



**STATE OF ARIZONA**  
**Department of Economic Security**  
**Division of Developmental Disabilities**

# **Arizona Long Term Care System (ALTCS)**

**Member Handbook 2016 - 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 <http://www.azdes.gov/ddd/>

## IMPORTANT INFORMATION

Support Coordinator:.....  
Phone Number: .....  
Acute Health Plan: .....  
Doctor: .....  
Other Important Numbers:.....

## CALL US

1.866.229.5553 or 602.542.0419

- 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

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## GENERAL INFORMATION

### **ALTCS Eligibility**

The Arizona Long Term Care System (ALTCS) provides health care, behavioral health, and long-term care services to eligible Arizona residents. We provide 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 Plan Options" on page 11 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 "Primary Care Provider" on page 12 for more information. You will meet with us at your home to develop a plan and answer questions.

### **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.

### **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.

### **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.

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## 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 11 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 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.

## 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.

## 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.

There is a limit to the calendar days per year a member can stay in a Nursing Home or ICF.

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## RIGHTS AND RESPONSIBILITIES

### You Have the Right to:

- Be treated with respect by the Division of Developmental Disabilities (DDD) staff and its providers;
- Be treated fairly regardless of race, religion, gender, age, or ability to pay;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Participate in completing your planning document;
- Get the services listed in your planning document;
- Get services that respect your beliefs, language, and background;
- Get 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;
- Help to develop a back-up plan for any critical service 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. You may also call AHCCCS at 1.800.218.7509 if you do not get a scheduled service;
- 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.
- Get information on how DDD and the acute health plans are organized;
- Know the name of your doctor;
- Get information about your health care options in a way that you can understand;
- Participate in decisions about your care, including:
  - Refusing care; or,
  - Getting information about what could happen if you get or do not get care;
  - Have someone help you make decisions when you are unable to do so;
  - 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;

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- Have a provider who speaks a language you understand;
  - Get interpreter services for free by calling 602.542.0419 or asking your Support Coordinator; and,
  - Get information, including this Handbook, in a language or another way that is easier for you to read by calling 602.542.0419 or TTY/TDD Services 711 Arizona Relay for the D/deaf or hard of hearing.

### **You Have the Responsibility to:**

- 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;
- 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; and,
- Do not throw your health insurance card away.

### **Confidentiality**

All 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. 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 record(s) to be changed or corrected. You also have a right to request a copy of your health care records at no cost every year.

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## **FRAUD, WASTE, AND ABUSE**

### **Fraud**

Your health benefits are given to you based on your health and financial status. Your health insurance card and ID number are for your use only. Selling or letting someone else use your card is fraud. 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. Legal action could also be taken against you.

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; and
- When a provider asks you to sign a time sheet that is blank or does not have the right dates and times of when you had the service.

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.

### **Waste**

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

### **Abuse of the Program**

Provider practices that:

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

### **Reporting Fraud, Waste, and Abuse**

Report fraud, waste, and abuse right away. You can also call us at 602.542.0419 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 and abuse.

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## SERVICE DELIVERY

### Support Coordination

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. There may be times when we need to work with other state agencies and schools to help with your care. You can also call us when you have questions or need help. See "Important Information" on the inside cover for more contact information.

### 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. 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 PCP (Primary Care Provider) will approve your acute medical services. Your Support Coordinator may approve some services. Some services need additional review to approve, go to our website <http://www.azdes.gov/ddd/> 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 28 for more information on Notice of Action letters. Expedited (rush) decisions in urgent situations should be made in two calendar days.

### 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.

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Call us if you would like a copy of a provider directory for your area. See "Important Information" on the inside cover for contact information. There is no charge for a copy of the provider directory.

We can also help you find a provider who speaks a language other than English. You get a list of providers from our website. This list is available under the "Help for Individuals & Families" link at <http://www.azdes.gov/ddd/> then Click on Provider Search.

There are requirements to be a provider. If you have questions, call us at 1.866.229.5553 or 602.542.0419.

For more information about behavioral health services, please see pages 8-10 of this Handbook or call us.

### Covered Long-Term Care 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
- Support Coordination
- Therapies: Occupational, Physical, and Speech.

### 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; and,
- 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; and,
- 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 1 of this Handbook.

## 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; and,
- Treatment - Services to help you with an issue.

The Behavioral Health Provider will work with you to determine which services will best help you.

You do not need a referral from your doctor to get Behavioral Health Services. 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; and,
- Planning and treatment will be within 30 calendar days.

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.

If you are eligible for Children’s Rehabilitation Services (CRS), your behavioral health services will be provided by a CRS provider. The current behavioral health providers are:

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

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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 the Crisis Phone listed on page 9.

### **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 you want more information about Behavioral Health Services, contact the Arizona Healthcare Cost Containment System at 602.417.4000 or at **[www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)**

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

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## **ACUTE CARE SERVICES**

### **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.

### **Health and Medical Services**

This is also known as Acute Care Services. These services help you to maintain or restore good health. These services must be medically necessary and cost effective. These services are provided by your acute health plan. Your doctor is responsible for coordinating your health care through the acute health plan.

### **Acute Health Plan Options**

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

#### **UnitedHealthcare**

*(all counties)*

1.800.348.4058

**[www.uhccommunityplan.com](http://www.uhccommunityplan.com)**

#### **Care 1st Health Plan Arizona**

*(Maricopa County only)*

602.778.1800 or 1.866.560.4042

**[www.care1st.com/az](http://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](http://www.mercycareplan.com)**

American Indians may also choose to get their acute health care services through the American Indian Health Plan (AIHP). 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.

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If you are not sure which acute health plan you have picked or been assigned, call the Division's Health Care Services at 602.771.8080 or 1.800.624.4964, if outside Maricopa County.

You can change your acute health plan once a year. This is called open enrollment. We will send you a letter with information about what choices are in your county.

If you want to change your acute health plan and it is not time for open enrollment, you may be able to change plans in special cases. You may be able to change your acute health plan if:

- You were not given a choice of acute health plans;
- You were not notified at your annual enrollment choice;
- You lost eligibility for 90 calendar days or less and were not put back on the same acute health plan you had before;
- You have a medical continuity of care issue; or,
- You are pregnant but need to stay with a doctor who is not part of your acute health plan's network.

You will be notified if there is a change to the Division's acute health plans. You can choose from the acute health plans available in your county. If you do not make a choice, you will be assigned to an acute health plan.

If you are unhappy with your acute health plan, first call your acute health plan's member services. They may be able to help you with any concerns you may have about your acute health plan. Your ID card and page 11 of this Handbook has the phone number of your acute health plan.

Call us if you are asking for a change in your acute health plan available in your county and it is not during your open enrollment period. We can also help you if you have questions or concerns regarding your acute health plan, including getting medication at the pharmacy.

### **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.

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 11 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.

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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.

### **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. They are:

- If you have a medical emergency;
- If you need behavioral health services, see pages 8-10 for the behavioral health services in your county;
- If you need transportation to a medical appointment, see page 16 for more information about transportation; and
- Female members have direct access to preventive and well care services from a gynecologist within the acute health plan's network without a referral from a PCP.

### **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 11).

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, 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 11 of this Handbook and on your ID card.

Remember to get refills before you run out of medicine.

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## 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 11 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.

## 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 11 of this Handbook). The division may also help you with these bills.

## Covered Health and Medical Services

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. 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
- Dialysis
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

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- 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
  - 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 and tissue and related prescriptions (Limitations apply. See page 50 for more information)
  - Transportation
  - Triage/Screening and evaluation
  - Vision Services/Ophthalmology/Optometry
  - 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 Children's Health Care section on page 23 for well exams for members under 21 years of age.)

For a complete list of covered health and medical services see pages 48-52.

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## 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 11. 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 11 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 11 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 11 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.

## 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 their website at [www.ashline.org](http://www.ashline.org)

## Pregnancy Services

If you are or think you may be pregnant, call your acute health plan's member services on page 11 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 doctor, make an appointment right away. You can go directly to your OB doctor for care. Your PCP will manage your non-OB/GYN care and your OB doctor will manage

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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 appointment within the following timeframes:

- 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; or
- 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 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; and,
- 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 46.

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## Pregnancy Termination

Pregnancy termination is covered in one of the following situations:

- 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; or,
  - Preventing the pregnant member from obtaining treatment for a health problem.

## 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 WIC (Women, Infants, and Children) Program. 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. For more information, see your acute health plan member handbook.

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## Incontinence Briefs, Diapers, Pull-Ups, and Incontinence Pads

Incontinence briefs are also called diapers, pull-ups, and incontinence pads. These are covered for members in the ALTCS program who are over 3 years of age when needed to treat a medical condition. The conditions might be a rash, infection, or skin breakdown. Prior approval may be needed.

For ALTCS members 21 years of age and older, these products are also covered in order to prevent skin breakdown. The following must apply:

- You have a medical condition which causes incontinence. This is when your body is not able to control going to the bathroom.
- Your doctor gives you a prescription for the briefs.
- The briefs are from an approved vendor.
- Prior authorization may be needed.

If you are over 3 years and under 21 years of age, you can get up to 240 briefs a month. Prior authorization is needed if your doctor says that more briefs in a month are needed. You get the briefs from the DDD/ALTCS Health Plan's providers.

If you are over 21 years of age you can get up to 180 incontinence briefs a month. Prior authorization is needed if your doctor says that briefs in a month are needed. You get the briefs from the DDD/ALTCS Health Plan providers.

## 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 not approved;
- Care provided by a person who is not properly licensed or certified;
- Cosmetic services or items; and,
- 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><b>Service excluded from payment:</b></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><b>Service excluded from payment:</b></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>
Cochlear Implant	<p>A small device that is put in a person's ear by surgery to help you hear better.</p> <p><b>Service excluded from payment:</b></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><b>Service excluded from payment:</b></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>

## Non-Covered Services for Adults (continued)

Benefit/service	Service description
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>
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><b>Service excluded from payment:</b></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>

## Non-Covered Services for Adults (continued)

Benefit/service	Service description
Services by Podiatrist	Any service that is done by a doctor who treats feet and ankle problems.  <b>Service excluded from payment:</b>  AHCCCS will not pay for services provided by a podiatrist or podiatric surgeon for persons over 21 years of age. Contact your acute health plan for other contracted providers who can perform medically necessary foot and ankle procedures, including reconstructive surgeries.

### 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

## CHILDREN'S HEALTH CARE

### Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

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 28 optional and mandatory categories of "medical assistance" as defined in the Medicaid Act. Services covered under EPSDT include all 28 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

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- 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, prevention 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.

### **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.

Routine dental care includes:

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

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 11 of this Handbook). You may change your assigned dentist at any time. You can find this number on your

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AHCCCS ID card. The telephone number is also listed on page 11 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.

### **Children's Rehabilitative Services (CRS)**

CRS is a comprehensive program for children that 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 provider or tribally owned and/or facility at any time.

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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.

### **Multispecialty Interdisciplinary Clinic’s Specialties**

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

Multi-interdisciplinary specialty clinics meet the unique ability to provide a full range of pediatric specialty care. The multi-interdisciplinary specialty 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
<b>Metro Phoenix Region</b>	3141 N. 3rd Ave. Phoenix, AZ 85013	602.914.1520 1.855.598.1871
<b>Southern Region</b>	Square & Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712	520.324.5437 1.800.231.8261
<b>Northern Region</b>	1200 N. Beaver St. Flagstaff, AZ 86001	928.773.2054 1.800.232.1018
<b>Southwestern Region</b>	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.uhcommunityplan.com](http://www.uhcommunityplan.com). The "Member Handbook" has important information about appointments and descriptions of the specialties at each clinic.

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## **EMERGENCY AND URGENT CARE 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. 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 can not 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 in 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.

### **Decisions About Your Health Care**

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;

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- Durable Medical Power of Attorney – A paper that lets you pick a person you trust to make decisions when you cannot;
  - Durable Mental Health Power of Attorney – Names a person to make decisions if you are unable to do so; and
  - 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.

## GRIEVANCES, APPEALS, AND REQUESTS FOR 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 Office of Family and Community Resources at 602.542.0419 or 1.866.229.5553. We will look into the problem and follow up with you within 30 calendar days.

### 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; and
- 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, call the Division's Office of Compliance and Review at 602.771.8163 or 1.855.888.3106.

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### 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 more time. The letter will ask for an extension of up to 14 calendar days. You may also request more time to send in more information.

### Appeal Process

If you disagree with an action, you may file an appeal. You can do this by calling the Office of Compliance and Review at 602.771.8163 or 1.855.888.3106 and give your appeal. You can also write to:

Arizona Department of Economic Security  
Division of Developmental Disabilities  
Office of Compliance and Review  
3443 North Central Ave., Suite #916  
Site Code 016F  
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; and,
- 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; or,
- The time limits of a service authorization have been met.

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We will consider your appeal and issue a written decision within 30 calendar days, unless more time is needed.

If you disagree with this decision, you may request a formal hearing. AHCCCS will make the final decision about your appeal. You must file a written request for a hearing with the Office of Compliance and 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:

- You could be in danger; or
- 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 two business days. If we deny your request, you will get a letter in three business days and we will try to call you. 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 Office of Family and Community Resources at 602.542.0419 or 1.866.229.5553.

### Office of Family and Community Resources

DDD's Office of Family and Community Resources develop and support activities and practices for individuals and their families. They also help with:

- Division issues;
- Services;
- Providers;
- Complaints about your acute health plan; or,
- The care you are getting.

They can be reached at 602.542.0419 or 1.866.229.5553 if outside of Maricopa County.

Send questions to [DDDWeb@azdes.gov](mailto:DDDWeb@azdes.gov) or to [DDDHotline@azdes.gov](mailto:DDDHotline@azdes.gov)

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## ADVOCACY ORGANIZATIONS

You may call any of the following agencies for services.

Advocacy Organizations	Contact Information
<b>Ability 360</b>	
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 East Washington St. Suite 200 Phoenix, AZ 85034 Phone: 602.256.2245 1.800.280.2245 7-1-1 (Arizona Relay)
<b>Arizona Center for Disability Law</b>	
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 <b>www.acdl.com</b>  Tucson Office 177 N. Church Ave. Suite 800 Tucson, 85701 520.327.9547 1.800.922.1447 <b>www.acdl.com</b>

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## ADVOCACY ORGANIZATIONS (continued)

Advocacy Organizations	Contact Information
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### Division of Aging and Adult Services Long Term Care Ombudsman

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:

- 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; and
- Empowering residents and families to advocate for themselves.

AZ DES/DAAS  
P.O. Box 6123  
Site Code 950A  
Phoenix, AZ 85005  
602.542.6454  
**www.azdes.gov/  
daas/ltco**

## COMMUNITY RESOURCES

Community Resources	Contact Information
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### AHCCCS

My AHCCCS online (**www.HealtheArizonaPlus.gov**) allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:

- View a two-year history of eligibility
- Enrollment information
- Link to their active health plan websites
- Your correct address
- **www.HealtheArizonaPlus.gov**

Get information about AHCCCS coverage and apply online.

801 E. Jefferson St. Phoenix,  
AZ 85034  
602.417.4000

**www.azahcccs.gov**

### Arizona Aging and Disability Resource Center (ADRC)

Created to help Arizona seniors, people with disabilities, caregivers and family members, locate resources and services that meet their needs

602 542.4446  
1.800.624.3879  
TTY/TDD 1.866.602.1982

### 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 East Washington St. Suite  
200  
Phoenix, AZ 85034  
602.256.2245

## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Arizona Department of Economic Security</b>	
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.	1.800.882.4151
	Department of Child Safety 602.255.2500
	Developmental Disabilities 602.542.6857
	Employment & Rehabilitation Services Phoenix 602.364.2722 Tucson 520.791.2722
	Office of Inspector General 602.542.3340
	Technology Services 602.771.2680
<b>Arizona Department of Health Services</b>	
Arizona Department of Health Services provides information on: back to school; cancer; diseases; file 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
	400 W. Congress Suite 116 Tucson, AZ 85701 520-628-6965

## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Arizona Department of Health Services – Bureau of Women and Children’s Health Office for Children with Special Health Care Needs (OCSHCN)</b>	
The Office for Children with Special Health Care Needs (OCSHCN) continues working to improve systems of care; provide information and referral 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, transition to adulthood and family and youth involvement; and support telemedicine to provide services in remote areas of the state.	602.542.1860 or 1.800.232.1676 OCSHCN@azdhs.gov
	<b><a href="http://azdhs.gov/phs/owch/ocshcn/">http://azdhs.gov/phs/owch/ocshcn/</a></b>
<b>Arizona Department of Health Services. Health Systems Development</b>	
Programs and services are offered to improve access to primary health care for underserved and vulnerable populations.	602.542.1219 <b><a href="http://www.azdhs.gov/hsd/">www.azdhs.gov/hsd/</a></b>
<b>Arizona Early Intervention Program (AzEIP)</b>	
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.	3839 N. 3rd St., Suite 304 Phoenix, AZ 85012 602.532.9960 or 1.888.439.560 <b><a href="http://www.azdes.gov/AzEIP">www.azdes.gov/AzEIP</a></b>

## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Arizona Head Start</b>	
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.	1.866.763.6481 (Monday - Friday, 8 a.m. - 6 p.m. ET) HeadStart@eclkc.info <b>www.Azheadstart.org</b>
<b>Family Involvement Center</b>	
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.	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 <b>www.familyinvolvementcenter.org</b>

## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Healthy Families</b>	
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.	Maricopa County 602.266.5976 Pima County 520.321.3754 Cochise County 520.458.7348
<b>Child and Family Resources</b>	
Programs include:	2830 W. Glendale Ave. Suite 28 Phoenix, AZ 85051 602.234.3941
<ul style="list-style-type: none"> <li>Child Care Resource &amp; Referral is where parents can call to get a list of childcare centers.</li> <li>The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving free, on-site childcare.</li> </ul>	3965 E. Foothills Drive Suite E1 Sierra Vista, AZ 85635 520.458.7348
	2800 E. Broadway Blvd. Tucson, AZ 85716 520.881.8940
	1491 W Thatcher Blvd. Suite 106 Safford, AZ 85546 928.428.7231
	<b>www.ChildFamilyResources.org</b>

## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Raising Special Kids</b>	
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.	5025 East Washington St., Suite 204 Phoenix, AZ 85034  1.800.237.3007 toll-free 602.242.4366  <b>www.raisingpecialkids.org</b>

### **WIC (Women, Infants and Children)**

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.	WIC hotline: 1.800.252.5942  <b>www.fns.usda.gov/wic</b>
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## COMMUNITY RESOURCES (continued)

Community Resources	Contact Information
<b>Community Information and Referral Services</b>	
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:	<b>www.cir.org</b>
<ul style="list-style-type: none"> <li>• food banks</li> <li>• clothes</li> <li>• shelters</li> <li>• assistance to pay rent and utilities</li> <li>• health care</li> <li>• pregnancy health</li> <li>• support groups</li> <li>• counseling</li> <li>• help with drug or alcohol problems</li> <li>• financial help</li> <li>• job training</li> <li>• transportation</li> <li>• education programs</li> <li>• adult day care</li> <li>• Meals on Wheels</li> <li>• respite care</li> <li>• home health care</li> <li>• transportation</li> <li>• homemaker services</li> <li>• childcare</li> <li>• after school programs</li> <li>• family help</li> <li>• summer camps</li> <li>• play programs</li> <li>• counseling</li> <li>• help with learning</li> </ul>	

## LOW FEE DENTAL SERVICES

Low Fee Dental Services

Contact Information

### Maricopa County

Mountain Park Dental Clinic  
(5 locations)  
602.243.7277  
**www.MountainParkHealth.org**  
1492 S. Mill Ave., Suite 312  
Tempe, AZ 85281

3830 E. Van Buren St.  
Phoenix, AZ 85008

635 E. Baseline Rd.  
Phoenix, AZ 85042

6601 W. Thomas Rd.  
Phoenix, AZ 85033

140 N. Litchfield Rd., Suite 200  
Goodyear, AZ 85338

Native American Community  
Health Center  
4041 N. Central Ave., Building C  
Phoenix, AZ 85012  
602.279.5262  
**www.NativeHealthPhoenix.org**

Phoenix College Clinic  
1202 W. Thomas Rd.  
Phoenix, AZ 85013  
602.285.7323  
**www.phoenixcollege.edu**

St. Vincent de Paul  
420 W. Watkins St.  
Phoenix, AZ 85003  
602.261.6868  
**www.StVincentdePaul.net**

El Rio Dental Congress  
839 W. Congress St.  
Tucson, AZ 85745  
520.670.3909  
**www.elrio.org/patient-services/family-dentistry**

El Rio Northwest Dental  
Flowing Wells  
4009 N. Flowing Wells Rd.  
Tucson, AZ 85705  
520.408.0836  
**www.elrio.org/patient-services/family-dentistry**

Southwest Dental Center  
1500 W. Commerce Ct. Building 3  
Tucson, AZ 85746  
520.670.3909  
**www.elrio.org/patient-services/family-dentistry**

Pima Community College  
Dental Hygiene Clinic  
2202 W. Anklam Rd., Room K-212  
Tucson, AZ 85709  
520.206.6090  
**http://pima.edu**

Sun Life Family Health Center  
865 N. Arizola Rd.  
Casa Grande, AZ 85122  
520.836.3446  
**www.sunlifefamilyhealth.org**

## ASSISTANCE WITH HEALTH CARE DIRECTIVE FORMS, INFORMATION, AND RELATED LEGAL MATTERS

County/Organization

Contact Information

### Maricopa County

Arizona Attorney General's Office  
1275 W. Washington  
Phoenix, AZ 85007  
602.542.5025 or 1.800.352.8431

400 West Congress  
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,  
Site Code 950A  
Phoenix, AZ 85007  
602.542.4446

Arizona Senior Citizens Law Project  
1818 S. 16th St.  
Phoenix, AZ 85034  
602.252.6710

## LEGAL AIDS

### APACHE COUNTY

**White Mountain Legal Aid - A division of Southern Arizona Legal Aid** 928.537.8383 5658 Highway 260, Suite 15  
1.800.658.7958 Lakeside, AZ 85929

### COCHISE COUNTY

**DNA People's Legal Services** 928.774.0653 2323 E. Greenlaw Lane, Ste.1  
1.800.789.5781 Flagstaff, AZ 86004

### COCONINO COUNTY

**DNA People's Legal Services** 928.774.0653 2323 E. Greenlaw Lane,  
1.800.789.5781 Ste. 1  
Flagstaff, AZ 86004

### GILA COUNTY

**White Mountain Legal Aid - A division of Southern Arizona Legal Aid** 928.537.8383 5658 Highway 260, Ste. 15  
1.800.658.7958 Lakeside, AZ 85929

### GRAHAM/GREENLEE COUNTIES

**Southern Arizona Legal Aid** 520.432.1639 400 Arizona St.  
1.800.231.7106 Bisbee, AZ 85603

### LA PAZ COUNTY

**Community Legal Services** 928.782.7511 201 S. 1st Ave.  
1.800.424.7962 Yuma, AZ 85364-2250

### MARICOPA COUNTY

**Community Legal Services** 602.258.3434 305 S. 2nd Ave.,  
1.800.852.9075 Phoenix, AZ 85003

**Community Legal Services - East Side** 480.833.1442 1220 S. Alma School Rd.,  
Ste. 206  
Mesa, AZ 85210

## LEGAL AIDS (continued)

### MOHAVE COUNTY

**Community Legal Services** 928.681.1177 1720 Beverly, Suite A  
1.800.255.9031 Kingman, AZ 86409

### NAVAJO COUNTY

**White Mountain Legal Aid - A division of Southern Arizona Legal Aid** 928.537.8383 5658 Hwy 260, Suite 15  
1.800.658.7958 Lakeside, AZ 85929

**Native American Disability Law Center Farmington Office** 505.566.5880 3535 E. 30th St., Suite 201  
1.800.862.7271 Farmington, NM 87402

**Gallup Office** 505.863.7455 207 S. Second St.  
1.877.283.3208 Gallup, NM 87301

### NAVAJO NATION

**DNA - Chinle Agency Office** 928.674.5242 P. O. Box 767  
1.800.789.7598 Chinle, AZ 86503

**DNA - Fort Defiance Agency Office** 928.871.4151 P. O. Box 306  
1.800.789.7287 Window Rock, AZ 86515

**DNA - Hopi Legal Services** 928.738.2251 P. O. Box 558  
1.800.789.9586 Keams Canyon, AZ 86034

**DNA - Tuba City Agency Office** 928.283.5265 220 S. Main St.  
1.800.789.8919 Tuba City, AZ 86045

**Native American Disability Law Center Farmington Office** 505.566.5880 3535 E. 30th St., Suite 201  
1.800.862.7271 Farmington, NM 87410

**Gallup Office** 505.863.7455 207 S. Second St.  
1.877.283.3208 Gallup, NM 87301

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## LEGAL AIDS (continued)

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### PIMA COUNTY

<b>Southern Arizona Legal Aid (SALA)</b> - Southern Arizona Legal Aid, Inc. Continental Building	520.623.9465 1.800.640.9465	2343 E. Broadway Blvd. Suite 200 Tucson, AZ 85719-6007
<b>Tohono O'odham Legal Services</b> - A division of Southern Arizona Legal Aid	1.800.248.6789	2343 E. Broadway Blvd., Suite 200 Tucson, AZ 85719-6007

### PINAL COUNTY

<b>Southern Arizona Legal Aid</b>	520.316.8076 1.877.718.8086	766 N. Park Ave. Casa Grande, AZ 85122
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### WHITE MOUNTAIN APACHE TRIBE

<b>White Mountain Apache Legal Aid</b> - 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
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### YAVAPAI COUNTY

<b>Community Legal Services</b>	928.445.9240	148 N. Summit Ave. Prescott, AZ 86301
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### YUMA COUNTY

<b>Community Legal Services</b>	928.782.7511 1.800.424.7962	201 S. 1st Ave. Yuma, AZ 85364-2250
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## ACRONYMS / ABBREVIATIONS

**AHCCCS:** Arizona Health Care Cost Containment System - This agency administers Arizona's Medicaid programs.

**ALTCS:** Arizona Long Term Care System - This program provides medical, behavioral health and long-term care services to eligible individuals based on documented needs.

**BENEFIT YEAR:** This is also called a "contract year". A benefit year runs from October 1st to September 30th. Some services have limits on the amount that can be authorized based on a benefit year. These include Physical Therapy and inpatient hospitalization for adults 21 years of age and older.

**CRS:** Children's Rehabilitative Services - A program that provides medical and behavioral health services to individuals with certain qualifying conditions or diagnoses.

**DES:** Department of Economic Security - The Division of Developmental Disabilities is part of this state agency.

**DIVISION:** Division of Developmental Disabilities (DDD) - The part of DES that provides services to individuals with developmental disabilities.

**DME:** Durable Medical Equipment - This medical equipment helps with mobility, safety and independence. Examples of DME include wheelchairs, ventilators, and braces.

**DUAL ELIGIBLE:** An individual who is eligible for both Medicare and Medicaid (AHCCCS/ALTCS).

**EPSDT:** Early and Periodic Screening, Diagnosis and Treatment - This program provides health care services through prevention, early intervention, diagnosis and medically necessary treatment. EPSDT services are limited to individuals 21 years of age and younger.

**HIPAA:** Health Insurance Portability and Accountability Act - This federal law controls how your protected health information can be used or shared.

**ISP:** Individual Support Plan - This is a process that includes a review of assessments and evaluations; determination of services needed; setting of goals and objectives and development of strategies to meet those objectives. A team, including the person supported, responsible person, Support Coordinator and others, develop the ISP. The ISP guides service delivery and includes a process for monitoring the quality and effectiveness of services.

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**ISP Year:** The annual teaming date. Most services provided by the Division are authorized on an annual ISP year. Services are reviewed every 90 or 180 days, depending upon the setting in which the person lives.

**MEDICAID:** See TITLE XIX.

**PCP:** Primary Care Provider - This is the doctor or physician who is responsible for all the health needs of the individual. The PCP orders certain services and refers individuals to specialists.

**RBHA:** Regional Behavioral Health Authority - These regional agencies provide behavioral services to individuals who are AHCCCS or ALTCS eligible.

**TITLE XIX:** This section of the Social Security Act was created in 1965. It helps states provide medical and long-term care services to individuals who are blind, have a disability or are age 65 or older.

## 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.

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

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

**Postpartum 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.

## APPENDIX A: COVERED LONG TERM CARE SERVICES

Services	Title XIX Under 21	Title XIX 21 & Over
Audiology	X	X
Behavioral Health		
Breast Reconstruction After Mastectomy	X	X
Chiropractic Services	X	
Cochlear Implants	X	
Emergency Dental Services	X	
Preventive & Therapeutic Dental Services	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	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
Preventive Examinations in the Absence of any Known Disease or Symptom	X	
HIV/AIDS Antiretroviral Therapy	X	X
Home Health Services	X	X

## APPENDIX A: COVERED LONG TERM 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	
Nursing Facilities (up to 90 days)	X	X
Non-Physician First Surgical Assistant	X	X
Physician Services	X	X

## APPENDIX A: COVERED LONG TERM CARE SERVICES (continued)

Services	Title XIX Under 21	Title XIX 21 & Over
Foot and Ankle Services *	X	X
Prescription Drugs	X	X
Primary Care Provider Services	X	X
Private duty nursing	X	X
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.

## APPENDIX B: COVERED BEHAVIORAL HEALTH SERVICES

Services	ACUTE CARE Title XIX		ALTCS DD	
	Under 21	21 & Over	Under 21	21 & Over
Behavioral Health Therapeutic Home Care Services	X	X	X	X
Behavioral Management	X	X	X	X
Case Management	X	X	X	X
Emergency Behavioral Health Care	X	X	X	X
Evaluation	X	X	X	X
<b>Inpatient Services</b>				
Inpatient Hospital	X	X	X	X

## APPENDIX B: COVERED BEHAVIORAL HEALTH SERVICES (continued)

Services	ACUTE CARE Title XIX		ALTCS DD	
	Under 21	21 & Over	Under 21	21 & Over
Inpatient Psychiatric Facilities	X	X	X	X
Laboratory and Radiology	X	X	X	X
Medications (Psychotropic)	X	X	X	X
Medication Adjustment and Monitoring	X	X	X	X
Methadone/LAAM	X	X	X	X
Partial Care	X	X	X	X
<b>Professional Services – Therapy and Counseling</b>				
Individual	X	X	X	X
Group and Family	X	X	X	X
Psychosocial Rehabilitation	X	X	X	X
Respite (with limitations)	X	X	X	X
Screening	X	X	X	X
<b>Transportation</b>				
Emergency	X	X	X	X
Non-Emergency	X	X	X	X



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.