Their housing programs are provided to members with a designation of Serious Mental Illness (SMI) and some services are provided for members with a General Mental Health and/or Substance Use Disorder (GMHSUD). More information about AHCCCS housing programs is available on their website at https://www.azahcccs.gov/AHCCCS/Initiatives/AHP/.

### Home and Community Based Services Residential Options

Residential options include:

- **Adult Developmental Home**: A family home that gives care for up to three people 18 and older.
- **Child Developmental Home**: A family home that gives care for up to 3 children birth to 17 years of age.
- **Group Home**: A home in the community for up to 6 people.

When you live in one of these settings listed, room and board is not covered by Medicaid. You will be billed by the Division for the actual costs of room and board, not to exceed 70% of your benefits (i.e. SSI) or income.

- **Assisted Living Centers**: Gives supervision and necessary care to more than 10 individuals. People living here are usually 60 years of age and older. This setting includes a living and sleeping space, kitchen area, and storage area. Members residing in an Assisted Living Center must be provided the choice of single occupancy.
- **Assisted Living Home**: Provides care and supervision for up to 10 people in a family setting.

When you live in an Assisted Living Center or Home, room and board is not covered. The facility will communicate any associated costs to you and your family. You will be responsible for paying the facility those fees directly.

Additional options include:

- **Nursing Facility**: Inpatient room and board and nursing services to people who need these services all the time, but who do not need to be in a hospital or direct daily care from a doctor.
- **Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities**: health care, services to teach and help people get better for those who need services all the time.

When you live in one of the settings listed above, room and board is covered. If you have any benefits or income, you will receive a monthly bill for your Share of Cost. For more information about Share of Cost, please see page 56 of this handbook.
In addition to the residential options, we can assist with you with identifying your independent living goals and provide you with information about local resources that may help you transition to greater self-sufficiency in housing, education, and employment.

Contact your Support Coordinator for more information.

**End of Life Care Services**

End of Life (EOL) care is a member centered approach with the goal of keeping the member’s rights and dignity while getting any other medically necessary Medicaid covered services. EOL care includes:

- How to keep healthy.
- Giving more flexibility in picking what treatment will be no matter your age or the stage of illness.
- Advance Care Planning which allows you to decide what healthcare you want to receive if you are facing a medical crisis.
- Palliative care focuses on providing symptom and stress relief for people living with a serious illness. Part of this care includes affirming life and helping the individual and family recognize that dying is a normal process.
- Supportive care focuses on providing symptom and stress relief for people living with a serious illness. The focus is to improve quality of life for the individual and family.
- Hospice services provide compassionate care for individuals in the last phases of incurable disease. The goal is to make the individual as comfortable as possible and to allow them to live as fully as possible.
- Members can contact their DDD Health Plan or the DDD Tribal Health Program for assistance getting end of life services. See pages 15-16 for contact details.

**Referrals**

Your doctor is in charge of all your covered health care. Your doctor may have you go to another doctor to get special care. If you have an urgent care need for a specialty provider appointment, you will get one no later than 2 business days from your request. If you have a routine care need for a specialty provider appointment, you will get one within 45 days of your referral.

There are times when a referral from your doctor is not needed:

- If you have a medical emergency.
- If you need behavioral health services, call your DDD Health Plan or see page 12 for the behavioral health crisis services near you.
- If you need transportation to a medical appointment, see page 19 for more information about transportation.
- If you need an obstetrician and gynecologist.

Your dental home will manage all dental services and referrals to dental specialists. See page 33 of this handbook.
How to Get Services When a Provider’s Moral or Religious Objections Prevent You From Getting a Covered Service

If a provider does not cover a service, including counseling or referral services due to moral or religious objections, contact your Support Coordinator. They will help you find a different provider.

How American Indian Members Get Health Care Services

American Indians can choose to receive services through a DDD Health Plan or the fee-for-service DDD Tribal Health Program (THP).

- Option 1, American Indians can choose a DDD Health Plan that provides physical health services, behavioral health services and Children's Rehabilitative Services (if eligible) from providers in their DDD Health Plan's network.
- Option 2, American Indians can choose a DDD Health Plan and receive their physical health services and Children's Rehabilitative Services (if eligible) from providers in their DDD Health Plan's network and behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).
- Option 3, American Indians can choose the DDD THP can receive their physical health services, behavioral health services and Children's Rehabilitative Services (if eligible) from any AHCCCS authorized fee for service provider statewide.
- Option 4, American Indians can choose the DDD THP and receive their physical health services and Children's Rehabilitative Services (if eligible) from any AHCCCS authorized fee for service provider statewide and behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

How to Obtain a Primary Care Provider (PCP)

Your primary care provider (PCP) is the “gatekeeper” for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed. The PCP will order services such as therapy, medications, durable medical equipment, and home health nursing. You choose your PCP from your DDD Health Plan's provider network.

PCPs are an important partner in the delivery of care. The AHCCCS program requires members be assigned to PCPs. We encourage members to develop a relationship with a PCP who can maintain all their medical records and provide overall medical management. These relationships help coordinate care and provide the member a “medical home.” The PCP plays a vital role as a care manager in the system by improving health care delivery in four critical areas:

- Access
- Coordination
• Continuity
• Prevention

As such, the PCP manages initial and basic care to members, makes recommendations for specialty and ancillary care, and coordinates all primary care services delivered to our members. The PCP must provide 24 hours a day, 7 days a week coverage and backup coverage when they are not available.

How to Change a PCP
You can change your doctor. However, you will need to choose another doctor from your DDD Health Plan's provider network. You can change your doctor by contacting your DDD Health Plan's member services (listed on pages 15-16 of this handbook). You can also ask the DDD Health Plan's member services for a list of providers. There is no cost for this list. This information is also available on the DDD Health Plan's website.

Your DDD Health Plan will let you know if your doctor is no longer in their network. The DDD Health Plan will also let you know if a specialist you see regularly leaves their network. Your DDD Health Plan will help you change your doctor or specialist.

PCP Appointments and Other Provider Appointments
• Call your doctor's office to make an appointment.
• Make your appointments during office hours (so you do not have to use urgent or emergency care).
• Keep your appointments.
• Go to your appointments on time.
• Call your doctor's office ahead of time when you cannot keep your appointments.
• Call your DDD Health Plan's or the DDD Tribal Health Program's (THP) member services if you need help choosing a PCP, scheduling an appointment or need transportation.

Appointment Availability
1. For Primary Care Provider Appointments:
   a. Urgent Care Appointments as expeditiously as the member's health condition requires but no later than 2 business days of request, and
   b. Routine care appointments within 21 calendar days of request.
2. For Specialty Provider Appointments, including Dental Specialty:
   a. Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than 2 business days from the request, and
   b. Routine care appointments within 45 calendar days of referral.
3. For Dental Provider Appointments:
   a. Urgent appointments as expeditiously as the member's health condition requires, but no later than 3 business days of request, and
   b. Routine care appointments within 45 calendar days of request.
4. For Maternity Care Provider Appointments, initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
   a. First trimester – within 14 calendar days of request,
   b. Second trimester – within 7 calendar days of request,
   c. Third trimester – within 3 days business of request, and
   d. High risk pregnancies as expeditiously as the member’s health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.

5. For Behavioral Health Provider Appointments:
   a. Urgent need appointments as quickly as the member’s health condition requires but no later than 24 hours from identification of need.
   b. Routine care appointments:
      i. Initial assessment within 7 calendar days of referral or request for service,
      ii. The first behavioral health service following the initial assessment as quickly as the member’s health condition requires but
         ▪ For members aged 18 years or older, no later than 23 calendar days after the initial assessment,
         ▪ For members under the age of 18 years old, no later than 21 days after the initial assessment, and
      iii. All subsequent behavioral health services, as quickly as the member’s health condition requires but no later than 45 calendar days from identification of need.

6. For Psychotropic Medications:
   a. Assess the urgency of the need immediately, and
   b. Provide an appointment, if clinically indicated, with a practitioner who can subscribe psychotropic medications within a time frame that ensures the member:
      i. Does not run out of needed medications, or
      ii. Does not decline in his/her behavioral health condition prior to starting medication,
         iii. But no later than 30 calendar days from the identification of need.

7. If a member is in legal custody of the Department of Child Safety (DCS) or is an adopted child in accordance with A.R.S. §-512-01:
   a. Rapid response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.
   b. Initial assessment within 7 calendar days after referral or request for behavioral health services.
   c. Initial appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation.
   d. Subsequent behavioral health services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of the need.
How to Get Covered Behavioral Health Services

You can get Behavioral Health Services from your DDD Health Plan. The DDD Health Plan will work with you to determine which services will best help you.

- Mercy Care – 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan – 1-888-586-4017
- DDD THP – 1-844-770-9500 option 7 TTY/TDD 711

If you have an urgent care need for a behavioral health care appointment, your DDD Health Plan will make one for you no later than 24 hours from when your need was identified. You do not need a referral from your PCP.

If you are making a regular behavioral health care appointment:

- There will be an initial assessment within 7 calendar days of your referral or request for service.
- The first behavioral health service will be following the initial assessment as quickly as your health condition requires but:
  a. For members age 18 years or older, no later than 23 calendar days after the initial assessment,
  b. For members under the age of 18 years old, no later than 21 days after the initial assessment, and
- All your behavioral health services to follow, as quickly as your health condition requires but no later than 45 days from when your need was identified.

If you need psychotropic medications, you will be immediately assessed and provided an appointment, and if clinically indicated, with a Behavioral Health Professional, no later than 30 days from the identification of your need, so that you:

- Do not run out of your needed medications, or
- Do not decline in your behavioral health condition before starting medication.

If a member is in legal custody of the Department of Child Safety (DCS) or is an adopted child in accordance with A.R.S. §-512-01:

- Rapid response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.
- Initial assessment within 7 calendar days after referral or request for behavioral health services.
- Initial appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation.
- Subsequent behavioral health services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of the need.
Serious Mental Illness (SMI) Designation

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that is severe and persistent. A Serious Mental Illness (SMI) eligibility evaluation can be obtained at any qualifying AHCCCS behavioral health intake provider. Members must be at least 17.5 years or older to be assessed for SMI eligibility. The member or their guardian must provide consent before the assessment can occur. Once an assessment is requested, the provider must assess the member within 7 business days.

An SMI determination requires both a qualifying SMI diagnosis and functional impairment because of the qualifying diagnosis. Qualifying SMI diagnoses include:

- Anxiety Disorders
- Bipolar Disorders
- Dissociative Disorder
- Depressive Disorders
- Obsessive-Compulsive Disorders
- Other Mood Disorder
- Personality Disorders
- Post-Traumatic Stress Disorders
- Psychotic Disorders

Functional impairments as a result of the qualifying diagnosis include:

- Inability to live in an independent or family setting without supervision.
- A risk of serious harm to self or others.
- Dysfunction in role performance.
- Risk of deterioration.

The behavioral health intake provider will complete the SMI assessment. They will submit it to Solari who will make the SMI determination. Solari has 3 days after receiving the packet to make a determination based on the information received. Members can choose to give Solari more time to make a decision. The time can be extended to 20 days or if the member is suffering from drug or alcohol abuse, up to 90 days.

Solari will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. If Solari finds that you are not eligible for SMI services, the letter will tell you why. To file an appeal, you can call Solari at 1-855-832-2866 within 60 calendar days from the date on the Notice of Decision letter.

Members with an SMI designation or a member of their clinical team may request an SMI Clinical Decertification from Solari. This can be requested if the individual or clinician believe the individual no longer meets SMI criteria. In this instance the member will receive a written notice with an effective date of 30 calendar days after the notice is issued. A member with an SMI designation may also request an SMI Administrative Decertification from AHCCCS. This can be requested if the member has not received behavioral health services for a period of two or more years.
Arizona’s Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

The Twelve Principles for the Delivery of Services to Children:

1. Collaboration with the child and family:
   a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes:
   a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
   b. Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.

3. Collaboration with others:
   a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
   b. Client-centered teams plan and deliver services,
   c. Each child’s team includes the child and parents and any foster parents, any individual important in the child’s life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child’s teacher, the child’s Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child’s probation officer, and
   d. The team:
      i. Develops a common assessment of the child’s and family’s strengths and needs,
      ii. Develops an individualized service plan,
      iii. Monitors implementation of the plan, and
      iv. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:
   a. Children have access to a comprehensive array of behavioral health services,
sufficient to ensure that they receive the treatment they need,
b. Case management is provided as needed,
c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
d. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:
   a. Behavioral health services are provided by competent individuals who are trained and supervised,
   b. Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practices.”
   c. Behavioral health service plans identify and appropriately address behavioral symptoms that are related to: learning disorders, substance use problems, specialized behavioral health needs of children who are developmentally disabled, history of trauma (e.g. abuse or neglect) or traumatic events (e.g. death of a family member or natural disaster), maladaptive sexual behavior, abusive conduct and risky behaviors. Service plans shall also address the need for stability and promotion of permanency in class members’ lives, especially class members in foster care, and
d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting:
   a. Children are provided behavioral health services in their home and community to the extent possible, and
   b. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. Timeliness:
   a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:
   a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
   b. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability:
   a. Behavioral health service plans strive to minimize multiple placements,
   b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,

d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and

e. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family’s unique cultural heritage:

- a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and

- b. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:

- a. Behavioral health services include support and training for parents in meeting their child’s behavioral health needs, and support and training for children in self-management, and

- b. Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports:

- a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

**Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems**

1. Respect – Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts – A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports – A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to
empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure – A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice – A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust – A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success – A person in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences – A person in recovery can expect and deserves flexible, timely and responsive services that are accessible, available, reliable, accountable and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery – A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.
Multi-Specialty Interdisciplinary Clinic Specialties (MSIC)

A Multi-Specialty Interdisciplinary Clinic (MSIC) is a facility where health care providers from many specialties work. This allows members and their families to see more than one specialist at a single location. It also allows those providers to quickly share treatment information about a member to improve their care coordination.

### MSIC Locations

**Metro Phoenix - DMG Children’s Rehabilitative Services**
3141 N. 3rd Ave.
Phoenix, AZ 85013
602-914-1520
855-598-1871

**Southern Region - Children’s Clinics**
Square & Compass Building
2600 N. Wyatt Dr.
Tucson, AZ 85712
520-324-5437
800-231-8261, ext. 45437

**Northern Region - Children’s Rehabilitative Services**
1200 N. Beaver
Flagstaff, AZ 86001
928-773-2054
800-232-1018

**Southwest Region - Children’s Rehabilitative Services**
2851 S. Ave. B
Building 25 #2504
Yuma, AZ 85364
928-336-2777
800-837-7309

**Metro Phoenix Region**

1. Specialized Services:
   - Behavioral Health, Cardiology, Dental Care, Endocrinology, Ear, Nose & Throat (ENT), Gastroenterology, Genetics, Neurology, Neurosurgery, Nutrition, Ophthalmology, Orthopedics, Plastic Surgery, Primary Care, Behavioral Health, Rheumatology, Urology

2. Rehabilitation Services:
   - Audiology, Occupational Therapy, Physical Therapy, Speech & Language Therapy

3. Educational and Support Services:
   - Child Life, Education Support, Lab and X-Ray, Nursing, Nutrition and Dietician, Patient & Family Services, Behavioral Health
Southern Region

1. Specialized Services:
   - Anesthesiology, Behavioral Analysis/Psychology, Cardiology, Dental and Orthodontia, Developmental pediatrics, Endocrinology, Ear Nose and Throat (ENT), Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Psychiatry – Child/Adolescent, Pulmonology, Primary Care, Rheumatology, Urology

2. Rehabilitative Therapy Services:
   - Physical Therapy, Occupational Therapy, Speech & Language Therapy, Audiology, Nutrition

3. Support Services:
   - Patient and Family Services, Nursing Services, Education Support, Child Life, On-site Lab and X-Ray Services, Pet Therapy Program

4. Behavioral Health Services:
   - Psychiatry, Counseling, behavior Analysis, Family Support Services

5. Special Clinics and Care Teams:
   - Cerebral Palsy, Cleft Care Team, Cochlear Implant, Down syndrome – Child, Down syndrome – Teen, Neurocutaneous Clinic, Neuromuscular Clinic, Oral Maxillary Team, Osteogenesis Imperfecta, Palliative Care, Spina Bifida – Child, Spina Bifida – Teen, Sickle Cell Clinic

Northern Region

1. Specialized Services:
   - Pediatric Audiology, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Physical Therapy, Pediatric Speech Therapy, Pediatric Urology, Wheelchair/Seating, Children's Rehabilitative Services, and the Safe Child Center

Southwestern Region

1. Specialized Services:
   - Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip & Palate), Dietician-Nutritionist, Ear, Nose and Throat (ENT), Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Pediatric Surgery, Physical Therapy, Psychiatry, Speech Therapy, Urology, Wheelchair Services

Appointments with a Multi-Specialty Interdisciplinary Clinic (MSIC)

If you need to make, change, or cancel your appointment, call the clinic where your appointment is scheduled. The telephone number is on page 51 of this handbook.
Children’s Rehabilitative Services (CRS)

CRS is a designation for children who may have special health care needs from birth through 20 years of age. CRS covers many conditions. AHCCCS Division of Member Services reviews for CRS designation. Some of the confirmed CRS conditions include but are not limited to:

- Cerebral palsy
- Club feet
- Dislocated hips
- Cleft palate
- Scoliosis
- Spina bifida
- Heart conditions due to congenital anomalies
- Metabolic disorders
- Neurofibromatosis
- Sickle cell anemia
- Cystic fibrosis

Should you have a condition that meets the CRS designation, an application can be submitted to AHCCCS CRS Enrollment Unit to review for CRS designation. The completed application along with the medical information can be mailed or faxed to:

AHCCCS/Children's Rehabilitative Services  
Attn: CRS Enrollment Unit  
801 E. Jefferson MD3500  
Phoenix, AZ 85034  
Fax: 602-252-5286  
Phone: 602-417-4545 or 1-855-333-7828

The CRS Enrollment Unit will send you a written notice indicating when your CRS application has been approved or denied.

Members birth through 20 years of age who are determined to have a CRS designation will be able to receive those services from their DDD Health Plan.

Members with private insurance or Medicare may use their private insurance or Medicare provider networks to obtain services including those for the CRS condition.

When your private insurance or Medicare expires, does not cover the CRS condition, is used up for the CRS-covered conditions, or certain annual or lifetime limits are reached for the CRS-covered condition, the Division is responsible for all covered CRS services.

American Indian members are able to receive health care services not related to their CRS condition from any Indian Health Service operated provider or tribally owned and/or facility at any time.
Members with a CRS designation can continue to receive CRS related health services even after they turn 21 years old.

**How to Contact Children’s Rehabilitative Services (CRS)**

DDD Health Plans by Mercy Care and UnitedHealthcare provide CRS services. Services can be provided in different settings, depending on where you live.

Multispecialty Interdisciplinary Clinics (MSIC) have the unique ability to provide a full range of pediatric specialty care. Multispecialty Interdisciplinary Clinics are where a member can see specialists and any others involved, all at one location. The range of available specialties include Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics, and Neurology.

Contact your DDD Health Plan if you have questions about CRS or locating a CRS provider. The member handbook has important information about appointments and descriptions of the specialties at each clinic. You can apply to the AHCCCS CRS Enrollment Unit at www.azahcccs.gov or 855-333-7828 toll free.

**Member Councils**

Your DDD Health Plan has a Member Council. The Council is made up of members, just like you, who are concerned about health care and want to make health care better. Members are on the Council for a certain time and new members may be chosen each year. Family members, member representatives, providers and advocacy groups may also be part of the Council. The Member Council gives advice to your DDD Health Plan on issues that are important to members. If you are not on the Council, you may still suggest changes to the policies and services of the DDD Health Plan by calling your DDD Health Plan. You may also call your DDD Health Plan for more information on how to join the Member Council.

The Developmental Disabilities Advisory Council (DDAC) is an advisory council to the Assistant Director of the Division of Developmental Disabilities on matters relating to developmental disabilities. The mission of the DDAC is to provide, in partnership with the Division of Developmental Disabilities, advisory oversight on behalf of consumers, families and providers. You may call the DDD Customer Service Center (1-844-770-9500 option 1) for more information on how to join the Developmental Disabilities Advisory Council.

An Independent Oversight Committee (IOC) provides independent oversight on topics related to the human rights of individuals with developmental disabilities who are supported by DDD. IOCs are part of the Arizona Department of Administration (ADOA). There are IOCs in each district. To apply visit: https://ioc.az.gov/.

The Interagency Coordinating Council (ICC) advises the ADES Arizona Early Intervention Program (AzEIP), on ways to improve early intervention services. Early intervention services help young children who have developmental delays or specific health conditions. Council members are appointed by the Governor’s Office. To apply visit: https://bc.azgovernor.gov/.

You can email the DDD Volunteer Coordinator at dddvolunteers@azdes.gov for information on volunteer opportunities.
DDD Approval and Denial Process

An authorization is an approval from DDD or your DDD Health Plan to get the services you or your provider have requested. Services must be medically necessary and cost effective. They must also be based on assessments. A Planning Document will be developed that lists the services you will get. You have the right to get authorized services. Unless you get a letter denying a service, the services on your Planning Document are approved.

Your Primary Care Provider (PCP) will request your physical and behavioral services that require a prior authorization. Your Support Coordinator may approve some services. Some services need additional review to approve. Go to our website https://des.az.gov/services/disabilities/developmental-disabilities click the Assistance for Individuals and Families button, then select Current Member Resources and then click "Service Approval Matrix - DDD Prior Authorization Criteria" under the Health Plan Resources section.

If your DDD Health Plan or the Division believes the service is not medically necessary or cost effective, your request will be denied. You can get the criteria that the decisions were based on by contacting us. You have the right to review the Service Approval Matrix on our website to see how we make our decisions. If your request is denied, you will get a letter. This letter is called a Notice of Adverse Benefit Determination. This letter will tell you your rights. See page 57 for more information on Notice of Adverse Benefit Determination letters. Expedited (rush) decisions in urgent situations will be made within 72 hours from the date of receipt of the service request.

If the due date for an authorization decision falls on a weekend (Saturday and Sunday) or legal holiday as defined by the State of Arizona, the decision must be made on the day preceding the weekend or holiday.

If we deny your request for a faster decision, you will get a phone call with a follow-up letter in two working days. The letter will tell you that you will receive a decision in 14 calendar days. If you are unhappy with this decision, you may call the DDD Customer Service Center at 1-844-770-9500 option 1.

DDD Decision Criteria

You can get the criteria that the decisions were based on by contacting the DDD Customer Service Center at 1-844-770-9500 option 1.

Freedom of Choice

DDD Health Plans use a provider network to provide services. This provider network is a group of providers who contract with the DDD Health Plan. You are free to choose any provider to provide your services that is in your DDD Health Plan's provider network. If your DDD Health Plan's network is insufficient to provide medically necessary services for you, those services can be covered by an out of network provider. If you choose a provider that is not in your DDD Health Plan's provider network, the provider will need to obtain prior authorization for services or you will be responsible for the service costs.
Billing
If you get a bill for a service that is covered, contact the agency that sent you the bill. You are not responsible to pay out of pocket costs for covered Medicaid services, including Medicaid copayments. If you continue getting billed, contact the DDD Health Plan's member services (listed on pages 15-16 of this handbook). The Division may also help you with these bills.

Share of Cost
You may need to pay a Share of Cost. Your Share of Cost is based on the income and benefits you get. AHCCCS calculates your Share of Cost. If you live in a nursing facility or institution, do not pay the nursing facility or institution directly for your Share of Cost. You will get a monthly bill from the Department of Economic Security’s Office of Accounts Receivable. As a member, you are enrolled in ALTCS and do not pay Medicaid copayments.

Billing for Non-Covered AHCCCS Services
There may be health services your DDD Health Plan will not cover. If you receive services that are not covered or from a provider outside your DDD Health Plan’s network, you may be billed for them including:

- Non-Medicaid copayments for eligible individuals.
- Any payment that is made to you by your primary insurance, and you need to pay back to the provider.
- You did not give important information to your doctor or insurance company when you received services.
- You received services from your doctor knowing the service was not covered by the Division.
- You received services from your doctor when they were not approved, or your insurance company denied the prior authorization.
- You receive services from a doctor who is not in the network.
- You receive services when you are not eligible.

Out of pocket costs may be covered for health care if you have other insurance. Check with your DDD Health Plan’s member services (listed on pages 15-16 of this handbook) about possible coverage.

Medicare and Other Health Insurance
If you have other insurance let us and your doctors know. If you have other insurance, that insurance will be billed first. Your DDD Health Plan will pay your out of pocket costs to your doctor if it is a covered service within your DDD Health Plan. Do not pay your out of pocket costs yourself. Ask your doctor to bill your DDD Health Plan. Make sure to show the doctor your DDD Health Plan ID card and your other insurance. This will help them to know where to send the bill.

Your DDD Health Plan does not pay for any medications paid by Medicare. It will also not pay for any out of pocket costs for these medications.
If you have questions about how to coordinate benefits between Medicare or your private insurance with your DDD Health Plan, ask your DDD Health Plan's member services.

**Prescription Drugs Not Covered (Medicare Recipients)**

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have been designated to have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D.

AHCCCS may cover some medications that are Over-the-Counter (OTC), refer to the DDD Health Plan's OTC Drug List for a list of products available:

- **Tribal Health Program** – [https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDrugList_20210401.pdf](https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDrugList_20210401.pdf)
- Or call your DDD Health Plan's member services to request a printed copy.

**Service Authorization and Medication Requests**

It may take up to 14 calendar days to approve a non-medication related request.

If the service authorization request is for a medication, your DDD Health Plan or the Division will provide a decision within 24 hours of receiving the request. If more information is required to make a decision, your DDD Health Plan or Division will request it from the prescriber within 24 hours of receiving the request. Your DDD Health Plan or the Division will issue a decision no later than 7 days from the initial date of receipt.

There are times when we need more information to make a decision. If more time is needed, we will send you a Notice of Extension requesting an extension of up to 14 calendar days. In addition to us requesting an extension, you may request more time to send in more information. If more information is still needed to make a decision, your request will be denied.

**Notice of Adverse Benefit Determination (NOA)**

An “Adverse Benefit Determination” means: The denial or limited authorization of a service request, the reduction, suspension, or termination of a previously approved service. An NOA is a written statement that tells you what action we or your DDD Health Plan is planning to take. It provides you with your rights to appeal. You can get the reasons why we made the decision by calling the Division at the numbers below.

If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided or why, then you or your representative can call us. We will look at the letter and, if needed, write a new letter that explains the services and the action.
If you or your representative still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management via email at, MedicalManagement@azahcccs.gov.

To file an appeal or if you need help filing an appeal, call the DDD Office of Administrative Review at 602-771-8163 or 1-844-770-9500 option 3.

Grievances & Appeals

Grievances

Your Support Coordinator is the best person to help with issues, problems or concerns. If your Support Coordinator is not able to help with your concern, you may want to contact the Supervisor to assist you. There are also others who may assist, including the Area Program Manager and the District Program Manager.

A grievance is a complaint about anything that does not involve appealing a decision. Grievances regarding your physical health care, behavioral health care, or Children’s Rehabilitative Services should be filed with your DDD Health Plan by calling the Member Services number on your ID card. Learn more about your DDD Health Plan’s grievance process in your DDD Health Plan member handbook.

Grievances related to the Tribal Health Program and all others should be filed with DDD by calling the Division’s Customer Service Center at 1-844-770-9500 option 1 or emailing the grievance to DDDCustomerServiceCenter@azdes.gov. Grievances can also be filed in writing by sending the grievance to:

DDD Customer Service Center
1789 W. Jefferson St.
Mail Drop 2HB5
Phoenix, AZ 85007

The Division will acknowledge receipt of the grievance. The Division will also provide notice of the grievance decision within 90 calendar days after receiving the grievance to the person who filed it. Receipt and resolution of grievances will be recorded in DDD’s Resolution System.

Notice of Extension

There are times when we need more information to make a decision. If more time is needed, we will send you a letter requesting an extension of up to 14 calendar days. In addition to us requesting an extension, you may request more time to send in more information.

Appeal Process

If you disagree with an action, you may file an appeal. You must file an appeal within 60 calendar days after the date of the action. You can do this by calling the DDD Office of Administrative Review at 602-771-8163 or 1-855-888-3106 and give your appeal. You can also write to:
Other people can also file an appeal for you with your written permission. We will not be upset at anyone who files an appeal.

DDD will delegate your appeal to your DDD Health Plan for services including:

- Physical Health Services (i.e., prescription medications, DME, dental services).
- Behavioral Health Services.
- Seriously Mentally Ill (SMI) Services.
- Nursing Facility (NF) Services.
- Habilitative Physical Therapy for Members 21 Years of Age or Older.
- Emergency Alert System (EAS).

You can continue getting services during the appeal process if:

- Your appeal involves an end or reduction of the service you are currently receiving.
- The service you are getting was authorized by the Division.
- The original authorization for the service you are getting has not expired.
- You request that the service continue.
- You file the appeal before the intended date of reduction/termination, or you request the appeal within 10 calendar days of the mailing of the notice, whichever is later.

You will continue to get your services until you withdraw the appeal. You will not continue getting services during the appeal process if:

- You withdraw the appeal.
- You have not requested a hearing within 10 calendar days of the date we sent the appeal decision to you.
- You have not requested that the services continue when you requested the hearing.
- AHCCCS issues a hearing decision against you.
- The time limits of a service authorization have been met.

We will consider your appeal and issue a written decision within 30 calendar days, unless more time is needed. You will be required to pay the cost of services provided during the appeal process if you lose the appeal.
Grievances for Crisis Services

If you have a mental health emergency, it is important that you seek help right away. Trained crisis staff are available 24 hours a day, seven days a week, 365 days a year to help over the phone. The Crisis lines are free, confidential, and open to anyone who needs help. See page 12 for contact numbers. A trained crisis specialist will answer your call. The Crisis lines are managed by Regional Behavioral Health Authorities (RBHA). Contact the RBHA that provided the crisis services if you are unhappy with the services you received and if you need to:

- File a grievance or appeal
- Request a hearing

Regional Behavioral Health Authorities (RBHA)
- Mercy Care: 1-800-564-5465 or 602-586-1841
- Arizona Complete Health: 1-888-788-4408
- Health Choice Arizona: 1-800-322-8670

Grievances & Appeals for Serious Mental Illness (SMI)

Grievances (SMI)

The SMI grievance process applies only to adults with a serious mental illness (SMI) designation and to all behavioral health services received by the member.

You can file a grievance if you feel:

1. Your rights have been violated.
2. You have been abused or mistreated by staff of a provider.
3. You have been subjected to a dangerous, illegal, or inhuman treatment environment.

You must file an SMI grievance within 12 months of the rights violation occurring. Your grievance must be filed with your DDD Health Plan provider, either UnitedHealthcare Community Plan or Mercy Care Plan. Contact your DDD Health Plan's member services department using the number on your ID card to file your grievance.

Your DDD Health Plan will respond in writing within 5 days of receiving the Grievance, the Division of Developmental Disabilities will respond in writing to the person filing the Grievance confirming the receipt of the Grievance.

If you file a Grievance the quality of your care will not suffer.

SMI grievances alleging physical or sexual abuse as well as death must be reported directly to AHCCCS by:

- Phone: 602-417-4000
- Fax: 602-252-6536
- Mail: AHCCCS, Attn: Behavioral Health Grievance and Appeals, 801 E Jefferson St., Phoenix, AZ 85034
SMI Determination Appeal Process (SMI)
Members seeking a serious mental illness (SMI) designation and members who have been determined to have a serious mental illness designation can appeal the result of the determination.

Solari will send a letter by mail to let the member know the final decision on their SMI determination. This letter is called a Notice of Decision. If Solari finds the member is not eligible for SMI services, the letter will tell why. To file an appeal, members can call Solari at 1-855-832-2866 within 60 calendar days from the date on the Notice of Decision letter.

SMI Treatment Appeal Process (SMI)
Persons who have a serious mental illness (SMI) designation can also appeal parts of their treatment plan including:
- A decision regarding fees or waivers.
- The assessment report and recommended services in their PCSP or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds.*
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.
- A decision is made that the member is no longer eligible for SMI services.
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member.

To file an appeal related to any behavioral health services, you must call or send a letter to your DDD Health Plan or the Tribal Health Program (THP).

Mercy Care
Attn: Grievance and Appeals Department
4755 S. 44th Place, Phoenix, AZ 85040
602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

UnitedHealthcare Community Plan
Attn: Appeal Manager
1 E. Washington, Suite 900, Phoenix, AZ 85004
1-800-293-3740

DDD Tribal Health Program
Office of Administrative Review
4000 N. Central Ave., 3rd Floor, Mail Drop 2HE5, Phoenix, AZ 85012
1-855-888-3106

If you file an appeal, you will get written notice that your appeal was received within 5 business days of receipt. You will have an informal conference with the DDD Health Plan or DDD Office of Administrative Review within 7 business days of filing the appeal.
An informal conference will be scheduled. This conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice help you at the conference. You and any other participants will be told the time and location of the conference in writing at least two working days prior. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 business day of receipt. The informal conference will occur within 2 business days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will:
   ● Get a written notice that describes the reason for the appeal.
   ● The issues involved
   ● The resolution achieved.
   ● The date that the resolution will be implemented.

The next step is a second informal conference with AHCCCS if there is no resolution during this informal conference. You can waive the second level informal conference. Your DDD Health Plan or the DDD Office of Administrative Review will help you file a request for State Fair Hearing at the end of the first informal conference.

You will be given information that will tell you how to get a State Fair Hearing if there is no resolution during the second informal conference. The AHCCCS Office of Grievance and Appeals handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

If you file an appeal, you will continue to get any services you were already getting unless:
   ● A qualified clinician decides that reducing or terminating services is best for you.
   ● You agree in writing to reducing or terminating services.

You cannot be charged for service received under SMI funding regardless of the result of the appeal. If you or your representative still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

* Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

**Requesting a State Fair Hearing**

If you disagree with this decision, you may request a state fair hearing. AHCCCS will make the final decision about your appeal. You must file a written request for a hearing with the entity that sent you the Notice of Appeal Resolution, the DDD Office of Administrative Review or your DDD Health Plan, within 90 calendar days from receipt of the appeal decision. If it is decided that the decision was correct, you may be responsible for payment of the disputed services you received while your appeal was being reviewed.
If you do not receive a written appeal decision within 30 calendar days, you have the right to file a request for a hearing with AHCCCS. The written request for a hearing must state the issue that is being appealed.

** Expedited Appeals  
You may ask for a faster review if:
- Your life or health could be in danger.
- You are not able to meet, keep, or get back to how you are able to do things by waiting 30 calendar days for a decision.

If DDD or your DDD Health Plan agree to make a faster decision, a decision will be made in 72 hours. If the request is denied for a faster decision, you will get a phone call with a follow-up letter in two working days. The letter will tell you that you will receive a decision in 30 calendar days.

If you are unhappy with this decision, you may call the DDD Customer Service Center at 1-844-770-9500 option 1 or your DDD Health Plans’ customer service department.

** Submitting a Concern About Quality of Care  
Members or their Health Care Decision Maker (HCDM) can submit concerns related to the quality of their care. This can include:
1. The inability to receive health care services,
2. Concerns about the quality of care received,
3. Issues with health care providers,
4. Issues with their health plan, or
5. Timely access to services.

Members or HCDMs with concerns related to home and community based services provided by DDD should submit their concerns to DDD.
- Email: dddquality@azdes.gov
- Phone: 1-844-770-9500 option 2

Members or HCDMs with concerns related to their physical or behavioral health care services should submit their concerns to:
- Mercy Care: 1-800-624-3879
- United Healthcare Community Plan: 1-800-348-4058
- Tribal Health Program: 1-844-770-9500 option 7

** Federal and State Law Compliance  
The Division of Developmental Disabilities complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education
programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

**Filing Complaints**

Applicants for services and/or program participants have a right to file complaints about DDD, DDD Health Plans or DDD qualified vendors and to appeal according to rules by notifying AHCCCS or:

Arizona Department of Economic Security  
Director’s Office of Equal Opportunity  
1789 W. Jefferson St., 4th Floor SE  
Phoenix, AZ 85007  
602-364-3976 TTY/TDD 711

**How to Get Information About DDD Health Plans**

You can get information on how DDD and the DDD Health Plans are organized by visiting their website, links can be found on the DDD website [https://des.az.gov/ddd-health-plans-info](https://des.az.gov/ddd-health-plans-info), or by calling your DDD Health Plan’s member services unit. This number is on your ID card.

**Physician Incentive Plans**

This type of plan affects how a doctor may be paid. The DDD Health Plans can provide this type of plan to doctors. If they have this type of plan it may affect the use of referrals, the type of compensation arrangements (bonuses, withholding), and if stop-loss insurance is required, and your right to a summary of member survey results. You may call your DDD Health Plan (see pages 15-16) and ask them if it will affect you.

**Member Rights**

- You have the right to be treated with respect and with consideration for your dignity and privacy by the Division of Developmental Disabilities (DDD) staff and its providers.
- You have the right to be treated fairly regardless of race, ethnicity, national origin, religion, gender, age, health, condition (intellectual) or physical, disability, sexual preference, genetic information, or ability to pay.
- You have a right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- You have a right to file complaints and to appeal according to rules by notifying the Arizona Department of Economic Security (DES), Director’s Office of Equal Opportunity, 602-364-3976 (TTY/TDD 711), or AHCCCS, 1-855-432-7587.
- You have a right to materials that recognize your need for empathy, courtesy and respect of your culture.
- You have a right to know about providers who speak languages other than English. You can find this information in the Provider Directory.
- You have a right to get interpreter services at no cost by asking your Support
Coordinator or by calling 1-844-770-9500 option 1 (TTY/TDY 711).

• You have a right to get information, including this handbook, in another language or format that is easier to read by calling your Support Coordinator or 1-844-770-9500 option 1 (TTY/TDY 711).

• You have a right to participate in completing your planning document.

• You have a right to obtain the services listed in your planning document.

• You have a right to obtain services that respect your beliefs, language, and background.

• You have a right to feel safe when using services or going to the doctor.

• You have a right to not being touched or talked to in a way that is uncomfortable that is called abuse. Abuse can also be neglect or being taken advantage of by others. If this happens to you, it is important to tell your Support Coordinator or someone you trust about it.

• You have a right to know the name of your doctor.

• You have the right to participate in decisions about your care, including to refuse care or getting information about what could happen if you get or do not get care.

• You have the right to have someone help you make decisions when you are unable to do so. You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as changing health plans, scheduling meetings, choosing providers, and searching for placements. You need to provide this information in writing to your DDD Health Plan to make sure the health plan knows your choice.

• You have a right to have services you have requested that are medically necessary and cost effective. A Service Plan will list the services you will get.

• You have the right to review the Service Approval Matrix on our website to see how we make our decisions on approving or denying your services.

• You have the right to contact the AHCCCS Medical Management at MedicalManagement@azahcccs.gov. If you receive a Notice of Adverse Benefit Determination letter and you or your representative do not understand it.

• You have a right a right to a summary of member survey results which talk about how a doctor may be paid. Your DDD Health Plan can provide you with this.

• You have a right to request information about the structure and operation of your health plan and its subcontractors.

• You have a right to know how your plan pays providers, controls costs and uses services. This information includes whether or not your plan has Physician Incentive Plans (PIP) and a description of the PIP.

• You have a right to change your Primary Care Physician (PCP).

• You have a right to privacy and confidentiality of your health care information. Everyone who provides care to you may see your records as needed. Other people may see your records if you let us know in writing.

• The right to receive emergency care at any hospital or other setting without approval from your doctor or plan support/care personnel.

• The right to decide who will be at your treatments and exams.
• The right to exercise your rights and that the exercise of those rights shall not adversely affect service delivery to you.

Member’s Responsibilities

• Participate in any planning meetings and reviews.
• Keep your doctor’s and therapy appointments. If you cannot keep an appointment call at least 24 hours ahead of time.
• Go to your doctor during office hours if you can instead of using urgent care or the emergency room.
• Be honest with your health care providers. Give them correct information about your health.
• Tell your doctors about all prescribed and over the counter medications and supplements you are taking.
• Follow instructions given to you by health care providers. Ask questions if you do not understand the instructions.
• Bring your health insurance card when getting any health care or picking up medicine at the pharmacy.
• If your card is lost or stolen, let us know right away.
• Do not throw your health insurance card away.

Your Protected Health Information (PHI)

Confidentiality practices:
The Arizona Health Care Cost Containment System (AHCCCS), the Division of Developmental Disabilities (DDD) and your DDD Health Plan will work hard to keep your protected health information (PHI) private. This notice outlines how and when DDD will use, share and protect your PHI. Your DDD Health Plan and each of your doctors or other health care providers will send you a similar document telling you how they use, share and protect your information.

Use and Protection of Your Protected Health Information:
DDD can only use or share your PHI in the course of providing you services, when we share your information with the DDD Health Plan providers, so you get the care you need, and to make sure your providers are paid. When we share your PHI, the companies we share it with must keep it private. We will ask for, use and share your PHI to decide whether we will pay for your care and to see if you are getting the right care.

DDD will use and share your PHI to:
• Decide what to pay your DDD Health Plan.
• Pay your DDD Health Plan and your health care providers.
• Coordinate payment for your care.
• Coordinate your care.
• Evaluate quality of care.
DDD may disclose your PHI:

- If you are the victim of abuse, neglect or domestic violence, to law enforcement or other government agencies.
- To public health agencies for activities such as stopping the spread of diseases and reporting problems with drugs or medical items.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- When we are required by the law to do so.
- To prevent a serious threat to a person's or the public's health and safety.
- To a correctional facility or law enforcement, if you are held in jail or prison.

HIPAA Complaints

You may file a Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) complaint if you believe any of the following has occurred:

- You/your child’s PHI was disclosed by Department of Economic Security (DES) workforce, or a business associate of DES, without your written authorization and no exception exists under the Privacy Rules (e.g., disclosure for treatment purposes);
- You were entitled to a Notice of Privacy Practices from a DES covered component and were not provided with one;
- Your request to DES or a Business Associate of DES to access PHI was denied or was not provided in the time frame required by the Privacy Rules;
- A DES covered component failed to provide a required accounting of disclosures within the time frame required by the Privacy Rules;
- Your request to DES or a Business Associate of DES to amend PHI to DES/the Business Associate created was denied;
- Your request to DES or a Business Associate of DES to restrict PHI was denied;
- Your request to DES or a Business Associate of DES for communication in an alternative format or alternate location was denied;
- Any other Privacy violation.

HIPAA violations can be reported online at https://des.az.gov/file-hipaa-complaint-protected-health-information-phi.

Member Right to Access Records

The Department of Developmental Disabilities is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA).

Member Medical Records are defined in A.R.S. § 12-2291 as all communications related to a patient’s physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of evaluation or treatment, including records that are prepared by a health care provider or by other providers. Medical records are not public information.
Records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities and are protected from disclosure pursuant to A.R.S. § 36-2917(B). Authorizations to release DDD member records must comply with 45 C.F.R. § 164.508 and A.R.S. § 36-568.01.

HIPAA gives members important rights to access their medical record and to keep that information private. More information is available on the U.S. Department of Health and Human Services Health Information Privacy/HIPAA for Individuals web page.

Members can request a copy of their health care records as outlined in (45 CFR § 164.524). This means members can ask for their medical records. There may be a charge for the reasonable costs for copying and mailing the records. Members cannot be charged a fee for the searching for or retrieval of their records. You have a right to see your health care records at any time and they must be given to you within 30 calendar days or you must get a letter saying you cannot get a copy. The letter will tell you why your request was denied. It will also tell you how you can appeal the denial. You have a right to ask for your health care records to be changed or corrected.

Only the member or their health care decision maker has the right to access their records.

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 an individual lawfully authorized to make health care treatment decisions as specified in 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.

Members may write, fax, or email a request for their records to:

Division of Developmental Disabilities  
Attn: Records Management Unit  
1002 S. 63rd Ave. Unit 102/2HE6  
Phoenix, AZ 85043  
Fax: (602) 807-5001  
Email: DDDRecordsrequest@azdes.gov

The request should include the following information:

- The member's personal information including: First Name, Middle Initial, Last Name, and Date of Birth
- The starting date and ending date of the record.
- The specific information requested.
- The email or physical address where the records should be sent.
- The member's signature and date.
- Guardians or legal representatives will need to also submit a copy of the legal document and the relationship to the member.
Working with Other State Agencies and Schools

There may be times when you need to work with other state agencies and schools, within the limits of applicable regulations in requesting a change to either the Individualized Education Plan or Planning Document to help with your care.

There may be times when you need to work with other state agencies and schools such as your local education agency, Vocational Rehabilitation, or the Department of Child Safety. Your Support Coordinator can help coordinate services with these entities. The Division will follow all applicable regulations when coordinating care with these agencies.

You can also call us when you have questions or need help.

Second Opinions

You have a right to get a second opinion from a qualified physical or behavioral health care professional within your DDD Health Plan network or outside the network if there is inadequate coverage in the network at no cost to you.

Receiving Information on Available Treatment Options

You have a right to get information about your health care options in a way that you can understand.

Receiving Services That Require Electronic Visit Verification (EVV)

Some services on your service plan may help you with bathing, dressing, toileting, eating, getting to and from your bed or wheelchair, and other things you do every day. These services require Electronic Visit verification (EVV). EVV is a federal requirement. EVV helps us know when and where you get these types of services. EVV applies to all EVV providers including paid family direct care workers and all members who receive EVV services.

You have the right to develop a back-up plan for Attendant Care, Homemaker, Habilitation (hourly), Nursing and Respite you get in your home. You will create this plan with each HCBS provider that provides these services. This plan will list whom to call if your service is short, late, or missed. You have the right to get a replacement caregiver as outlined in your back up plan.

Advance Directive Options

There may be a time when you are so ill that you cannot make decisions about your health care. If this happens, advance directives are documents that protect your right to refuse health care you do not want or to request care you do want. You have the right to be given information on how to create an Advance Directive. Ask your Support Coordinator for more information when the time comes.
There are four kinds of Advance Directives:

- **Living Will**: A paper that tells your doctor the care you do or do not want if you become ill and may die. It can say if you want to be fed through tubes or kept alive with machines.

- **Durable Medical Power of Attorney**: A paper that lets you pick a person you trust to make medical decisions when you cannot.

- **Durable Mental Health Power of Attorney**: Names a person to make mental health decisions if you are unable to do so.

- **Pre-Hospital Health Care Directive**: States your wishes about not wanting certain lifesaving care given outside a hospital or in an emergency room. You must fill out a special orange form.

**Beneficiary and Plan Information**

You have a right to get information on beneficiary and plan information.

**Decisions About Your Health Care**

You have the right to participate in decisions about your care, including to refuse care or getting information about what could happen if you get or do not get care. You have the right to have someone help you make decisions when you are unable to do so.

You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as changing health plans, scheduling meetings, choosing providers, searching for placements. You need to provide this information in writing to your DDD Health Plan to make sure the health plan knows your choice.

**Fraud, Abuse, and Waste**

**Member Fraud**

Your health benefits are given to you based on your health and financial status.

Fraud is explained in federal law. Members commit fraud by cheating or lying (on purpose) to a health care program, such as AHCCCS or Medicare, in order to obtain a service or benefit at the government’s expense. There are penalties under the law for committing fraud, such as civil and/or criminal charges.

An example of member fraud is a member sharing an AHCCCS ID card with others. Another example is an AHCCCS member that does not report other insurance.

**Member Abuse**

Abuse is explained in federal law. Members commit abuse when their actions cause loss of money to health care programs. There are penalties under the law for committing abuse, such as civil and/or criminal charges.
Provider Fraud
Fraud also means when a provider bills wrong. It is important to tell us anything that does not seem right. This includes:

- If you notice a provider billing for services you did not get.
- When a provider asks you to sign a timesheet that is blank or does not have the right dates and times of when you had the service.

Provider Abuse
Provider practices that:

- Result in an unnecessary cost to the AHCCCS program.
- Reimbursement for services that are not medically necessary.
- Fail to meet standards for health care.

Waste

- Overuse or inappropriate use of services.
- Misuse of resources.
- Practices that result in unnecessary costs to the Medicaid Program.

Reporting Fraud, Abuse, and Waste
You can report FWA to DDD by:

- Calling DDD at 1-877-822-5799
- Sending an email to dddfwa@azdes.gov
- Sending a letter to DES/DDD, Attn: Corporate Compliance Unit, 1789 W. Jefferson St., Mail Drop 2HA1, Phoenix, AZ 85007
- Completing this online form.

You can also report FWA to AHCCCS:

- Call the Office of the Inspector General at 602-417-4193
- Report Online at the AHCCCS Website
- Report provider fraud by calling:
  - Maricopa County: 602-417-4045
  - Outside Maricopa County: 1-888-487-6686
- Report member fraud by calling:
  - Maricopa County: 602-417-4193
  - Outside Maricopa County: 1-888-487-6686
- Submit general questions via email at AHCCCSFraud@azahcccs.gov

Tobacco Cessation
One of the most important ways you can improve your health is to stop smoking. You can get help with quitting. Talk to your doctor. The Arizona Smoker’s Helpline (ASHLine) can also help you with quitting. ASHLine can give you information about programs and services.
You can call ASHLine at 1-800-556-6222 (TTY/TDD 711) or visit www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php.

ASHLine Quit Coaching is a free smoking cessation program that helps people quit any kind of tobacco. A Quit Coach helps and encourages you through every stage of quitting. Need Help Now? Call 1-800-556-6222 or go to www.ashline.org.

The American Lung Association's, “Freedom from Smoking” program is a proven way to quit smoking, even if you’ve tried before and went back to smoking. Call 1-800-586-4872 or visit www.freedomfromsmoking.org/. You will be able to share your experiences with others going through the same thing in our online community support group. Get live support from the quit-smoking specialists at the Lung HelpLine at: www.freedomfromsmoking.org/lung-helpline/.
# Community Resources

There are a variety of resources individuals can use to access primary and preventative care if they become ineligible for DDD Health Plan benefits.

<table>
<thead>
<tr>
<th>Community Resources</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>AHCCCS</strong></td>
<td>801 E. Jefferson St. Phoenix, AZ 85034</td>
</tr>
<tr>
<td>My AHCCCS online (<a href="http://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a>) allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:</td>
<td>855-432-7587</td>
</tr>
<tr>
<td>• View a two-year history of eligibility</td>
<td>602-417-4000</td>
</tr>
<tr>
<td>• Enrollment information</td>
<td>TTY/TDD 1-800-3842-6520</td>
</tr>
<tr>
<td>• Link to their active health plan websites</td>
<td><a href="https://www.azahcccs.gov">https://www.azahcccs.gov</a></td>
</tr>
<tr>
<td>• Your correct address</td>
<td></td>
</tr>
<tr>
<td><strong>Alzheimer’s Association</strong></td>
<td>Alzheimer’s Disease and Dementia: Information on Alzheimer’s disease and dementia symptoms, diagnosis, stages, treatment, care and support resources.</td>
</tr>
<tr>
<td>Alzheimer’s Disease and Dementia: Information on Alzheimer’s disease and dementia symptoms, diagnosis, stages, treatment, care and support resources.</td>
<td>1-800-272-3900</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.alz.org/">https://www.alz.org/</a></td>
</tr>
<tr>
<td><strong>Area Agency on Aging (AAA)</strong></td>
<td><a href="https://des.az.gov/services/older-adults/area-agency-on-aging-locations">https://des.az.gov/services/older-adults/area-agency-on-aging-locations</a></td>
</tr>
<tr>
<td>A nonprofit agency which assists the needs of Arizona by identifying the needs of services for adults aged 60 years and older and for persons with disabilities in need of long-term care.</td>
<td></td>
</tr>
<tr>
<td><strong>Arizona Aging and Disability Resource Center (ADRC)</strong></td>
<td>602-542-4446</td>
</tr>
<tr>
<td>Created to help Arizona seniors, people with disabilities, and caregivers and family members locate resources and services that meet their needs.</td>
<td>1-888-737-7494</td>
</tr>
<tr>
<td></td>
<td>TTY/TDD 711</td>
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<tr>
<td></td>
<td><a href="https://azdaars.getcare.com/consumer/">https://azdaars.getcare.com/consumer/</a></td>
</tr>
<tr>
<td><strong>Arizona@Work</strong></td>
<td><a href="https://arizonaatwork.com/">https://arizonaatwork.com/</a></td>
</tr>
<tr>
<td>ARIZONA@WORK is the statewide workforce development network that helps job seekers throughout the state, by providing services and resources to pursue employment opportunities.</td>
<td></td>
</tr>
<tr>
<td>Community Resources</td>
<td>Contact Information</td>
</tr>
<tr>
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<tr>
<td><strong>Arizona Department of Economic Security</strong></td>
<td>Division of Developmental Disabilities: 1-844-770-9500 option 1</td>
</tr>
<tr>
<td>DES works with families, community organizations, advocates and state and federal</td>
<td>Nutrition Assistance: 1-855-432-7587</td>
</tr>
<tr>
<td>partners to realize our collective vision that every child, adult, and family in</td>
<td>Adult Protective Services: 1-877-767-2385</td>
</tr>
<tr>
<td>the State of Arizona will be safe and economically secure. DES works to promote</td>
<td>Aging and Adult Services: 602-542-4446</td>
</tr>
<tr>
<td>enhanced safety and well-being for Arizonans by focusing on three primary goals:</td>
<td></td>
</tr>
<tr>
<td>strengthening individuals and families, increasing self-sufficiency, and developing</td>
<td></td>
</tr>
<tr>
<td>the capacity of communities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://des.az.gov/">https://des.az.gov/</a></td>
</tr>
<tr>
<td><strong>Arizona Department of Health Services</strong></td>
<td>150 N. 18th Ave. Phoenix, AZ 85007</td>
</tr>
<tr>
<td>Arizona Department of Health Services provides information on: back to school;</td>
<td>602-542-1025</td>
</tr>
<tr>
<td>cancer; diseases; filing a complaint; genealogy; health screenings; healthy babies;</td>
<td></td>
</tr>
<tr>
<td>healthy living; licenses and certificates; medical marijuana; mental health; obesity</td>
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</tr>
<tr>
<td>prevention; summer safety; vital records.</td>
<td><a href="https://www.azdhs.gov/">https://www.azdhs.gov/</a></td>
</tr>
<tr>
<td></td>
<td>24 Hour Breastfeeding Hotline: 1-800-833-4642</td>
</tr>
<tr>
<td>**Arizona Department of Health Services – Bureau of Women and Children’s Health</td>
<td>602-542-1025</td>
</tr>
<tr>
<td>Office for Children with Special Health Care Needs (OCSHCN)</td>
<td><a href="mailto:OCSHCN@azdhs.gov">OCSHCN@azdhs.gov</a></td>
</tr>
<tr>
<td>to improve systems of care; provide information and referrals to families who</td>
<td></td>
</tr>
<tr>
<td>would like assistance in finding the services available to their child; provide</td>
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<tr>
<td>training to families and professionals on best practices related to medical home,</td>
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<tr>
<td>cultural competence, and transition to adulthood and family and youth involvement;</td>
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<tr>
<td>and support telemedicine to provide services in remote areas of the state.</td>
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<tr>
<td><strong>Arizona Early Intervention Program (AzEIP)</strong></td>
<td>1789 W. Jefferson St., Fl4NW Phoenix, AZ 85007-3202</td>
</tr>
<tr>
<td>The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families</td>
<td>602-532-9960 or 1-844-770-9500 (Option 5)</td>
</tr>
<tr>
<td>of children with disabilities or developmental delays age birth to three years old.</td>
<td>Referrals: 1-888-592-0140</td>
</tr>
<tr>
<td>They provide support and can work with their natural ability to learn.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://des.az.gov/services/disabilities/developmental-infant">https://des.az.gov/services/disabilities/developmental-infant</a></td>
</tr>
<tr>
<td>Community Resources</td>
<td>Contact Information</td>
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<tr>
<td><strong>Arizona Head Start</strong></td>
<td>P.O. Box 45483</td>
</tr>
<tr>
<td>Head Start is a federal program that promotes the school</td>
<td>Phoenix, AZ 85064</td>
</tr>
<tr>
<td>readiness of children from birth to age five from low-income</td>
<td>602-338-0449</td>
</tr>
<tr>
<td>families by enhancing their cognitive, social, and emotional</td>
<td><a href="mailto:AZHeadStart@azheadstart.org">AZHeadStart@azheadstart.org</a></td>
</tr>
<tr>
<td>development. Head Start programs provide a learning</td>
<td><a href="http://www.Azheadstart.org">www.Azheadstart.org</a></td>
</tr>
<tr>
<td>environment that supports children's growth in many areas</td>
<td></td>
</tr>
<tr>
<td>such as language, literacy, and social and emotional</td>
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<tr>
<td>development. Head Start emphasizes the role of parents as</td>
<td></td>
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<tr>
<td>their child's first and most important teacher.</td>
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<tr>
<td></td>
<td>1-800-222-1222</td>
</tr>
<tr>
<td><strong>Arizona Poison and Drug Information Center</strong></td>
<td><a href="https://azpoison.com/">https://azpoison.com/</a></td>
</tr>
<tr>
<td>Provides immediate life-saving information and medical</td>
<td></td>
</tr>
<tr>
<td>expertise for medication errors, chemical spills, product</td>
<td></td>
</tr>
<tr>
<td>misuse, occupational exposures, suicide attempts, pet</td>
<td></td>
</tr>
<tr>
<td>poisonings and other urgent situations.</td>
<td></td>
</tr>
<tr>
<td><strong>Arizona Statewide Independent Living Council</strong></td>
<td>3820 W. Happy Valley Rd.</td>
</tr>
<tr>
<td>Centers for Independent Living are consumer-controlled,</td>
<td>Suite 141, #482</td>
</tr>
<tr>
<td>community-based, non-profit corporations that provide</td>
<td>Glendale, AZ 85310</td>
</tr>
<tr>
<td>programs and services for people with all types of</td>
<td>602-262-2900</td>
</tr>
<tr>
<td>disabilities and their families. Centers for Independent</td>
<td><a href="http://www.azsilc.org">www.azsilc.org</a></td>
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<tr>
<td>Living also serve as a strong advocacy voice on a wide</td>
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<tr>
<td>range of national, state, and local issues. They work to</td>
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<tr>
<td>assure physical and programmatic access to housing,</td>
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<tr>
<td>employment, transportation, communities, recreational</td>
<td></td>
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<tr>
<td>facilities, and health and social services for people with</td>
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<tr>
<td>disabilities to fully participate in an integrated</td>
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</tr>
<tr>
<td>community and search for the possibilities to live as they</td>
<td></td>
</tr>
<tr>
<td>choose. Many CILs have a wide range of programs and services</td>
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<tr>
<td>that they can offer.</td>
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<tr>
<td><strong>Arizona Suicide Prevention Coalition (for teens)</strong></td>
<td>602-248-TEEN (8336)</td>
</tr>
<tr>
<td>Mission and Vision are to reduce suicidal acts in Arizona,</td>
<td>800-248-8336</td>
</tr>
<tr>
<td>to change those conditions that result in suicidal acts in</td>
<td><a href="http://www.azspc.org">www.azspc.org</a></td>
</tr>
<tr>
<td>Arizona through awareness, intervention, and action.</td>
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# Community Information and Referral Services

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<tr>
<th>Community Resources</th>
<th>Contact Information</th>
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| **AZLINKS** AzLinks.gov is maintained by the Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS). AzLinks.gov offers assistance and information on aging and disability. Use AzLinks.gov to plan for the future or handle an immediate need for seniors, people with disabilities, caregivers, friends and family members, and professionals assisting others. | 602-542-4446  
www.AzLinks.gov |
| **Child and Family Resources** Programs include:  
- Child Care Resource & Referral is where parents can call to get a list of childcare centers.  
- The Center for Adolescent Parents is where teen mothers can earn their high school diploma or GED while receiving free, on-site childcare. | 602-234-3941  
Tucson: 520-458-7348  
www.ChildFamilyResources.org/contact-us |
| **Child Care Resource and Referral** Child Care Resource and Referral (CCR&R) provides the bridge between parents, providers, community leaders, and policymakers about anything related to child care in Arizona. | 1-800-308-9000  
www.azccrr.com |
<p>| <strong>Disability Benefits 101</strong> DB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 will help make informed choices and show how to make work part of your plan. DB101 provides information to learn about benefits program and rules around work, calculators to get results tailored to plan and set goals or work, tips for success for individual situations, provide experts to find answers to your questions, and connect to community resources to help understand your next steps and situation. | <a href="https://az.db101.org/">https://az.db101.org/</a> |</p>
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</table>
| **Dump the Drugs AZ**  
Arizona Department of Health Services. Provides an application How-to-Guide to find box locations to dispose unused or unwanted prescription drugs. The application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them. | [https://azdhs.gov/gis/dump-the-drugs-az/](https://azdhs.gov/gis/dump-the-drugs-az/) |
| **Family Involvement Center**  
Family Involvement Center is a not-for-profit, family-directed organization that was founded in 2001. The majority of employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges. Services include parent training, resources, and support. | Statewide: 1-877-568-8468 toll-free  
Phoenix: 602-412-4095  
Prescott Valley: 928-379-5077  
Flagstaff: 928-440-6180  
Tucson: 602-412-4102  
[www.familyinvolvementcenter.org](http://www.familyinvolvementcenter.org) |
| **Federal Health Insurance Marketplace**  
Affordable Care Act insurance marketplace. | 1-800-318-2596  
[www.healthcare.gov](http://www.healthcare.gov) |
| **Health-E-ArizonaPlus**  
Connecting individuals and families to coverage, benefits and services. | 1-855-432-7587  
[https://www.healthearizonaplus.gov](https://www.healthearizonaplus.gov) |
| **Healthy Families**  
This program helps mothers have a healthy pregnancy and also helps with child development, nutrition, and safety. Home visitors will go to the pregnant member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant and can continue through the time that the baby is 5 years old. | Southwest Human Development:  
Strong Families AZ:  
[https://strongfamiliesaz.com/program/healthy-families-arizona/](https://strongfamiliesaz.com/program/healthy-families-arizona/) |
| **Low Income Housing Services**  
The Housing authority of Maricopa County improves the quality of life of families and strengthen communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County. | Maricopa Housing Authority  
8910 N. 78th Ave., Building D  
Peoria, AZ 85345  
602-744-4500  
[https://maricopahousing.org/](https://maricopahousing.org/) |
<table>
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<tr>
<th>Community Resources</th>
<th>Contact Information</th>
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<tr>
<td><strong>Mentally Ill Kids in Distress (MIKID)</strong></td>
<td>Phoenix: 602-253-1240</td>
</tr>
<tr>
<td>Mission and Vision is to reduce suicidal acts in</td>
<td>Casa Grande: 520-509-6669</td>
</tr>
<tr>
<td>Arizona, to change those conditions that result in</td>
<td>Yuma: 928-344-1983</td>
</tr>
<tr>
<td>suicidal acts in Arizona through awareness, intervention,</td>
<td>Tucson: 520-882-0142</td>
</tr>
<tr>
<td>and action.</td>
<td>Nogales: 520-377-2122</td>
</tr>
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<td></td>
<td>Kingman: 928-233-7629</td>
</tr>
<tr>
<td></td>
<td>Bullhead City: 928-704-9111</td>
</tr>
<tr>
<td></td>
<td>Sierra Vista: 602-253-1240</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.mikid.org">www.mikid.org</a></td>
</tr>
<tr>
<td><strong>National Alliance on Mental Illness (NAMI)</strong></td>
<td>1-800-950-6264 (NAMI)</td>
</tr>
<tr>
<td>The National Alliance on Mental Illness is dedicated to</td>
<td><a href="http://www.nami.org">www.nami.org</a></td>
</tr>
<tr>
<td>building better lives for the millions of Americans</td>
<td></td>
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<tr>
<td>affected by mental illness. NAMI provides education</td>
<td></td>
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<tr>
<td>programs to help families get the support and</td>
<td></td>
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<tr>
<td>information they need, provide free referrals,</td>
<td></td>
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<tr>
<td>information and support, and raise public awareness</td>
<td></td>
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<tr>
<td>to those in need.</td>
<td></td>
</tr>
<tr>
<td><strong>National Suicide Prevention Hotline</strong></td>
<td>988 or 1-800-273-8255</td>
</tr>
<tr>
<td>Offers free 24-hour hotline available to anyone in</td>
<td><a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a></td>
</tr>
<tr>
<td>suicidal crisis or emotional distress.</td>
<td></td>
</tr>
<tr>
<td><strong>Opioid Assistance and Referral Line</strong></td>
<td>1-888-688-4222</td>
</tr>
<tr>
<td>Confidential advice and services available</td>
<td></td>
</tr>
<tr>
<td>24 hours a day, 7 days a week. Staffed by certified</td>
<td></td>
</tr>
<tr>
<td>nurses and pharmacists.</td>
<td></td>
</tr>
<tr>
<td><strong>Postpartum Support International</strong></td>
<td>1-800-944-4773</td>
</tr>
<tr>
<td>Provides access to information, social support,</td>
<td><a href="https://www.postpartum.net/">https://www.postpartum.net/</a></td>
</tr>
<tr>
<td>and informed professional care to deal with mental</td>
<td></td>
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<tr>
<td>health issues related to childbearing. PSI promotes</td>
<td></td>
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<tr>
<td>this vision through advocacy and collaboration, and by</td>
<td></td>
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<tr>
<td>educating and training the professional community and</td>
<td></td>
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<tr>
<td>the public.</td>
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<tr>
<td><strong>Power Me A2Z</strong></td>
<td><a href="https://www.powermea2z.org/">https://www.powermea2z.org/</a></td>
</tr>
<tr>
<td>Service provided by the Department of Health Services</td>
<td></td>
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<tr>
<td>that provides folic acid education and a vitamin</td>
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<tr>
<td>distribution program that promotes healthy living and</td>
<td></td>
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<tr>
<td>prevents birth defects ineligible women.</td>
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<tr>
<td>Community Resources</td>
<td>Contact Information</td>
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<tr>
<td><strong>Raising Special Kids</strong></td>
<td>5025 E. Washington St., Suite 204</td>
</tr>
<tr>
<td>Arizona’s family to family health information center,</td>
<td>Phoenix, AZ 85034</td>
</tr>
<tr>
<td>Raising Special Kids, is a non-profit organization of</td>
<td>1-800-237-3007</td>
</tr>
<tr>
<td>families helping families of children with disabilities</td>
<td>Phoenix: 602-242-4366</td>
</tr>
<tr>
<td>and special health needs in Arizona. They provide</td>
<td>Flagstaff: 928-444-8834</td>
</tr>
<tr>
<td>information, training, and materials to help families</td>
<td>Tucson: 520-441-4007</td>
</tr>
<tr>
<td>understand and navigate systems of care. Parents</td>
<td>Yuma: 928-444-8803</td>
</tr>
<tr>
<td>are supported in their leadership development as they</td>
<td><a href="https://raisingspecialkids.org">https://raisingspecialkids.org</a></td>
</tr>
<tr>
<td>learn to advocate for their children. Raising Special</td>
<td></td>
</tr>
<tr>
<td>Kids promotes opportunities for improving</td>
<td></td>
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<tr>
<td>communication between parents, youth with disabilities,</td>
<td></td>
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<tr>
<td>educators, and health professionals. All programs and</td>
<td></td>
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<tr>
<td>services are provided to families at no cost.</td>
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<tr>
<td><strong>Southwest Human Development</strong></td>
<td>Birth to Five Helpline,</td>
</tr>
<tr>
<td>The Fussy Baby program is a component of the Birth to</td>
<td>Fussy Baby</td>
</tr>
<tr>
<td>Five Helpline and provides support for parents who are</td>
<td>877-705-KIDS (5437)</td>
</tr>
<tr>
<td>concerned about their baby’s temperament or behavior</td>
<td>602-266-5976</td>
</tr>
<tr>
<td>during the first year of life. Call the Fussy Baby</td>
<td><a href="https://www.swhd.org/">https://www.swhd.org/</a></td>
</tr>
<tr>
<td>program. A clinician will work with you to find more</td>
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</tr>
<tr>
<td>ways to soothe, care for, and enjoy your baby. They’ll</td>
<td></td>
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<tr>
<td>also offer ways to reduce stress while supporting you</td>
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<tr>
<td>in your important role as a parent.</td>
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<tr>
<td><strong>Vocational Rehabilitation</strong></td>
<td><a href="https://des.az.gov/vr">https://des.az.gov/vr</a></td>
</tr>
<tr>
<td>The Vocational Rehabilitation program provides a variety</td>
<td></td>
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<tr>
<td>of services to persons with disabilities, with the</td>
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<tr>
<td>ultimate goal to prepare for, enter into, or retain</td>
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<tr>
<td>employment.</td>
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<tr>
<td><strong>Women, Infants, and Children (WIC)</strong></td>
<td>WIC:</td>
</tr>
<tr>
<td>The Arizona Women, Infants, and Children Program (WIC)</td>
<td>1-800-252-5942</td>
</tr>
<tr>
<td>provides Arizona residents with nourishing supplemental</td>
<td><a href="http://www.fns.usda.gov/wic">www.fns.usda.gov/wic</a></td>
</tr>
<tr>
<td>foods, nutrition education, and referrals. People who use</td>
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<tr>
<td>WIC are women who either are pregnant, breastfeeding, or</td>
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<tr>
<td>have just had a baby; infants and children who have</td>
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<td>nutritional needs and families who meet income</td>
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<tr>
<td>guidelines.</td>
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<tr>
<td>Community Resources</td>
<td>Contact Information</td>
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<tr>
<td><strong>Arizona 2-1-1</strong></td>
<td>Dial 2-1-1</td>
</tr>
<tr>
<td>Community Information and Referral is a call center that can help you find many community services. Some examples of the community services are:</td>
<td>877-211-8661</td>
</tr>
<tr>
<td>● Food banks</td>
<td>Arizona Relay, callers: 7-1-1</td>
</tr>
<tr>
<td>● Clothes</td>
<td><a href="https://211arizona.org/">https://211arizona.org/</a></td>
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<tr>
<td>● Shelters</td>
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<tr>
<td>● Assistance to pay rent and utilities</td>
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<tr>
<td>● Health care</td>
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<td>● Pregnancy health</td>
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<td>● Support groups</td>
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<td>● Counseling</td>
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<tr>
<td>● Help with drug or alcohol problems</td>
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<td>● Financial help</td>
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<tr>
<td>● Job training</td>
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<tr>
<td>● Transportation</td>
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<tr>
<td>● Education programs</td>
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<tr>
<td>● Adult day care</td>
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<td>● Meals on Wheels</td>
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<td>● Respite care</td>
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<td>● Home health care</td>
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<td>● Transportation</td>
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<td>● Homemaker services</td>
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<td>● Childcare</td>
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<td>● After school programs</td>
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<td>● Family help</td>
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<td>● Summer camps</td>
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<td>● Play programs</td>
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<td>● Counseling</td>
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<td>● Help with learning</td>
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<td>Community Resources – Low Fee Dental Services</td>
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<td>-----------------------------------------------</td>
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<td><strong>A. T. Still University</strong></td>
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<td>5855 E. Still Cir.</td>
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<tr>
<td>Mesa, AZ 85206</td>
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<tr>
<td>480.248.8100</td>
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<tr>
<td><strong>Copper Queen Community Hospital</strong></td>
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<tr>
<td>101 Cole Ave.</td>
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<tr>
<td>Bisbee, AZ 85603</td>
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<tr>
<td>520-432-5383</td>
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<tr>
<td><a href="https://www.cqch.org">https://www.cqch.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Desert Senita Community Health Ctr.</strong></td>
<td></td>
</tr>
<tr>
<td>410 Malacate St.</td>
<td></td>
</tr>
<tr>
<td>Ajo, AZ 85321</td>
<td></td>
</tr>
<tr>
<td>520-387-5651</td>
<td></td>
</tr>
<tr>
<td><a href="desertsenita.org/">desertsenita.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>El Rio Dental Clinics</strong></td>
<td></td>
</tr>
<tr>
<td><a href="www.elrio.org">www.elrio.org</a></td>
<td></td>
</tr>
<tr>
<td>Congress</td>
<td></td>
</tr>
<tr>
<td>839 W. Congress St.</td>
<td></td>
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<tr>
<td>Tucson, AZ 85745</td>
<td></td>
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<tr>
<td>520-670-3909</td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
</tr>
<tr>
<td>340 W. Prince Rd.</td>
<td></td>
</tr>
<tr>
<td>Tucson, AZ 85705</td>
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</tr>
<tr>
<td>520-670-3909</td>
<td></td>
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<tr>
<td>Southwest</td>
<td></td>
</tr>
<tr>
<td>1530 W. Commerce Ct. Bldg. 3</td>
<td></td>
</tr>
<tr>
<td>Tucson, AZ 85746</td>
<td></td>
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<tr>
<td>520-670-3909</td>
<td></td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td></td>
</tr>
<tr>
<td>140 W. Speedway Blvd. #100</td>
<td></td>
</tr>
<tr>
<td>Tucson, AZ 85705</td>
<td></td>
</tr>
<tr>
<td>520-670-3909</td>
<td></td>
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<tr>
<td><strong>Mountain Park Dental Clinic</strong></td>
<td></td>
</tr>
<tr>
<td>5517 N. 17th Ave.</td>
<td></td>
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<tr>
<td>Phoenix, AZ 85015</td>
<td></td>
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<tr>
<td>635 E. Baseline Rd.</td>
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<tr>
<td>Phoenix, AZ 85042</td>
<td></td>
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<tr>
<td>6601 W. Thomas Rd.</td>
<td></td>
</tr>
<tr>
<td>Phoenix, AZ 85033</td>
<td></td>
</tr>
<tr>
<td>602-243-7277</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric openings, limited adult appointments at all offices</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Native Health Center</strong></td>
<td></td>
</tr>
<tr>
<td>4041 N. Central Ave., Bldg. C</td>
<td></td>
</tr>
<tr>
<td>Phoenix, AZ 85012</td>
<td></td>
</tr>
<tr>
<td>602-279-5262</td>
<td></td>
</tr>
<tr>
<td><a href="www.NativeHealthPhoenix.org">www.NativeHealthPhoenix.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>NHW Community Health Center</strong></td>
<td></td>
</tr>
<tr>
<td>2423 W. Dunlap Ave. Suite 140</td>
<td></td>
</tr>
<tr>
<td>Phoenix, Arizona 85021</td>
<td></td>
</tr>
<tr>
<td>602-279-5351</td>
<td></td>
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<tr>
<td><a href="www.NativeHealthPhoenix.org">www.NativeHealthPhoenix.org</a></td>
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</tr>
<tr>
<td><strong>Native Health Mesa</strong></td>
<td></td>
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<tr>
<td>777 W. Southern Ave.</td>
<td></td>
</tr>
<tr>
<td>Mesa, AZ 85210</td>
<td></td>
</tr>
<tr>
<td>480-550-4048</td>
<td></td>
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<tr>
<td><a href="www.NativeHealthPhoenix.org">www.NativeHealthPhoenix.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Phoenix College Dental Hygiene Clinic</strong></td>
<td></td>
</tr>
<tr>
<td>1202 W. Thomas Rd.</td>
<td></td>
</tr>
<tr>
<td>Phoenix, AZ 85013</td>
<td></td>
</tr>
<tr>
<td>602-285-7323</td>
<td></td>
</tr>
<tr>
<td><a href="www.phoenixcollege.edu">www.phoenixcollege.edu</a></td>
<td></td>
</tr>
<tr>
<td><strong>Pima Community College</strong></td>
<td></td>
</tr>
<tr>
<td>Hygiene Clinic - Cleaning, Exam, X-Ray</td>
<td></td>
</tr>
<tr>
<td>Tucson, AZ 85709</td>
<td></td>
</tr>
<tr>
<td>520-206-6090</td>
<td></td>
</tr>
<tr>
<td><a href="https://pima.edu/">https://pima.edu/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Note: may take several visits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sun Life Family Health Center – Family Dental</strong></td>
<td></td>
</tr>
<tr>
<td>865 N. Arizola Rd.</td>
<td></td>
</tr>
<tr>
<td>Casa Grande, AZ 85122</td>
<td></td>
</tr>
<tr>
<td>520-836-3446</td>
<td></td>
</tr>
<tr>
<td><a href="www.sunlifefamilyhealth.org">www.sunlifefamilyhealth.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Sun Life - Pediatric Dentistry</strong></td>
<td></td>
</tr>
<tr>
<td>1864 E. Florence</td>
<td></td>
</tr>
<tr>
<td>Casa Grande, AZ 85122</td>
<td></td>
</tr>
<tr>
<td>520-350-7560</td>
<td></td>
</tr>
<tr>
<td>Community Resources – Assistance with Care Directives, Directive Forms, Information, and Related Legal Matters</td>
<td>Contact Information</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Arizona Attorney General’s Office                                                                          | 2005 N. Central Ave.  
<p>|                                                                                                              | Phoenix, AZ 85004   |
|                                                                                                              | 602-542-5025        |
|                                                                                                              | or 1-800-352-8431   |
|                                                                                                              | Tucson: 520-628-6504|
|                                                                                                              | Prescott: 928-778-1265|
|                                                                                                              | <a href="http://www.azag.gov">www.azag.gov</a>        |
| Department of Economic Security                                                                              | 1789 W. Jefferson St.,|
| Arizona Aging and Adult Administration                                                                     | Mail Drop 6216      |
|                                                                                                              | Phoenix, AZ 85007   |
|                                                                                                              | 602-542-4446        |
|                                                                                                              | <a href="https://des.az.gov/services/older-adults/">https://des.az.gov/services/older-adults/</a> |
| Arizona Senior Citizens Law Project                                                                          | 2720 E. Thomas Rd., |
|                                                                                                              | Suite 190, Bldg. B   |
|                                                                                                              | Phoenix, AZ 85016   |
|                                                                                                              | 602-252-6710        |
|                                                                                                              | <a href="http://www.azlawhelp.org">www.azlawhelp.org</a>   |</p>
<table>
<thead>
<tr>
<th>Community Resources – Legal Aids</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APACHE, GILA AND NAVAJO COUNTIES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>White Mountain Legal Aid</strong></td>
<td>928-537-8383</td>
</tr>
<tr>
<td>A division of Southern Arizona Legal Aid</td>
<td>1-800-658-7958</td>
</tr>
<tr>
<td><strong>COCONINO COUNTY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DNA People’s Legal Services</strong></td>
<td>928-774-0653</td>
</tr>
<tr>
<td></td>
<td>1-800-789-5781</td>
</tr>
<tr>
<td><strong>GRAHAM/GREENLEE COUNTIES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Southern Arizona Legal Aid</strong></td>
<td>520-432-1639</td>
</tr>
<tr>
<td></td>
<td>1-800-231-7106</td>
</tr>
<tr>
<td><strong>LA PAZ/YUMA COUNTIES</strong></td>
<td></td>
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<tr>
<td><strong>Community Legal Services</strong></td>
<td>928-782-7511</td>
</tr>
<tr>
<td></td>
<td>1-800-852-9075</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.clsaz.org">www.clsaz.org</a></td>
</tr>
<tr>
<td><strong>MARICOPA COUNTY</strong></td>
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<tr>
<td><strong>Community Legal Services</strong></td>
<td>602-258-3434</td>
</tr>
<tr>
<td></td>
<td>1-800-852-9075</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.clsaz.org">www.clsaz.org</a></td>
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<tr>
<td><strong>Community Legal Services</strong></td>
<td>480-833-1442</td>
</tr>
<tr>
<td><strong>East Side</strong></td>
<td>1-800-852-9075</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.clsaz.org">www.clsaz.org</a></td>
</tr>
<tr>
<td><strong>MOHAVE COUNTY</strong></td>
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<tr>
<td><strong>Community Legal Services</strong></td>
<td>928-681-1177</td>
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<tr>
<td></td>
<td>1-800-852-9075</td>
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<tr>
<td><strong>NAVAJO AND HOPI NATIONS</strong></td>
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<tr>
<td><strong>DNA – Chinle Agency Office</strong></td>
<td>928-674-5242</td>
</tr>
<tr>
<td></td>
<td>1-800-789-7598</td>
</tr>
<tr>
<td><strong>DNA – Fort Defiance Agency Office</strong></td>
<td>928-871-4151</td>
</tr>
<tr>
<td></td>
<td>1-800-789-7287</td>
</tr>
<tr>
<td><strong>DNA – Hopi Legal Services</strong></td>
<td>928-738-2251</td>
</tr>
<tr>
<td></td>
<td>1-800-789-9586</td>
</tr>
<tr>
<td><strong>DNA – Tuba City Agency Office</strong></td>
<td>928-283-5265</td>
</tr>
<tr>
<td></td>
<td>1-800-789-8919</td>
</tr>
<tr>
<td>Community Resources – Legal Aids</td>
<td>Contact Information</td>
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<td>----------------------------------</td>
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</tr>
</tbody>
</table>
| **Native American Disability Law Center**  
Farmington Office | 505-325-8886  
1-800-862-7271  
709 N. Butler Ave.  
Farmington, NM 87410 |
| **PIMA COUNTY** | |
| **Southern Arizona Legal Aid (SALA)** | 520-623-9465  
1-800-640-9465  
2343 E. Broadway Blvd., Suite 200  
Tucson, AZ 85719-6007 |
| **Tohono O’odham Legal Services**  
A division of Southern Arizona Legal Aid | |
| **PINAL COUNTY** | |
| **Southern Arizona Legal Aid** | 520-316-8076  
1-877-718-8086  
1729 N. Trekell Rd., Suite 101  
Casa Grande, AZ 85122 |
| **WHITE MOUNTAIN APACHE TRIBE** | |
| **White Mountain Apache Legal Aid**  
A division of Southern Arizona Legal Aid | 928-338-4845  
1-866-312-2291  
202 E. Walnut St.  
Whiteriver, AZ 85941 |
| **YAVAPAI COUNTY** | |
| **Community Legal Services** | 928-445-9240  
1-800-233-5114  
141 S. McCormick St.  
Prescott, AZ 86303 |
| **YUMA COUNTY** | |
| **Community Legal Services** | 928-782-7511  
1-800-424-7962  
204 S. 1st Ave.  
Yuma, AZ 85364-2250 |
# Advocacy Organizations

You may call any of the following agencies for services.

<table>
<thead>
<tr>
<th>Advocacy Organizations</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ability 360</strong></td>
<td>Ability 360 offers and promotes programs designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.</td>
</tr>
<tr>
<td></td>
<td>5025 E. Washington St., Suite 200</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85034</td>
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<tr>
<td></td>
<td>602-256-2245</td>
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<tr>
<td></td>
<td>1-800-280-2245</td>
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<td></td>
<td>7-1-1 (Arizona Relay)</td>
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<td></td>
<td>Gilbert/Mesa: 480-655-9750</td>
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<tr>
<td></td>
<td>Glendale: 602-424-4100</td>
</tr>
<tr>
<td></td>
<td>Pima County: 520-449-8375 Pinal County: 520-316-4300</td>
</tr>
<tr>
<td></td>
<td>Ability360.org</td>
</tr>
<tr>
<td><strong>Arizona Center for Disability Law</strong></td>
<td>A federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.</td>
</tr>
<tr>
<td></td>
<td>5025 E. Washington St., Suite 202</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85034</td>
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<tr>
<td></td>
<td>602-274-6287</td>
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<tr>
<td></td>
<td>1-800-927-2260</td>
</tr>
<tr>
<td></td>
<td>177 N. Church Ave., Suite 800</td>
</tr>
<tr>
<td></td>
<td>Tucson, AZ 85701</td>
</tr>
<tr>
<td></td>
<td>520-327-9547</td>
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<tr>
<td></td>
<td>1-800-922-1447</td>
</tr>
<tr>
<td></td>
<td>1515 E. Cedar Ave., Suite D1</td>
</tr>
<tr>
<td></td>
<td>Flagstaff, AZ 86004</td>
</tr>
<tr>
<td></td>
<td>1-800-927-2260</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.azdisabilitylaw.org">www.azdisabilitylaw.org</a></td>
</tr>
<tr>
<td><strong>Division of Aging and Adult Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Long Term Care Ombudsman</strong></td>
<td>The primary purpose of the Long Term Care Ombudsman Program is to identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities, including:</td>
</tr>
<tr>
<td></td>
<td>• Educating residents, families, facility staff, and the community about long term care issues and services</td>
</tr>
<tr>
<td></td>
<td>• Promoting and advocating for residents’ rights</td>
</tr>
<tr>
<td></td>
<td>• Assisting residents in obtaining needed services</td>
</tr>
<tr>
<td></td>
<td>• Working with and supporting family and resident councils</td>
</tr>
<tr>
<td></td>
<td>• Empowering residents and families to advocate for themselves.</td>
</tr>
<tr>
<td></td>
<td>602-542-6454</td>
</tr>
</tbody>
</table>
# Behavioral Health Advocates and Advocacy Systems

You may call any of the following agencies for services.

<table>
<thead>
<tr>
<th>Behavioral Health Advocates</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Arizona Behavioral Health Corporation**                       | 501 E. Thomas Rd.  
Phoenix, AZ 85012  
602-712-9200  
http://azabc.org/ |
| Provides quality, affordable housing and supportive services for persons with behavioral health needs. |                                                                                                                                                      |
| **Arizona Center for Disability Law**                          | Phoenix Office:  
5025 E. Washington St., Suite 202  
Phoenix, AZ 85034  
602-274-6287  
1-800-927-2260  
Tucson Office:  
177 N. Church Ave., Suite 800  
Tucson, AZ 85701  
520-327-9547  
1-800-922-1447  
www.azdisabilitylaw.org |
| A federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights. |                                                                                                                                                      |
| **Arizona Coalition Against Sexual and Domestic Violence**     | 2700 N. Central Ave., Suite 1100  
Phoenix, AZ 85004  
602-279-2900  
1-800-782-6400  
Arizona Relay Service 7-1-1  
www.acesdv.org |
| Providers of direct services to victims and survivors of sexual and domestic violence. They work to increase public awareness about the issue of domestic violence, enhance the safety of and services for sexual and domestic violence victims and survivors, and end sexual and domestic violence in Arizona communities. |                                                                                                                                                      |
| **Mental Health America of Arizona**                           | 5110 N. 40th St., Suite 201  
Phoenix, AZ 85018  
602-576-4828  
www.mhaarizona.org |
<p>| Mental Health America of Arizona (MHA AZ), educates the community and advocates for all the individuals and families impacted by mental illness. |                                                                                                                                                      |</p>
<table>
<thead>
<tr>
<th>Behavioral Health Advocates</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Alliance on Mental Illness (NAMI)</strong>&lt;br&gt;The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides education programs to help families get the support and information they need, provide free referrals, information and support, and raise public awareness to those in need.</td>
<td>5025 E. Washington St., Suite 112&lt;br&gt;Phoenix, AZ 85034&lt;br&gt;602-892-6244&lt;br&gt;or 1-800-950-6264&lt;br&gt;www.nami.org</td>
</tr>
<tr>
<td><strong>Office of the Public Advocate – Maricopa County</strong>&lt;br&gt;This office protects the fundamental rights of juveniles, parents and adults facing court evaluation and court ordered mental health treatment by providing effective legal representation.</td>
<td>106 E. Baseline Rd.&lt;br&gt;Mesa, AZ 85210&lt;br&gt;602-372-2815&lt;br&gt;www.maricopa.gov/568/Public-Advocate</td>
</tr>
<tr>
<td><strong>Special Assistance</strong>&lt;br&gt;Members who are determined to have a Serious Mental Illness (SMI) may be eligible to receive Special Assistance. Special Assistance is support provided to an individual who is unable due to a specific condition to communicate his/her preferences and/or to participate effectively in the development of his/her service plan, discharge plan, the appeal process and/or grievance/investigation process.</td>
<td>801 E. Jefferson St.&lt;br&gt;Phoenix, AZ 85034&lt;br&gt;602-417-4000&lt;br&gt;800-654-8713&lt;br&gt;Outside Maricopa County: 800-523-0231&lt;br&gt;<a href="https://www.azahcccs.gov/AHCCCS/healthcareadvocacy/ohr.html">https://www.azahcccs.gov/AHCCCS/healthcareadvocacy/ohr.html</a></td>
</tr>
<tr>
<td><strong>Valleywise Health</strong>&lt;br&gt;Valleywise Health is the Phoenix area's only public teaching health system. We are governed by a publicly elected Board of Directors focused on exceptional care for all who turn to Valleywise Health. Valleywise has three locations in Maricopa County focused on behavioral health.</td>
<td>833-855-9973&lt;br&gt;www.valleywisehealth.org</td>
</tr>
</tbody>
</table>
ALTCS Advocacy

You may call any of the following agencies for services.

<table>
<thead>
<tr>
<th>ALTCS Advocates</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ability 360</strong></td>
<td>5025 E. Washington St., Suite 200</td>
</tr>
<tr>
<td>Ability 360 offers and promotes programs</td>
<td>Phoenix, AZ 85034</td>
</tr>
<tr>
<td>designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.</td>
<td>602-256-2245</td>
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<tr>
<td></td>
<td>1-800-280-2245</td>
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<td></td>
<td>7-1-1 (Arizona Relay)</td>
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<td></td>
<td>Gilbert/Mesa: 480-655-9750</td>
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<td></td>
<td>Glendale: 602-424-4100</td>
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<td></td>
<td>Pima County: 520-449-8375</td>
</tr>
<tr>
<td></td>
<td>Pinal County: 520-316-4300</td>
</tr>
<tr>
<td></td>
<td>Ability360.org</td>
</tr>
<tr>
<td><strong>Arizona Center for Disability Law</strong></td>
<td>5025 E. Washington St., Suite 202</td>
</tr>
<tr>
<td>A federally designated Protection and</td>
<td>Phoenix, AZ 85034</td>
</tr>
<tr>
<td>Advocacy System for the State of Arizona</td>
<td>602-274-6287</td>
</tr>
<tr>
<td>with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.</td>
<td>1-800-927-2260</td>
</tr>
<tr>
<td></td>
<td>177 N. Church Ave., Suite 800</td>
</tr>
<tr>
<td></td>
<td>Tucson, AZ 85701</td>
</tr>
<tr>
<td></td>
<td>520-327-9547</td>
</tr>
<tr>
<td></td>
<td>1-800-922-1447</td>
</tr>
<tr>
<td></td>
<td>1515 E. Cedar Ave., Suite D1, Flagstaff, AZ 86004</td>
</tr>
<tr>
<td></td>
<td>1-800-927-2260</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.azdisabilitylaw.org">www.azdisabilitylaw.org</a></td>
</tr>
<tr>
<td><strong>Disability Benefits 101</strong></td>
<td><a href="https://az.db101.org/">https://az.db101.org/</a></td>
</tr>
<tr>
<td>DB101 helps people with disabilities and</td>
<td></td>
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<tr>
<td>service providers understand the</td>
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<tr>
<td>connections between work and benefits.</td>
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<td>DB101 will help make informed choices</td>
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<tr>
<td>and show how to make work part of your</td>
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<tr>
<td>plan. DB101 provides information to</td>
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<tr>
<td>learn about benefits program and rules</td>
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<td>around work, calculators to get</td>
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<tr>
<td>results tailored to plan and set goals</td>
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<tr>
<td>or work, tips for success for individual</td>
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<tr>
<td>situations, provide experts to find</td>
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<tr>
<td>answers to your questions, and connect</td>
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<td>to community resources to help understand</td>
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<tr>
<td>your next steps and situation.</td>
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<tr>
<td><strong>ALTCS Advocates</strong></td>
<td><strong>Contact Information</strong></td>
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<tr>
<td><strong>Division of Aging and Adult Services</strong></td>
<td><strong>602-542-6454</strong></td>
</tr>
<tr>
<td><strong>Long Term Care Ombudsman</strong></td>
<td><strong><a href="https://des.az.gov/services/older-adults/long-term-care-ombudsman">https://des.az.gov/services/older-adults/long-term-care-ombudsman</a></strong></td>
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<tr>
<td>The primary purpose of the Long-Term Care Ombudsman Program is to identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities, including:</td>
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<td>- Educating residents, families, facility staff and the community about long term care issues and services</td>
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<td>- Promoting and advocating for residents’ rights</td>
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<td>- Assisting residents in obtaining needed services</td>
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<td>- Working with and supporting family and resident councils</td>
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<td>- Empowering residents and families to advocate for themselves.</td>
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<td>The Independent Living Research Utilization (ILRU) program is a national center for information, training, research, and technical assistance in independent living. Its goal is to expand the body of knowledge in independent living and to improve utilization of results of research programs and demonstration projects in this field.</td>
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<tr>
<td><strong>Legal Aid Maricopa County</strong></td>
<td><strong>305 S. 2nd Ave.</strong></td>
</tr>
<tr>
<td><strong>Community Legal Services</strong></td>
<td><strong>Phoenix, AZ 85003</strong></td>
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<tr>
<td><em>(Additional Legal Aid assistance for other counties, please see pages 83-84)</em></td>
<td><strong>602-258-3434</strong></td>
</tr>
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<td></td>
<td><strong>1-800-852-9075</strong></td>
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<td></td>
<td><strong><a href="http://www.clsaz.org/">http://www.clsaz.org/</a></strong></td>
</tr>
<tr>
<td><strong>Low Income Housing Services</strong></td>
<td><strong>8910 N. 78th Ave., Building D</strong></td>
</tr>
<tr>
<td>The Housing authority of Maricopa County improves the quality of life of families and strengthens communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County.</td>
<td><strong>Peoria, AZ 85345</strong></td>
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<td></td>
<td><strong>602-744-4500</strong></td>
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<td></td>
<td><strong>TDD: 602-744-4540</strong></td>
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<td></td>
<td><strong><a href="https://maricopahousing.org/">https://maricopahousing.org/</a></strong></td>
</tr>
</tbody>
</table>
Managed Care Definitions

**Appeal:** To ask for review of a decision that denies or limits a service.

**Copayment:** Money a member is asked to pay for a covered health service, when the service is given.

**Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

**Emergency Medical Condition:** An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part.

**Emergency Medical Transportation:** See EMERGENCY AMBULANCE SERVICES.

**Emergency Ambulance Services:** Transportation by an ambulance for an emergency condition.

**Emergency Room Care:** Care you get in an emergency room.

**Emergency Services:** Services to treat an emergency condition.

**Excluded Services:** See EXCLUDED.

**Excluded:** Services that AHCCCS does not cover. Examples are services that are:

- Above a limit,
- Experimental, or
- Not medically needed.

**Grievance:** A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

**Habilitation Services and Devices:** See HABILITATION.

**Habilitation:** Services that help a person get and keep skills and functioning for daily living.

**Health Insurance:** Coverage of costs for health care services.

**Home Health Care:** See HOME HEALTH SERVICES.

**Home Health Services:** Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor’s order.
**Hospice Services:** Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

**Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.

**Hospitalization:** Being admitted to or staying in a hospital.

**Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

**Network:** Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

**Non-Participating Provider:** See OUT OF NETWORK PROVIDER.

**Out of Network Provider:** A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

**Participating Provider:** See IN-NETWORK PROVIDER.

**In-Network Provider:** A health care provider that has a contract with your DDD Health Plan.

**Physician Services:** Health care services given by a licensed physician.

**Plan:** See SERVICE PLAN.

**Service Plan:** A written description of covered health services and other supports which may include:
- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

**Preauthorization:** See PRIOR AUTHORIZATION.

**Prior Authorization:** Approval from a DDD Health Plan that may be required before you get a service. This is not a promise that the DDD Health Plan will cover the cost of the service.

**Premium:** The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

**Prescription Drug Coverage:** Prescription drugs and medications paid for by your health plan.

**Prescription Drugs:** Medications ordered by a health care professional and given by a pharmacist.

**Primary Care Physician:** A doctor who is responsible for managing and treating the member's health.
**Primary Care Provider (PCP):** A person who is responsible for the management of the member’s health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed or
- Certified nurse practitioner.

**Provider:** A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

**Rehabilitation Services and Devices:** See REHABILITATION.

**Rehabilitation:** Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

**Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

**Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

**Urgent Care:** Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.
Maternity Care Service Definitions

Certified Nurse Midwife (CNM) is an individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

Free Standing Birthing Centers are out-of-hospital, outpatient obstetrical facilities, licensed by the ADHS and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

High-risk pregnancy refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American Congress of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed Midwife is an individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care pursuant to A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

Maternity care includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

Maternity care coordination consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

Practitioner refers to certified nurse practitioners in midwifery, physician's assistants, and other nurse practitioners. Physician's assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

Postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may utilize different criteria for postpartum period.
**Postpartum care** is health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

**Preconception counseling** is the provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

**Prenatal care** is the health care provided during pregnancy and is composed of three major components:

1. Early and continuous risk assessment
2. Health education and promotion, and
3. Medical monitoring, intervention, and follow-up.
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