

DIRECTIONS FOR COMPLETING THE AZEIP AHCCCS MEMBER REQUEST FORM

Purpose: To provide directions for completing the AzEIP AHCCCS Member Request Form.

It is recommended that the ongoing SC have a copy of the AzEIP AHCCCS Member Service Request form available during the IFSP meeting so that the team members can assist in documenting the requested provider name and phone number. The team members need to be knowledgeable of the contracts their agency have with the AHCCCS Health Plans.

Service Coordinator (SC) fills out the AzEIP AHCCCS Member Services Request Form, including:

- **Date** – date form is completed
- **AzEIP Service Coordinator name, phone number and email** – name, phone number and email of Ongoing SC
- **AzEIP TBEIS Contractor name, phone number and email** – name of AzEIP TBEIS Contractor
- **TYPE: Initial/6 month/Annual/other IFSP along with the date of the IFSP** – check the type of IFSP and date of that specific IFSP (if initial IFSP, check initial IFSP and enter date of initial, if the team met to complete a review outside the initial, 6 month or annual, select IFSP Other and enter the date the meeting was held)

CHILD'S INFORMATION

- **Child's name, AHCCCS ID, DOB, and expected date of transition out of AzEIP** –enter child's name, AHCCCS ID number, DOB, and month/year child will transition
- **Parent's name, preferred language, AHCCCS Health Plan, Primary Care Physician** –enter parent's name, preferred language, name of AHCCCS Health Plan and name of PCP. *If the parent does not know the name of their child's PCP, the SC is **strongly encouraged** to call the AHCCCS Health Plan Contact to obtain the name of the PCP.* The SC should provide this information to the parent and discuss whether the family has taken the child to the PCP and the next scheduled visit.
- **Mailing Address, Home, Work, and/or Cell Phone number** –fill out the mailing address and phone numbers of the parent.

SEE ATTACHED

- AzEIP Developmental Evaluation Report or other current evaluations (within 6 months)
- Current IFSP including addendums (within 6 months),
- Child and Family Assessment (part of the IFSP and should be thoroughly completed).
- Quarterly updates, if appropriate

Expected outcomes –include the outcomes on the IFSP

DEAR PRIMARY CARE PHYSICIAN –this section is completed and signed by the PCP

TO BE COMPLETED BY THE AZEIP SERVICE COORDINATOR

Requested Services/CPT code –list all services on IFSP that are covered EPSDT services, regardless of the method selected on IFSP (i.e. team lead, joint visit). For example, if the IFSP lists the PT as the team lead and a joint visit with the speech therapist, both of these services are requested on this form. If the core team member knows which CPT codes correspond to the services they will be providing, add them, if not, do not attempt to guess at the CPT codes.

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Requested Provider and Phone Number

- If the Assigned AzEIP Team Based Provider is a current contractor for the child's health plan, list the name of the AzEIP Team Based provider and the phone number so the health plan can contact them, if necessary
- If the AzEIP Team Based Provider is not a contracted provider but is willing to make arrangements with the health plan, list the name of the AzEIP Team Based provider and the phone number so the health plan can contact them
- For children covered by CMDP, include the Assigned AzEIP Team Based Provider
- If the child is assigned to ACT, then the SC and team determines if the team member(s) agency has a contract with the AHCCCS health plan. If yes, the SC includes the name and phone number for that particular agency, not ACT. For example, the PT works for Huppert Therapy and Huppert Therapy is contracted with the child's AHCCCS health plan, the SC lists, "Huppert Therapy" and their phone number as the requested provider. If the Speech therapists works for Sunshine Therapy and Sunshine Therapy is a provider for the child's health plan, the SC list, "Sunshine Therapy" and their phone number.
- If the assigned AzEIP Team Based provider IS NOT a contractor for the child's health plan AND IS NOT interested in making separate arrangements with the health plan, AND the family does not have a preference, the SC coordinator enters **None**.

Planned Start Date – include the planned start date on the IFSP for each requested service

Frequency – include the frequency on the IFSP for each requested service(s)

Duration - the duration is determined by the planned start date (PSD) and planned end date (PED) listed on the IFSP. For example, the PSD is 2/1/14 and the PED is 8/1/14, then the duration is 6 months. If the PSD is 2/1/14 and the PED is 5/1/14, then the duration is 3 months.

TO BE COMPLETED BY THE AHCCCS CONTRACTOR

- This section will be completed by the AHCCCS contractor and sent back to the AzEIP SC

Contacts – page 2

The purpose for the Contacts page is to assist with coordination and communication across all involved parties in the process

- SC completes the contact information for the
Health Plan,
AzEIP Service Coordinator (on-going),
Primary Care Physician, and
Service Provider (Assigned AzEIP TBEIS Provider).

ADDITIONAL INFORMATION

SC completes needed Additional Information including any pertinent information it is important for MCH to determine medical necessity or approve the service. This is where the SC can document the need for the service(s) to be provided in the home when a child is medically fragile or would otherwise be compromised by attending therapy in a clinic based setting.

Form is completed – what is the NEXT Step?

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SC sends secure email or fax Request form and Related Documents to the Family's AHCCCS Health Plan Maternal Child Health Coordinator (MCH) within 2 days of the IFSP meeting.

AZEIP On-going SC sends the following documentation that supports the service request to the AHCCCS MCH coordinator **within 2 days of the IFSP meeting**:

- Cover sheet if faxing.
- AZEIP AHCCCS Member Service Request Form,
- Current IFSP including addendums (within 6 months),
- AZEIP Developmental Evaluation Report or other current evaluations (within 6 months)
- Child and Family Assessment.

Contact Family and Team member once notified of request decision and update the IFSP if necessary to reflect the appropriate service provision and funding source.