



STATE OF ARIZONA
Department of Economic Security
Division of Developmental Disabilities

Arizona Long Term Care System (ALTCS)

Member Handbook 2017 - 2018

Revision Date: July 2017

The information in this document is continually updated.

For the latest revisions, please visit the Arizona Long Term Care System page on the Division of Developmental Disabilities' website at

<https://des.az.gov/services/disabilities/developmental-disabilities>

IMPORTANT INFORMATION

Support Coordinator:.....

Phone Number:

Acute Health Plan:

Doctor:

Other Important Numbers:.....

ALTCS Eligibility

The Arizona Long Term Care System (ALTCS) provides health care, behavioral health, and long-term care services to eligible Arizona residents. The Division provides ALTCS services to eligible individuals with developmental disabilities. Services are funded under a contract with the Arizona Health Care Cost Containment System (AHCCCS).

When you become eligible, you will be signed up for an acute health plan. You may change your acute health plan. See “Acute Health Plans - Service Areas” on page 6 for more information. You will also need to pick a doctor. We can help you pick an acute health plan and a doctor. If you do not choose a doctor within 10 calendar days, the acute health plan will assign one to you. See “How To Obtain A Primary Care Provider (PCP)” on page 21 for more information. You will meet with us at your home to develop a plan and answer questions.

Table of Contents

| | |
|--|----|
| General Information | 1 |
| How and Why to Contact Your Support Coordinator | 2 |
| How to Contact Children’s Rehabilitative Services (CRS) | 2 |
| • Multispecialty Interdisciplinary Clinics Specialties. | 2 |
| How to Find After Hour Care (Urgent Care) | 3 |
| How to Find Behavioral Health Crisis Services | 4 |
| How to Get Cultural Competent Materials in Other Languages. | 5 |
| How to Get Auxiliary Aids. | 5 |
| How to Find Providers or Non-English Speaking Providers | 5 |
| Provider Directory | 5 |
| Acute Health Plans – Service Areas. | 6 |
| Managed Care | 6 |
| Contact Information for Behavioral Health and Substance Abuse Services | 6 |
| Health Insurance Card/ID Card | 6 |
| Member’s Rights and Responsibilities | 7 |
| Changes in Family Size or Demographics | 7 |
| When You Move | 7 |
| • Moving Out of the United States. | 7 |
| • Moving Out of State | 8 |
| • Temporarily Out of State. | 8 |
| • Moving Within Arizona | 8 |
| ALTCS Transitional Program | 8 |
| Member Transitions. | 8 |
| Emergency Services | 9 |
| Medically Necessary and Emergency Transportation | 9 |
| Covered Services | 10 |
| • Behavioral Health. | 10 |
| • Covered Behavioral Health Services | 11 |
| • Covered Health and Medical Services | 11 |
| • Covered Acute Care Services. | 13 |
| • Dental | 16 |
| Service Authorization. | 16 |
| Non-Covered Medical Services | 17 |
| Non-Covered Services for Adults. | 17 |
| Residential Options | 19 |

| | |
|---|----|
| End of Life Care Services | 20 |
| Referrals | 20 |
| How to Get Services When a Provider’s Moral or Religious Objections Prevent You From Getting a Covered Service | 21 |
| How American Indian Members Get Health Care Services | 21 |
| How to Obtain a Primary Care Provider (PCP) | 21 |
| • How to Change a PCP | 21 |
| • PCP Appointments | 21 |
| Well Visits | 21 |
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) | 22 |
| Maternity and Family Planning Services | 23 |
| Pregnancy Services | 23 |
| • Postpartum Care | 24 |
| • Family Planning | 24 |
| • Pregnancy Termination | 24 |
| Dental Home | 25 |
| • Dental Care | 25 |
| Pharmacy Services | 25 |
| • Exclusive Pharmacy Evaluation Criteria | 26 |
| How to Get Covered Behavioral Health Services | 26 |
| • Multi-Specialty Interdisciplinary Clinic Specialties | 26 |
| • Appointments with a Multi-Specialty Interdisciplinary Clinic | 27 |
| Children’s Rehabilitative Services (CRS) | 27 |
| DDD Approval and Denial Process | 28 |
| • DDD Decision Criteria | 28 |
| Service Providers | 28 |
| Share of Cost | 28 |
| Billing | 28 |
| Medical Care Outside of Health Plan Network | 29 |
| Medicare and Other Health Insurance | 29 |
| Prescription Drugs Not Covered (Medicare Recipients) | 30 |
| Filing Complaints | 31 |
| Notice of Action | 31 |
| Grievances, Appeals, and Requests for State Fair Hearing | 31 |
| • Grievances | 31 |
| • Notice of Extension | 31 |
| • Appeal Process | 32 |
| • Requesting a State Fair Hearing | 32 |

- Expedited Appeals 33
- DDD Customer Service Center 33
- How to Get Information about DDD or Acute Health Plans 33
- Physician Incentive Plans 34
- Member’s Right to be Treated Fairly 34
- Member’s Confidential Records 34
- Working with Other State Agencies and Schools 34
- Second Opinion from a Qualified Health Care Professional 34
- Receiving Information on Available Treatment Options. 35
- Receiving Critical Services 35
- Advance Directives Options. 35
- Requesting Medical Records 35
- Member’s Right as a Person 36
- Beneficiary and Plan Information 36
- Member’s Respect, Dignity and Privacy 36
- Decisions about Your Health Care 36
- Providers Who Speak English and Other Languages 36
- Hospital and Other Settings for Emergency Care 36
- Fraud, Abuse, and Waste 36
 - Member Fraud 36
 - Member Abuse. 36
 - Provider Fraud 37
 - Provider Abuse. 37
 - Waste 37
 - Reporting Fraud, Abuse, and Waste 37
- Tobacco Cessation 37
- Community Resources. 38
 - Community Information and Referral Services 38
 - Advocacy Organizations. 51
 - Behavioral Health Advocates and Advocacy Systems 53
 - ALTCS Advocacy 55
- Managed Care Definitions 58
- Maternity Care Service Definitions. 60

GENERAL INFORMATION

CALL US

1.844.770.9500

- 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 a copy of a provider directory for your area
- If you need more information about services including behavioral health, acute care, and Home and Community Based Services
- If you are asking for a change in your acute care health plan
- If you receive a Notice of Action 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
Phoenix, AZ 85007
Voice: 602.364.3976 or TTY/TDD Services 711
Arizona Relay for the D/deaf or hard of hearing

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. See “Important Information” on the inside cover for more contact information.

HOW TO CONTACT CHILDREN’S REHABILITATIVE SERVICES (CRS)

Multispecialty Interdisciplinary Clinics Specialties

United Healthcare provides CRS services. Services can be provided in different settings, depending on where you live.

Multispecialty Interdisciplinary Clinics meet 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.

Clinics are at the following locations:

| Region | Address | Phone |
|---|---|--------------------------------|
| Metro Phoenix Region <i>Specialties: Physical and Occupational Therapy, Orthopedics, Speech, Audiology, Plastic Surgery, Cardiology, Neurology, Psychology</i> | 3141 N. 3rd Ave. Phoenix, AZ 85013 | 602.914.1520 |
| Southern Region <i>Specialties: Cerebral Palsy, Neurocutaneous Clinic, Neuromuscular Clinic, Cleft Care, Oral Maxillary, Child Spina Bifida, Teen Spina Bifida, Sickle Cell</i> | Square & Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712 | 520.324.5437 1.800.231.8261 |
| Northern Region <i>Specialties: Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Orthopedics, Pediatric Physical Therapy, Pediatric Speech Therapy, Pediatric Urology, Wheelchair/Seating</i> | 1200 N. Beaver St. Flagstaff, AZ 86001 | 928.773.2054 1.800.232.1018 |

| Region | Address | Phone |
|--|-------------------------------|--------------------------------|
| Southwestern Region <i>Specialties: Neurology, Ophthalmology, Pulmonology, Endocrinology, Cardiology, Orthopedic, Gastroenterology, Cleft Palate/Cleft Lip, Nutrition and Feeding, Speech Evaluation, Wheelchair Services, Orthotics Services, Pediatric Screening</i> | 2851 Ave. B Yuma, AZ 85364 | 928.336.7095 1.800.837.7309 |

If you have questions about CRS, you can talk with your doctor. You can also call their member services at 1.800.348.4058. Visit their website at www.uhccommunityplan.com. The “Member Handbook” has important information about appointments and descriptions of the specialties at each clinic.

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 acute 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. See your acute health plan member handbook for more information.

HOW TO FIND BEHAVIORAL HEALTH CRISIS SERVICES

If you have an emergency, it is important you get help right away. If you think you might hurt yourself or someone else, please call 911 or a Crisis Phone number listed below.

The current behavioral health providers are:

| Member Services | | 24-Hour Crisis Line |
|---|--|---|
| Maricopa (MMIC) | | |
| Mercy Maricopa Integrated Care | 602.586.1841 or 1.800.564.5465 TTY/TDD: 711 www.mercymaricopa.org | 602.222.9444 1.800.631.1314 TTY/TDD 1.800.327.9254 |
| South (previously Cenpatico/CPSA) | | |
| Cenpatico Integrated Care | 1.866.495.6738 TTY: 1.877.613.2076 www.cenpaticointegratedcareaz.com | 1.866.495.6735 |
| North (previously NARBHA) | | |
| Health Choice Integrated Care | 1.800.640.2123 For hearing impaired, use Arizona Relay Service at 711 or 1.800.367.8939 www.healthchoiceintegratedcare.com | 1.877.756.4090 |
| All Counties | | |
| Children's Rehabilitative Services | 1.800.348.4058 www.uhccommunityplan.com | 1.800.348.4058 TTY/TDD: 711 |

If you want more information about Behavioral Health Services, contact DDD at 1.844.770.9500 or at www.healtharizonaplus.gov or call your Support Coordinator.

HOW TO GET CULTURAL COMPETENT 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 interpreter services for free by calling 1.844.770.9500 or asking your Support Coordinator
- Get information, including this Handbook, in a language or another way that is easier for you to read by calling 1.844.770.9500 or TTY/TDY Services 711 Arizona Relay for the D/deaf or hard of hearing.

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. For example, auxiliary aids useful for persons with impaired vision include readers, brailled materials, audio recordings, and 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, and other similar services and devices.

You may get auxiliary aids, which are services or devices to help you if you are having vision, speech or hearing problems so that you can 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 PROVIDERS OR NON-ENGLISH SPEAKING PROVIDERS

We can also help you find a provider who speaks a language other than English, who can accommodate members with physical disabilities, and a skilled Medical Interpreter at the provider's office. You can get a list of providers from our website. This list is available under the "Help for Individuals & Families" link at <https://des.az.gov/services/disabilities/developmental-disabilities> then click on Provider Search.

There are requirements to be a provider. Let your provider know you need an interpreter. Your provider is responsible for having an interpreter at their office. If you have questions, call us at 1.844.770.9500.

PROVIDER DIRECTORY

There is no charge for a copy of the provider directory. Call us if you would like a copy of the provider directory for your area.

ACUTE HEALTH PLANS – SERVICE AREAS

Your choices of acute health plans will depend upon the county in which you live. The current acute health plans are:

- **Care 1st Health Plan Arizona** (*Maricopa County only*)
602.778.1800 and 1.866.560.4042
www.care1st.com/az
- **Mercy Care** (*Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma Counties*)
602.263.3000 or 1.800.624.3879
www.mercycareplan.com
- **United Healthcare** (*all counties*)
1.888.586.4017
www.uhccommunityplan.com

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. We subcontract with an acute health plan for your health care. Your doctor will request all of the medical care and services you may need. The medical care and services you get must be from a provider who contracts with the acute health plan.

CONTACT INFORMATION FOR BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

Your ID card has a phone number to access behavioral health and substance abuse services. Services are assigned to a provider based on where you live. If you have questions or need help getting behavioral health services, please call the number on your card.

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 receive 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 very important to always keep your card and not discard it. It is against the law. You could lose your services and benefits. Selling or letting someone else use your card is fraud. Legal action could also be taken against you.

MEMBER'S RIGHTS AND RESPONSIBILITIES

You Have the Right to:

- Participate in completing your planning document.
- Obtain the services listed in your planning document.
- Obtain services that respect your beliefs, language, and background.
- Feel safe when using services or going to the doctor.
 - Being touched or talked to in a way that is uncomfortable 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.
- Know the name of your doctor.

You Have the Responsibility to:

- 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 medical 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.

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 State

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 state, call your Support Coordinator. We can help you find services and community help.

Temporarily Out of State

When you are out of state, you may only get emergency care. Before your trip, call your acute health plan's member services. Your acute plan's contact information is listed on page 6 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 us 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. However, acute health plans and behavioral health providers are county-specific. You may have to change your acute health plan and/or behavioral health provider, if you move from one county to another.

ALTCS TRANSITIONAL PROGRAM

This program is for members who have improved health and are better able to do things for themselves. They are no longer at risk of going to a Nursing Home or Intermediate Care Facility (ICF). These members may still need some help to live in their community. These members can continue to receive covered services listed in this Handbook.

MEMBER TRANSITIONS

The Division identifies and facilitates transition of care for all members to ensure continued access to services when a member changes their health plan.

The Division 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 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 Acute Care Health 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, seven days a week. If you need emergency care, call 911 or go to the nearest hospital emergency room even if it is outside your acute health plan's network. You do not need an approval for emergency care. Hospital emergency rooms should not take the place of a doctor's office.

MEDICALLY NECESSARY AND EMERGENCY 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 acute health plan's member services on page 6. They will help you set up transportation.

Here are some general tips if you need a ride:

- Call at least three calendar days before your health care visit.
- If you have an urgent need to see your doctor, try to call member services (listed on page 6 of this Handbook) three hours before your visit. If you do not call ahead of time, the acute 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 (listed on page 6 of this Handbook) 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 (listed on page 6 of this Handbook) 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

Based on your needs, you may get one or more of the following services:

- Attendant Care
- Augmentative Communication
- Behavioral Health
- Day Treatment
- Extended Employment Services
- Habilitation
- Home Health Aide
- Home Health Nurse
- Homemaker
- Home Modification
- Hospice
- Non-Emergency Transportation
- Respite – up to 600 hours based on assessed needs.
- Support Coordination
- Therapies: Occupational, Physical, and Speech.
 - Physical Therapy for members 21 years and older must not exceed 15 visits for developmental/restorative, maintenance, and rehabilitative therapy for the benefit year

Behavioral Health

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.

We can help you get these services. Your doctor can also help you. You must be present for the referral process.

Appointments for:

- Intake interviews will be within seven calendar days of the referral.
- The first behavioral health service following the initial assessment will be within the time frame indicated by the behavioral health condition, but no later than 23 days after the initial assessment.

Covered Behavioral Health Services

The following Behavioral Health Services are covered:

- Behavior Management (behavioral health personal assistance, family support/home care training, self-help/peer support)
- Behavioral Health Case Management Services
- Behavioral Health Nursing Services
- Behavioral Health Therapeutic Home Care Services (formerly known as Therapeutic Foster Care)
- Emergency/Crisis Behavioral Health Care
- Emergency and Non-Emergency Transportation
- Evaluation and Assessment
- Individual, Group and Family Therapy, and Counseling
- Inpatient Hospital Services
- Institutions for Mental Disease (with limitations)
- Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- Non-Hospital Inpatient Psychiatric Facilities (residential treatment centers and sub-acute facilities)
- Opioid Agonist Treatment
- Partial Care (supervised day program, therapeutic day program, and medical day program)
- Psychosocial Rehabilitation (living skills training; health promotion; supportive employment services)
- Psychotropic Medication Adjustment and Monitoring
- Respite Care
- Rural Substance Abuse Transitional Agency Services
- Screening

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

Covered Health and Medical Services

It is important you review your acute health plan member handbook. It contains more information and limits that may apply. In general, the following health and medical services are covered:

- Ambulatory surgery
- Anti-hemophilic agents and related services
- Audiology
- Behavioral Health
- Chiropractic services

- Dental services - 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, 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
 - Other dental services, including dentures, 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 services
- Medical foods
- Medical supplies, Durable Medical Equipment (DME), orthotic, and prosthetic devices
- Medically-necessary pregnancy termination (including Mifepristone [Mifeprex] or RU-486)
- 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 (Limitations apply. See page 15 for more information)
- Transportation
- Triage/Screening and evaluation
- Vision Services/Ophthalmology/Optomety
- Well visits

For a complete list of covered health and medical services see pages 11-13.

Covered Acute Care Services

| Services | Title XIX Under 21 | Title XIX 21 & Over |
|--|-------------------------------|------------------------------------|
| Audiology | X | X |
| Breast Reconstruction After Mastectomy | X | X |
| Chiropractic Services | X | |
| Cochlear Implants | X | |
| Emergency Dental Services | X | |
| Preventive & Therapeutic Dental Services | X | X |
| Limited Medical and Surgical Services by a Dentist (for members age 21 and older) | | X |
| Dialysis | X | X |
| Emergency Services-Medical | X | X |
| Emergency Eye Exam | X | |
| Vision Exam/Prescriptive Lenses | X | |
| Lens Post Cataract Surgery | X | X |
| Treatment for Medical Conditions of the Eye | X | X |
| Health Risk Assessment & Screening Tests (for members age 21 and older) | X | X |
| Preventive Examinations in the Absence of any Known Disease or Symptom | X | X |
| HIV/AIDS Antiretroviral Therapy | X | X |
| Home Health Services | X | X |

Covered Acute Care Services (Continued)

| Services | Title XIX Under 21 | Title XIX 21 & Over |
|--|-------------------------------|------------------------------------|
| Hospice | X | X |
| Hospital Inpatient Medical | X | X |
| Hospital Observation | X | X |
| Hospital Outpatient Medical | X | X |
| Hysterectomy (medically necessary) | X | X |
| Immunizations | X | X |
| Laboratory | X | X |
| Maternity Services | X | X |
| Family Planning | X | X |
| Early and Periodic Screening, Diagnosis and Treatment (Medical Services) | X | |
| Other Early and Periodic Screening, Diagnosis and Treatment Services Covered by Title XIX | X | |
| Medical Foods | X | X |
| Durable Medical Equipment | X | X |
| Medical Supplies | X | X |
| Prosthetic | X | X |
| Orthotic Devices | X | X |
| Nursing Facilities (up to 90 days) | X | X |
| Non-Physician First Surgical Assistant | X | X |
| Physician Services | X | X |
| Foot and Ankle Services * | X | X |
| Prescription Drugs | X | X |
| Primary Care Provider Services | X | X |
| Private duty nursing | X | X |

Covered Acute Care Services (Continued)

| Services | Title XIX Under 21 | Title XIX 21 & Over |
|---|-------------------------------|------------------------------------|
| Radiology and Medical Imaging | X | X |
| Occupational Therapy – Inpatient | X | X |
| Occupational Therapy – Outpatient | X | |
| Physical Therapy – Inpatient | X | X |
| Physical Therapy – Outpatient (see policy regarding Visit Limitations) | X | X |
| Speech Therapy – Inpatient | X | X |
| Speech Therapy – Outpatient | X | |
| Respiratory Therapy | X | X |
| Total Outpatient Parenteral Nutrition | X | X |
| Non-Experimental transplants approved for Title XIX reimbursement (see policy regarding specific Transplant Coverage) | X | X |
| Transplant Related Immunosuppressant Drugs | X | X |
| Transportation – Emergency | X | X |
| Transportation - Non-emergency | X | X |
| Triage | X | X |

* Foot and Ankle Limitations

1. Coverage for medically necessary routine foot care must not exceed two visits per quarter or eight visits per contract year (this does not apply to Early and Periodic Screening, Diagnosis and Treatment [EPSDT] members).
2. Coverage of mycotic nail treatments will not exceed one bilateral mycotic nail treatment (up to ten nails) per 60 days (this does not apply to EPSDT members).
3. Neither general diagnoses such as arteriosclerotic heart disease, circulatory problems, vascular disease, venous insufficiency or incapacitating injuries or illnesses such as rheumatoid arthritis, CVA (stroke) or fractured hip are diagnoses under which routine foot care is covered.
4. Services are not covered for members 21 years of age or older, when provided by a podiatrist or podiatric surgeon.

Dental

Routine dental care includes:

- 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

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.

SERVICE AUTHORIZATION

An authorization is an approval from us or your acute 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 services 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.

Your Primary Care Provider (PCP) will approve your acute medical services. 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> by clicking on the “Help for Individuals & Families” link first. Then click on Service Approval Matrix (Prior Authorization Criteria). It may take up to 14 calendar days to approve a request. If more time is needed and it is in your best interest, a 14 calendar day extension may be received. If more information is still needed to make a decision, your request will be denied. If the Division believes the service is not medically necessary or cost effective, your request will be denied. 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 Action. This letter will tell you your rights. See page 31 for more information on Notice of Action letters. Expedited (rush) decisions in urgent situations should be made in three working days.

For more information on covered services, see page 10.

NON-COVERED MEDICAL SERVICES

Not all services are covered. This includes, but is not limited to:

- Care that is not medically necessary
- Services that need approval but are not approved
- 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.

| Benefit/service | Service description |
|---------------------------|--|
| Percussive Vests | <p>This vest is placed on a person’s chest and shakes to loosen mucous.</p> <p>Service excluded from payment:</p> <p>AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest) and repair of the vest will be paid for.</p> |
| Bone-Anchored Hearing Aid | <p>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</p> <p>Service excluded from payment:</p> <p>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.</p> |

Non-Covered Services for Adults (Continued)

| Benefit/service | Service description |
|--|--|
| Cochlear Implant | <p>A small device that is put in a person's ear by surgery to help you hear better.</p> <p>Service excluded from payment:</p> <p>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</p> |
| Lower limb microprocessor controlled joint/ Prosthetic | <p>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</p> <p>Service excluded from payment:</p> <p>AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</p> |
| Medical Equipment | <p>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.</p> <p>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.</p> <p>Maintenance and repair of parts will still be paid for.</p> |

Non-Covered Services for Adults (Continued)

| Benefit/service | Service description |
|--------------------------|---|
| Emergency Dental Service | <p>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.</p> <p>Service excluded from payment:</p> <p>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.</p> <p>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.</p> |

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 three children birth to 17 years of age.
- Group Home: A home in the community for up to six people.
- 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.
- Assisted Living Home: Provides care and supervision for up to 10 people in a family setting.
- Behavioral Health Residential Facility: Provides behavioral health treatment with 24-hour supervision. They may include on site medical services and intensive behavioral health treatment programs.
- Therapeutic Home Care (Adult & Child):
 - Adult - Provides behavioral health and additional services for at least one and up to three people.
 - Child - Licensed by Department of Child Safety as a professional foster care home.

When you live in one of the settings listed above, room and board is not covered. You will be billed for the cost of room and board. You will be billed a percentage of your monthly benefits (e.g. SSI, Social Security, and VA). The amount billed will not be more than what the Division pays the provider for room and board.

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 28 of this Handbook.

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 the illness
- Advance Care Planning
- Palliative care
- Supportive care
- Hospice services

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

- If you have a medical emergency
- If you need behavioral health services, see page 4 for the behavioral health services in your county
- If you need transportation to a medical appointment, see page 9 for more information about transportation.

The dental home will manage all dental services and referrals to dental specialists. See page 25 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 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. American Indians may also choose to get their acute health care services through the American Indian Health Plan (AIHP).

HOW TO OBTAIN A PRIMARY CARE PROVIDER (PCP)

A PCP is your doctor. The doctor oversees your medical care and will make referrals to specialists, if needed. They will order services such as therapy, medications, durable medical equipment, and home health nursing.

How to Change a PCP

You can change your doctor. However, you will need to choose another doctor from your acute health plan's provider network. You can change your doctor by contacting your acute health plan's member services (listed on page 6 of this Handbook). You can also ask the acute health plan's member services for a list of providers. There is no cost for this list. This information is also available on the acute health plan's website.

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

PCP 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.

WELL VISITS

Well visits (well exams) such as, but not limited to, well woman exams, breast exams and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age).

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 mental health problems 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. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the 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.

Amount, Duration, and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment, and other measures described in Federal Law Subsection 42 USC 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.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 29 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 optional 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
- Nurse Practitioner services
- Medications
- Dental services
- Therapy services
- Behavioral Health services
- Medical supplies
- Prosthetic devices

- Eyeglasses
- Transportation
- Family Planning services
- EPSDT also includes diagnostic, screening, preventive and rehabilitative services.

However, EPSDT services do not include services that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

MATERNITY AND FAMILY PLANNING SERVICES

Female members have direct access to preventive and well care services from a gynecologist within the Contractor's network without a referral from a primary care provider.

PREGNANCY SERVICES

If you are or think you may be pregnant, call your acute health plan's member services on page 6 and your PCP. They can help you choose an OB/GYN or certified nurse mid-wife as soon as possible. Once you choose an OB/GYN doctor, make an appointment right away. You can go directly to your OB/GYN doctor for care. Your PCP will manage your non-OB/GYN care and your OB/GYN doctor will manage your pregnancy care. You can also choose to have an OB/GYN 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.

If you are pregnant, you can have an HIV test. If you test positive, you can get specialty treatment and counseling. Talk to your doctor or contact your local Health Department for testing.

Your appointments are important to your health and the health of your baby. You should see your doctor during pregnancy even if you feel good. You should be able to get an initial prenatal appointment within the following time frames:

- If you are in your first trimester, you should see your doctor within 14 calendar days of calling the doctor.
- If you are in your second trimester, you should be seen within seven calendar days of calling the doctor.
- If you are in your third trimester, you should be seen within three calendar days of calling the doctor.
- If you think you may have a problem with your pregnancy, your doctor should see you within three calendar days of calling, or right away if it is an emergency.

Your pregnancy may be called "high-risk" if you or your baby has an increased chance of a health problem. 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 doctor make sure you get special attention during your pregnancy. Your doctor 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 OB /GYN doctor or nurse midwife 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 doctor.
- 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 doctor.
- It is important for you and your baby that you eat right and exercise. Talk to your doctor if you need information about good nutrition or exercise while you are pregnant.
- Your doctor will explain childbirth options. He can also help you find childbirth classes.

For more information, see the “Maternity Care Service Definitions” section on page 60.

Postpartum Care

It is important that you keep all your doctor visits after you have your baby. You should see your doctor 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 pediatrician (child doctor) 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.

Family Planning

This helps you protect yourself from an unwanted pregnancy and/or getting a sexually transmitted disease. Both men and women of reproductive age are eligible. You can get this service from your PCP. Women can get this service from their OB/GYN too. You do not need to get a referral to pick a family planning provider in or out of network.

For more information, see your acute health plan member handbook.

Pregnancy Termination

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

- 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.
- The pregnancy is a result of incest.
- The pregnancy is a result of rape.

- 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:
 - Creating a serious physical or behavioral health problem for the pregnant member
 - Seriously impairing a bodily function of the pregnant member
 - Causing dysfunction of a bodily organ or part of the pregnant member
 - Exacerbating a health problem of the pregnant member
 - Preventing the pregnant member from obtaining treatment for a health problem.

DENTAL HOME

This is a relationship between you and your dentist. The dental home will manage all dental services and referrals to dental specialists. You will have a dental home assigned no later than 12 months of age.

Dental Care

To keep teeth healthy, it is important that you brush at least two times a day. It is also important that you see the dentist twice a year. If you are under the age of 21, your acute health plan will cover two routine and preventative dental visits a year. The first visit should occur by the child's first birthday.

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 acute health plan's member services (listed on page 6 of this Handbook). You may change your assigned dentist at any time. You can find this number on your AHCCCS ID card. The telephone number is also listed on page 6 of this Member Handbook. Your Support Coordinator can also help you find a dentist.

Call your dentist's office to make an appointment. If you cannot keep your appointment, call your dentist's office.

If you are unsure how to contact your assigned dentist, please contact DDD customer service at 1.844.770.9500 for assistance.

PHARMACY SERVICES

Your acute health plan has a list of covered medications. If you want a copy of the list, call your acute health plan's member services or go to their website (listed on page 6).

All medications must be filled at a pharmacy in your acute health plan's network. Many pharmacies are open 24 hours, seven days a week. Check your acute 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 acute health plan. Their member services phone number is listed on page 6 of this Handbook and on your ID card.

If you are denied prescriptions at a pharmacy point of sale, call your primary care provider or the doctor who prescribed the medication, who will help you. Remember to get refills before you run out of medicine.

Exclusive Pharmacy Evaluation Criteria

A member will be assigned to an Individual pharmacy, chosen by the member or assigned by the acute health plan, to provide all medically necessary federally reimbursable drugs to the member when the following criteria are met.

| Evaluation Parameter | Minimum Criteria For Initiating Interventions |
|----------------------|---|
| Over-utilization | Member utilized the following in a 3 month time period: > 4 prescribers; and > 4 different abuse potential drugs; and > 4 Pharmacies. OR Member has received 12 or more prescriptions of the medications listed in section A-1 in the past three months. |
| Fraud | Member has presented a forged or altered prescription to the pharmacy. |

HOW TO GET COVERED BEHAVIORAL HEALTH SERVICES

You can get Behavioral Health Services from the Regional Behavioral Health Authority (RBHA) or from Children’s Rehabilitation Services (CRS) if you are eligible. The Behavioral Health Provider will work with you to determine which services will best help you.

Multi-Specialty Interdisciplinary Clinic Specialties

Metro Phoenix Region

Specialties: Physical and Occupational Therapy, Orthopedics, Speech, Audiology, Plastic Surgery, Cardiology, Neurology, Psychology

Southern Region

Specialties: Cerebral Palsy, Neurocutaneous Clinic, Neuromuscular Clinic, Cleft Care, Oral Maxillary, Child Spina Bifida, Teen Spina Bifida, Sickle Cell

Northern Region

Specialties: Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Orthopedics, Pediatric Physical Therapy, Pediatric Speech Therapy, Pediatric Urology, Wheelchair/Seating

See pages 2-3 for the clinic’s contact information.

Appointments with a Multi-Specialty Interdisciplinary Clinic

If you need to make, change, or cancel your appointment, call the clinic where your appointment is scheduled. The telephone number for your clinic is on page 2-3 of this manual.

CHILDREN'S REHABILITATIVE SERVICES (CRS)

CRS is a comprehensive program for children who may have special health care needs from birth through 20 years of age. CRS covers many conditions. CRS will decide if you are eligible. Some of the eligible 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

Members birth to 20 years of age who are determined to have a qualifying CRS condition will be enrolled with the CRS Contractor.

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

The CRS Contractor is responsible for payment for services provided to its enrolled members according to CRS coverage type.

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 CRS Contractor is responsible for all covered CRS services.

You can choose not to enroll in CRS; but if you do, your acute health plan will not pay to treat the CRS condition and the provider may bill you for these 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.

If you are eligible for CRS, your behavioral health services will also be provided by CRS. American Indians can stay with the tribal RBHA rather than CRS.

CRS members in the program before age 20 are given a one-time option at age 21 to stay in CRS.

DDD APPROVAL AND DENIAL PROCESS

An authorization is an approval from us or your acute health plan to get the services you have requested. Services must be medically necessary and cost effective. They must also be based on assessments. 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.

Your Primary Care Provider (PCP) will approve your acute medical services. 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> by clicking on the “Help for Individuals & Families” link first. Then click on Service Approval Matrix (Prior Authorization Criteria). It may take up to 14 calendar days to approve a request. If more time is needed and it is in your best interest, a 14-calendar day extension may be received. If more information is still needed to make a decision, your request will be denied. If 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 Action. This letter will tell you your rights. See page 31 for more information on Notice of Action letters. Expedited (rush) decisions in urgent situations should be made in three working days.

DDD Decision Criteria

You can get the criteria that the decisions were based on by contacting us.

SERVICE PROVIDERS

For many services, there may be more than one provider in your area. 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.

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.

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, including AHCCCS co-payments. If you continue getting billed, contact the acute health plan’s member services (listed on page 6 of this Handbook). The Division may also help you with these bills.

There may be health and medical services your acute health plan will not cover. If you receive services that are not covered, you may be billed for them including:

- Co-payments 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.

MEDICAL CARE OUTSIDE OF HEALTH PLAN NETWORK

If you decide to get medical care not in your acute health plan, you may have to pay for it. Out of pocket, costs may be covered for medical care if you have other insurance. Check with your acute health plan's member services (listed on page 6 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 acute health plan will pay your out of pocket costs to your doctor if it is a covered service within your acute health plan. Do not pay your out of pocket costs yourself. Ask your doctor to bill your acute health plan.

Your acute 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 acute health plan, ask your acute health plan's member services.

PRESCRIPTION DRUGS NOT COVERED (Medicare Recipients)

AHCCCS **does not pay** for any drugs paid by Medicare. They also do not pay for any out of pocket costs, even if you do not pick a Part D Plan.

AHCCCS **does not pay** for barbiturates to treat epilepsy, cancer, or mental health problems or any benzodiazepines for members with Medicare. AHCCCS pays for barbiturates for Medicare members that are **not** used to treat epilepsy, cancer, or chronic mental health conditions. This is because federal law required Medicare to begin paying for these drugs. Some of the common names for benzodiazepines and barbiturates are:

| Generic Name | Brand Name |
|--------------------------------|-------------------|
| Alprazolam | Xanax |
| Diazepam | Valium |
| Lorazepam | Ativan |
| Clorazepate Dipotassium | Tranxene |
| Chlordiazepoxide Hydrochloride | Librium |
| Clonazepam | Klonopin |
| Oxazepam | Serax |
| Temazepam | Restoril |
| Flurazepam | Dalmane |
| Phenobarbital | Phenobarbital |
| Mebaral | Mephobarbital |

FILING COMPLAINTS

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
Phoenix, AZ 85007

Voice: 602.364.3976 or TTY/TDD Services 711 Arizona Relay for the D/deaf or hard of hearing.

NOTICE OF ACTION

An "Action" means:

- The denial or limited authorization of a service you have requested
- The reduction, suspension, or termination of an existing service
- The denial of payment for a service, either all or in part
- The failure to provide services in a timely manner.

A "Notice of Action" is a written statement that tells you what action we or your acute 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 Action 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 Action letter, you have the right to contact the AHCCCS Office of Medical Management.

To file an appeal or if you need help filing an appeal, call the Office of Administrative Review at 602.771.8163 or 1.855.888.3106.

GRIEVANCES, APPEALS, AND REQUESTS FOR STATE FAIR HEARING

Grievances

This is when you are not happy with your services. If you are not happy, you can call or write your District Program Manager. You may also call the DDD Customer Service Center at 1.844.770.9500 or DDDCustomerServiceCenter@azdes.gov. We will look into the problem and follow up with you within 30 calendar days.

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 Office of Administrative Review at 602.771.8163 or 1-844-770-9550 and give your appeal. You can also write to:

Arizona Department of Economic Security
Division of Developmental Disabilities
Office of Administrative Review
3443 North Central Ave., Suite 916
Mail Drop 2HE5
Phoenix, AZ 85012

Other people can also file an appeal for you with your written permission. We will not be upset at anyone who files an appeal.

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.

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 Office of Administrative Review within 30 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 we agree to make a faster decision, a decision will be made in three working days. 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 30 calendar days.

If you are unhappy with this decision, you may call the DDD Customer Service Center at 1.844.770.9500.

DDD CUSTOMER SERVICE CENTER

The DDD Customer Service Center supports activities and practices for individuals and their families. They also help with:

- Division issues
- Services
- Providers
- Members to file a complaint about the Division
- The care you are getting

They can be reached at 1.844.770.9500.

Send questions to **DDDCustomerServiceCenter@azdes.gov**

HOW TO GET INFORMATION ABOUT DDD OR ACUTE HEALTH PLANS

You can get information on how DDD and the acute health plans are organized by going to the DDD website **<https://des.az.gov/services/disabilities/developmental-disabilities>** or calling the DDD Customer Service Center at 1.844.770.9500.

PHYSICIAN INCENTIVE PLANS

This type of plan affects how a doctor may be paid. The acute 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. You may call your acute health plan (the acute plan phone numbers are listed below) and ask them if it will affect you.

| Member Services | | |
|---|---|-----------------------------------|
| Care 1st Health Plan Arizona | www.care1st.com/az | 602.778.1800 or 1.866.560.4042 |
| Mercy Care | www.mercycareplan.com | 602.263.3000 or 1.800.624.3879 |
| United HealthCare/ United Health Care Community Plan | www.uhccommunityplan.com | 1.888.586.4017 |

MEMBER'S RIGHT TO BE TREATED FAIRLY

You have the right to be treated fairly regardless of race, religion, gender, age, or ability to pay.

MEMBER'S CONFIDENTIAL RECORDS

All of your information and records are private. 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.

WORKING WITH OTHER STATE AGENCIES AND SCHOOLS

There may be times when you need to work with other state agencies and schools in requesting a change to either the Individualized Education Plan or Planning Document to help with your care. You can also call us when you have questions or need help.

SECOND OPINION FROM A QUALIFIED HEALTH CARE PROFESSIONAL

You have a right to get a second opinion from a qualified health care professional within the acute health plan. You can have a second opinion set up outside the acute health plans, only if there is not enough coverage. There is 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 CRITICAL SERVICES

You have all critical services on your planning document. Critical services help you with bathing, dressing, toileting, eating, getting to and from your bed or wheelchair, and other things you do every day.

You will receive help to develop a back-up plan for any critical service (Attendant Care, Homemaker, and Respite) you get in your home. This plan will list whom to call if your caregiver does not come as scheduled. You will be offered another caregiver that is available within two hours of us or the Agency knowing that your caregiver did not come as scheduled.

ADVANCE DIRECTIVES 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 Medical 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.

REQUESTING MEDICAL RECORDS

You can ask to see your records at any time. If you ask, we must respond within 30 calendar days. You may get a copy of your records or a letter saying you cannot get a copy. The letter will tell you why we will not give you a copy and how to request a review. You have the right to ask for your health care records to be changed or corrected. You also have a right to request a copy of your health care records at no cost every year.

MEMBER' S RIGHT AS A PERSON

You have a right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

BENEFICIARY AND PLAN INFORMATION

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

MEMBER'S RESPECT, DIGNITY AND PRIVACY

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.

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.

PROVIDERS WHO SPEAK ENGLISH AND OTHER LANGUAGES

You have the right to know about providers who speak languages other than English. You can find this information in the Provider Directory.

HOSPITAL AND OTHER SETTINGS FOR EMERGENCY CARE

You have the right to use any hospital or other setting for emergency care if you need to.

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

Report fraud, waste, and abuse right away. You can also call us at 1.844.770.9500 or 1.877.822.5799 if outside of Maricopa County or TTY/TDD Services 711 Arizona Relay for the D/deaf or hard of hearing. AHCCCS also has a Member Fraud Hotline you can call at 602.417.4193 or 1.888.487.6686 if outside of Maricopa County.

You will not get in trouble or lose services if you report any suspected fraud, waste, or abuse.

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 or TTY/TDD Services 711 Arizona Relay for the D/deaf or hard of hearing or visit these websites at www.ashline.org and <http://azdhs.gov/tobaccofreeaz/>.

COMMUNITY RESOURCES

| Community Resources | Contact Information |
|---|--|
| AHCCCS | |
| <p>My AHCCCS online (www.healtharizonaplus.gov) allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:</p> <ul style="list-style-type: none">• View a two-year history of eligibility• Enrollment information• Link to their active health plan websites• Your correct address | <p>801 E. Jefferson St. Phoenix, AZ 85034 602.417.4000 www.azahcccs.gov</p> |
| Arizona Aging and Disability Resource Center (ADRC) | |
| <p>Created to help Arizona seniors, people with disabilities, and caregivers and family members locate resources and services that meet their needs.</p> | <p>602 542.4446 1.800.624.3879 TTY/TDD 1.866.602.1982 https://des.az.gov/</p> |
| Arizona Department of Economic Security | |
| <p>DES works with families, community organizations, advocates and state and federal partners to realize our collective vision that every child, adult, and family in the State of Arizona will be safe and economically secure. DES works to promote enhanced safety and well-being for Arizonans by focusing on three primary goals: strengthening individuals and families, increasing self-sufficiency, and developing the capacity of communities.</p> | <p>Developmental Disabilities 602.542.6857 Employment & Rehabilitation Services 602.364.2722 Phoenix 520.791.2722 Tucson Office of Inspector General 602.542.3340 Technology Services 602.771.2680 https://des.az.gov/</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|--|--|
| Arizona Department of Health Services | |
| <p>Arizona Department of Health Services provides information on: back to school; cancer; diseases; filing a complaint; genealogy; health screenings; healthy babies; healthy living; licenses and certificates; medical marijuana; mental health; obesity prevention; summer safety; vital records.</p> | <p>150 N. 18th Ave., Suite 310 Phoenix, AZ 85007 602.542.1025 http://www.azdhs.gov/</p> <p>For Licenses & Certification only: 400 W. Congress St., Suite 116 Tucson, AZ 85701 520.628.6965</p> <p>Vital Records Pima County 520.243.7930</p> |
| Arizona Department of Health Services – Bureau of Women and Children’s Health Office for Children with Special Health Care Needs (OCSHCN) | |
| <p>The Office for Children with Special Health Care Needs (OCSHCN) continues working to improve systems of care; provide information and referrals to families who would like assistance in finding the services available to their child; provide training to families and professionals on best practices related to medical home, cultural competence, and transition to adulthood and family and youth involvement; and support telemedicine to provide services in remote areas of the state.</p> | <p>602.542.1860 or 1.800.232.1676 OCSHCN@azdhs.gov http://azdhs.gov/phs/owch/ocshcn/</p> |
| Arizona Early Intervention Program (AzEIP) | |
| <p>The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn.</p> | <p>1789 W. Jefferson St., Mail Drop 9811 Phoenix, AZ 85012 602.532.9960 or 1.888.439.560 https://des.az.gov/services/disabilities/developmental-infant</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|--|--|
| Arizona Head Start <p>Head Start is a federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher.</p> | 1.866.763.6481 (Monday - Friday, 8 a.m. - 6 p.m. ET) HeadStart@eclkc.info www.Azheadstart.org |
| AZLINKS <p>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.</p> | www.AzLinks.gov |
| Family Involvement Center <p>Family Involvement Center is a not-for-profit, family-directed run 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.</p> | 5333 N. 7th St., Suite A-100 Phoenix, AZ 85014 Parent Assistance: 602.288.0155 or 1.877.568.8468 toll-free Administration: 602.412.4095 www.familyinvolvementcenter.org |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|---|---|
| Low Income Housing Services | |
| <p>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.</p> | <p>8910 N. 78th Ave., Building D Peoria, AZ 85345 602.744.4500 www.maricopahousing.org</p> |
| Arizona Coalition Against Sexual and Domestic Violence | |
| <p>Arizona Coalition Against Sexual and Domestic Violence are 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.</p> | <p>www.acesdv.org</p> |
| National Alliance on Mental Illness (NAMI) | |
| <p>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.</p> | <p>www.nami.org</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|--|--|
| Statewide Independent Living Council | |
| <p>Centers for Independent Living are consumer-controlled, community-based, non-profit corporations that provide programs and services for people with all types of disabilities and their families.</p> <p>Centers for Independent Living also serve as a strong advocacy voice on a wide range of national, state, and local issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services for people with disabilities to fully participate in an integrated community and search for the possibilities to live as they choose. Many CILs have a wide range of programs and services that they can offer.</p> | <p>5025 E. Washington St., Suite 214 Phoenix, AZ 85034 602.262.2900 www.azsilc.org</p> |
| Disability Benefits 101 | |
| <p>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.</p> | <p>www.az.db101.org</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|--|--|
| Healthy Families | |
| <p>This program helps mothers have a healthy pregnancy and also helps with child development, nutrition, and safety. A community health worker 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.</p> | <p>Maricopa County 602.266.5976 https://www.swhd.org/programs/health-and-development/healthy-families/</p> <p>Pima County 520.321.3754</p> <p>Cochise County 520.458.7348 https://strongfamiliesaz.com/program/healthy-families-arizona/</p> |
| Child and Family Resources | |
| <p>Programs include:</p> <ul style="list-style-type: none"> • 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. | <p>2830 W. Glendale Ave., Suite 28 Phoenix, AZ 85051 602.234.3941</p> <p>3965 E. Foothills Dr., Suite E1 Sierra Vista, AZ 85635 520.458.7348</p> <p>2800 E. Broadway Blvd. Tucson, AZ 85716 520.881.8940</p> <p>1491 W. Thatcher Blvd., Suite 106 Safford, AZ 85546 928.428.7231 www.ChildFamilyResources.org</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|---|--|
| Raising Special Kids | |
| <p>Arizona's family to family health information center, Raising Special Kids, is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. They provide information, training, and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Raising Special Kids promotes opportunities for improving communication between parents, youth with disabilities, educators, and health professionals. All programs and services are provided to families at no cost.</p> | <p>5025 E. Washington St., Suite 204 Phoenix, AZ 85034 1.800.237.3007 602.242.4366 Flagstaff 928.444.8834 Tucson 520.441.4416 Yuma 928.444.8803 www.raisingpecialkids.org</p> |
| WIC (Women, Infants, and Children) | |
| <p>The Arizona Women, Infants, and Children Program (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are women who either are pregnant, breastfeeding, or have just had a baby; and infants and children who have nutritional needs and families who meet income guidelines.</p> | <p>WIC hotline: 1.800.252.5942 www.fns.usda.gov/wic</p> |

COMMUNITY RESOURCES (continued)

| Community Resources | Contact Information |
|--|--|
| Community Information and Referral Services | |
| <p>Arizona 2-1-1, Community Information and Referral is a call center that can help you find many community services. Some examples of the community services are:</p> | <p>Dial 2-1-1 www.211arizona.org</p> |
| <ul style="list-style-type: none">• food banks• clothes• shelters• assistance to pay rent and utilities• health care• pregnancy health• support groups• counseling• help with drug or alcohol problems• financial help• job training• transportation• education programs• adult day care• Meals on Wheels• respite care• home health care• transportation• homemaker services• childcare• after school programs• family help• summer camps• play programs• counseling• help with learning | |

COMMUNITY RESOURCES (continued)

| Community Resources – Low Fee Dental Services | Contact Information |
|--|---|
| <p>Mountain Park Dental Clinic (5 locations) 602.243.7277 www.MountainParkHealth.org</p> <p>1840 E. Broadway Rd. Tempe, AZ 85282</p> <p>3830 E. Van Buren St. Phoenix, AZ 85008</p> <p>635 E. Baseline Rd. Phoenix, AZ 85042</p> <p>6601 W. Thomas Rd. Phoenix, AZ 85033</p> <p>140 N. Litchfield Rd., Suite 200 Goodyear, AZ 85338</p> <p>Native American Community Health Center 4041 N. Central Ave., Building C Phoenix, AZ 85012 602.279.5262 www.NativeHealthPhoenix.org</p> <p>Phoenix College Clinic 1202 W. Thomas Rd. Phoenix, AZ 85013 602.285.7323 www.phoenixcollege.edu</p> <p>St. Vincent de Paul 420 W. Watkins St. Phoenix, AZ 85003 602.261.6868 www.StVincentdePaul.net</p> | <p>El Rio Dental Congress 839 W. Congress St. Tucson, AZ 85745 520.670.3909 www.elrio.org/</p> <p>El Rio Northwest Dental Clinic 340 W. Prince Rd. Tucson, AZ 85705 520.408.0836 www.elrio.org/</p> <p>Southwest Dental Center 1500 W. Commerce Ct., Building 3 Tucson, AZ 85746 520.670.3909 www.elrio.org/</p> <p>Pima Community College Dental Hygiene Clinic 2202 W. Anklam Rd., Room K-212 Tucson, AZ 85709 520.206.6090 http://pima.edu</p> <p>Sun Life Family Health Center 865 N. Arizola Rd. Casa Grande, AZ 85122 520.836.3446 www.sunlifefamilyhealth.org</p> |

COMMUNITY RESOURCES (continued)

| Community Resources – Assistance with Care Directives, Directive Forms, Information, and Related Legal Matters | Contact Information |
|---|---|
| County/Organization | |
| Arizona Attorney General’s Office | 1275 W. Washington St. Phoenix, AZ 85007 602.542.5025 or 1.800.352.8431 400 West Congress St., South Building, Suite 315 Tucson, AZ 85701-1367 520.628.6504 www.azag.gov |
| Department of Economic Security Arizona Aging and Adult Administration | 1789 W. Jefferson St., Mail Drop 6288 Phoenix, AZ 85007 602.542.4446 https://des.az.gov/ |
| Arizona Senior Citizens Law Project | 1818 S. 16th St. Phoenix, AZ 85034 602.252.6710 |

COMMUNITY RESOURCES (continued)

| Community Resources – Legal Aids | Contact Information | |
|--|--------------------------------|---|
| APACHE COUNTY | | |
| White Mountain Legal Aid - A division of Southern Arizona Legal Aid | 928.537.8383 1.800.658.7958 | 5658 Highway 260, Suite 15 Lakeside, AZ 85929 |
| COCONINO COUNTY | | |
| DNA People’s Legal Services | 928.774.0653 1.800.789.5781 | 2323 E. Greenlaw Ln., Suite 1 Flagstaff, AZ 86004 |
| GILA COUNTY | | |
| White Mountain Legal Aid - A division of Southern Arizona Legal Aid | 928.537.8383 1.800.658.7958 | 5658 Highway 260, Suite 15 Lakeside, AZ 85929 |
| GRAHAM/GREENLEE COUNTIES | | |
| Southern Arizona Legal Aid | 520.432.1639 1.800.231.7106 | 400 Arizona St. Bisbee, AZ 85603 |
| LA PAZ COUNTY | | |
| Community Legal Services | 928.782.7511 1.800.424.7962 | 201 S. 1st Ave. Yuma, AZ 85364-2250 |
| MARICOPA COUNTY | | |
| Community Legal Services | 602.258.3434 1.800.852.9075 | 305 S. 2nd Ave. Phoenix, AZ 85003 |
| Community Legal Services - East Side | 480.833.1442 | 1220 S. Alma School Rd., Suite 206 Mesa, AZ 85210 |
| MOHAVE COUNTY | | |
| Community Legal Services | 928.681.1177 1.800.255.9031 | 1720 Beverly Ave., Suite A Kingman, AZ 86409 |

COMMUNITY RESOURCES (continued)

| Community Resources – Legal Aids | Contact Information | |
|---|--------------------------------|---|
| NAVAJO COUNTY | | |
| White Mountain Legal Aid - A division of Southern Arizona Legal Aid | 928.537.8383 1.800.658.7958 | 5658 Highway 260, Suite 15 Lakeside, AZ 85929 |
| NAVAJO NATION | | |
| DNA – Chinle Agency Office | 928.674.5242 1.800.789.7598 | P.O. Box 767 Chinle, AZ 86503 |
| DNA – Fort Defiance Agency Office | 928.871.4151 1.800.789.7287 | P.O. Box 306 Window Rock, AZ 86515 |
| DNA – Hopi Legal Services | 928.738.2251 1.800.789.9586 | P.O. Box 558 Keams Canyon, AZ 86034 |
| DNA – Tuba City Agency Office | 928.283.5265 1.800.789.8919 | 220 S. Main St. Tuba City, AZ 86045 |
| Native American Disability Law Center Farmington Office | 505.566.5880 1.800.862.7271 | 3535 E. 30th St., Suite 201 Farmington, NM 87410 |
| Gallup Office | 505.863.7455 1.877.283.3208 | 2318 Boyd Ave. Gallup, NM 87301 |
| DNA – Kayenta Agency Office c/o Tohdenasshai Shelter | 928.697.3635 | P.O. Box 4768 Kayenta, AZ 86033 |
| PIMA COUNTY | | |
| Southern Arizona Legal Aid (SALA) - Southern Arizona Legal Aid, Inc. Continental Building | 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 | 1.800.248.6789 | 2343 E. Broadway Blvd., Suite 200 Tucson, AZ 85719-6007 |

COMMUNITY RESOURCES (continued)

| Community Resources – Legal Aids | Contact Information | |
|---|--------------------------------|--|
| PINAL COUNTY | | |
| Southern Arizona Legal Aid | 520.316.8076 1.877.718.8086 | 766 N. Park Ave. 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 | 116 E. Oak St. or P.O. Box 1030 Whiteriver, AZ 85941 |
| YAVAPAI COUNTY | | |
| Community Legal Services | 928.445.9240 | 148 N. Summit Ave. Prescott, AZ 86301 |
| YUMA COUNTY | | |
| Community Legal Services | 928.782.7511 1.800.424.7962 | 201 S. 1st Ave. Yuma, AZ 85364-2250 |

ADVOCACY ORGANIZATIONS

You may call any of the following agencies for services.

| Advocacy Organizations | Contact Information |
|--|--|
| Ability 360 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. | 5025 E. Washington St., Suite 200 Phoenix, AZ 85034 602.256.2245 1.800.280.2245 7-1-1 (Arizona Relay) Ability360.org |
| Arizona Center for Disability Law 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. | 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 |

ADVOCACY ORGANIZATIONS (continued)

| Advocacy Organizations | Contact Information |
|---|--|
| Division of Aging and Adult Services Long Term Care Ombudsman | |
| <p>The program grew out of efforts by both federal and state governments to respond to widely reported concerns that our most frail and vulnerable citizens (those living in long term care facilities) were subject to abuse, neglect, and substandard care. These residents also lacked the ability to exercise their rights or voice complaints about their circumstances. 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:</p> <ul style="list-style-type: none">• Educating residents, families, facility staff, and the community about long term care issues and services• Promoting and advocating for residents' rights• Assisting residents in obtaining needed services• Working with and supporting family and resident councils• Empowering residents and families to advocate for themselves. | <p>P.O. Box 6123 Mail Drop 6288 Phoenix, AZ 85005 602.542.6454</p> <p>https://des.az.gov/services/aging-and-adult/aging-and-disability-services/long-term-care-ombudsman-ltco</p> |

BEHAVIORAL HEALTH ADVOCATES AND ADVOCACY SYSTEMS

You may call any of the following agencies for services.

| Behavioral Health Advocates | Contact Information |
|--|--|
| Arizona Department of Health Services | |
| Arizona Department of Health Services provides information on: back to school; cancer; diseases; filing a complaint; genealogy; health screenings; healthy babies; healthy living; licenses and certificates; medical marijuana; mental health; obesity prevention; summer safety; vital records. | 150 N. 18th Ave., Suite 310 Phoenix, AZ 85007 602.542.1025 http://www.azdhs.gov/ |
| Arizona Center for Disability Law | |
| 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. | 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 |
| National Alliance on Mental Illness (NAMI) | |
| The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provide 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. | 5025 E. Washington St., Suite 112 Phoenix, AZ 85034 602.244.8166 or 1.800.950.6264 24 Hours Help LineFax: 602.252.1349 www.nami.org |

BEHAVIORAL HEALTH ADVOCATES AND ADVOCACY SYSTEMS (continued)

| Behavioral Health Advocates | Contact Information |
|--|--|
| Mental Health America of Arizona | |
| Mental Health America of Arizona (MHA AZ), educates the community and advocates for all the individuals and families impacted by mental illness. | 5110 N. 40th St., Suite 201 Phoenix, AZ 85018 Information and Referral: 480.994.4407 Agency Information: 480.982.5305 www.mhaarizona.org |
| Office of the Public Advocate | |
| 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. | 106 E. Baseline Rd. Mesa, AZ 85210 602.372.2815 www.maricopa.gov/568/ Public-Advocate |
| Maricopa Integrated Health System (MIHS) | |
| MIHS is one of the largest providers of inpatient behavioral health services in Arizona, serving both adults and adolescents. In addition to the inpatient programs, MIHS operates several outpatient behavioral health programs for both adults and adolescents with plans for future expansion underway. | 2601 E. Roosevelt St. Phoenix, AZ 85008 602.344.5011 www.mihs.org |
| Arizona Behavioral Health Corporation | |
| Arizona Behavioral Health Corporation provides quality, affordable housing and supportive services for persons with behavioral health needs. | 1406 N. 2nd St. Phoenix, AZ 85004 602.712.9200 http://www.azabc.org/azabc.org/ default.html |

ALTCS ADVOCACY

You may call any of the following agencies for services.

| ALTCS Advocates | Contact Information |
|--|--|
| Ability 360 | |
| 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. | 5025 E. Washington St., Suite 200 Phoenix, AZ 85034 602.256.2245 1.800.280.2245 7-1-1 (Arizona Relay) Ability360.org |
| Arizona Center for Disability Law | |
| 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. | 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 |

ALTCS ADVOCACY (continued)

| ALTCS Advocates | Contact Information |
|--|--|
| <p data-bbox="186 367 787 441">Division of Aging and Adult Services Long Term Care Ombudsman</p> <p data-bbox="186 472 844 934">The program grew out of efforts by both federal and state governments to respond to widely reported concerns that our most frail and vulnerable citizens (those living in long term care facilities) were subject to abuse, neglect, and substandard care. These residents also lacked the ability to exercise their rights or voice complaints about their circumstances. 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:</p> <ul data-bbox="186 955 876 1365" style="list-style-type: none"><li data-bbox="186 955 876 1060">• Educating residents, families, facility staff and the community about long term care issues and services<li data-bbox="186 1081 876 1113">• Promoting and advocating for residents' rights<li data-bbox="186 1134 876 1197">• Assisting residents in obtaining needed services<li data-bbox="186 1218 876 1281">• Working with and supporting family and resident councils<li data-bbox="186 1302 876 1365">• Empowering residents and families to advocate for themselves. | <p data-bbox="917 472 1185 619">P.O. Box 6123 Mail Drop 6288 Phoenix, AZ 85005 602.542.6454</p> <p data-bbox="917 640 1404 787">https://des.az.gov/services/aging-and-adult/aging-and-disability-services/long-term-care-ombudsman-ltco</p> |

ALTCS ADVOCACY (continued)

ALTCS Advocates

Contact Information

Disability Benefits 101

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.

www.az.db101.org

Legal Aid Maricopa County

Community Legal Services
(Additional Legal Aid assistance for other counties, please see pages 48-50)

305 S. 2nd Ave.
Phoenix, AZ 85003
602.258.3434
1.800.852.9075

East side:
1220 S. Alma School Rd., Suite 206
Mesa, AZ 85210
480.833.1442
<http://www.clsaz.org/>

Low Income Housing Services

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.

8910 N. 78th Ave., Building D
Peoria, AZ 85345
602.744.4500
www.maricopahousing.org

MANAGED CARE DEFINITIONS

Appeal – a request for review of action.

Co-Payment – amounts members pay directly to a provider for each item or service they receive at the time of a service.

Durable Medical Equipment – an item or appliance that is not an orthotic or prosthetic and that is designed for a medical purpose.

Emergency medical condition – a medical condition showing serious or severe symptoms (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.

Emergency medical transportation – emergency ground and air ambulance services required to manage an emergency medical condition at an emergency scene and in transport to the nearest appropriate facility.

Emergency room care – all services provided when a patient visits an emergency room for an emergency condition.

Emergency services – covered inpatient and outpatient services provided after the sudden onset of an emergency medical condition as defined above. These services must be furnished by a qualified provider and must be necessary to evaluate or stabilize the emergency medical condition.

Excluded services – specific conditions, services, or treatments that a health insurance plan will not provide coverage.

Grievance – an expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to, the quality of care of services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights.

Habilitation services and devices – health care services or devices that may assist a member to keep, learn, or improve skills and functioning for daily living.

Health insurance – a contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home health care – services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, habilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

Hospice services – care rendered either on an inpatient basis or in the home setting for a terminally ill patient. Often referred to as “palliative” or “supportive” care, hospice care emphasizes the management of pain and discomfort and the emotional support of the patient and family.

Hospitalization – services related to staying at a hospital for either scheduled procedures, accidents, or medical emergencies.

Hospital outpatient care – services provided in an outpatient hospital setting that does not result in an admission.

Medically necessary – health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Network – the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating provider – a provider who has not signed a contract with a health plan.

Physician services – services provided by an individual licensed under state law to practice medicine or osteopathy.

Plan – a benefit that provides a member or family member to pay for health care services.

Preauthorization – a decision by a health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. A health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not promise that a health insurance or plan will cover the cost.

Participating provider – healthcare provider’s contract or an agreement with health insurance companies at the same level. Some providers contracting with insurers at lower levels may sometimes be referred to as “participating providers” as opposed to “preferred providers.”

Premium – money charged for the insurance coverage.

Prescription drug coverage – health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs – drug that may be obtained only with a doctor’s prescription and which has been approved by the Food and Drug Administration.

Primary Care Physician – a patient may be required to choose a primary care physician (PCP). A primary care physician usually serves as a patient’s main healthcare provider. The PCP serves as a first point of contact for healthcare and may refer a patient to specialists for additional services.

Primary Care Provider – a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider – a term commonly used by health insurance companies to designate any healthcare provider, whether a doctor or nurse, a hospital or clinic.

Rehabilitation services and devices – health care services or devices assist the member to keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled.

Skilled nursing care – intensive care usually required around the clock and rendered by, or under the supervision of, a Registered Nurse or Licensed Practical Nurse. It is provided only when prescribed by a doctor and usually on an inpatient basis at a hospital or skilled nursing facility. Skilled nursing care may include the administration of medications, tube feeding, the changing of wound dressings, and some types of minor surgery.

Specialist – a doctor who does not serve as a primary care physician, but who provides secondary care, specializing in a specific medical field.

Urgent care – walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care centers primarily treat injuries or illnesses requiring immediate care but not serious enough to require an ER visit.

MATERNITY CARE SERVICE DEFINITIONS

Certified Nurse Midwife (CNM) is 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, referral, or management.

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 College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed Midwife means an individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code 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.

Maternity Services include, but are not limited to, 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, and postpartum care.

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 care is the health care provided for a period of up to 60 days post-delivery. Family planning services are included if provided by a physician or practitioner, as addressed in the AHCCCS Medical Policy Manual

Preconception counseling services, as part of a well woman visit, are provided when medically necessary. 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 (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling does not include genetic testing.

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

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



Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.