

## **310-F EMERGENCY MEDICAL SERVICES**

EFFECTIVE DATE: September 11, 2024

REFERENCES: A.A.C. R9-22-210.

### **PURPOSE**

This policy sets forth guidance for AdSSs contracted with the Division of Developmental Disabilities (Division) in covering emergency medical and behavioral health services for Members who are eligible for ALTCS.

### **DEFINITIONS**

1. "Arizona Long Term Care System" or "ALTCS" means an AHCCCS program which delivers long-term, acute, behavioral health and Case Management services as authorized by A.R.S. § 36-2931 et seq., to eligible Members who are either Elderly and/or have Physical Disabilities (E/PD), and to Members with Developmental Disabilities (DD), through contractual agreements and other arrangements.
2. "Calendar Day" means every day of the week including weekends and holidays.

3. “Emergency Medical Condition” means an illness, injury, symptom or condition, including severe pain, that a reasonable person could expect that not getting medical attention right away would:
  - a. Put the person’s health in danger;
  - b. Put a pregnant person’s baby in danger;
  - c. Cause serious damage to bodily functions; or
  - d. Cause serious damage to any body organ or body part.
4. “Fee-For-Service” means a method of payment to an AHCCCS registered Provider on an amount-per-service basis for services reimbursed directly by AHCCCS for Members not enrolled with a managed care Contractor.
5. “Member” means the same as “Client” as defined in A.R.S. § 36-551.
6. “Prior Authorization” means approval from a health plan that may be required before you get a service. This is not a promise

that the health plan will cover the cost of the service.

7. "Provider" means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.
  
8. "Triage/Emergency Medical Screening Services for Non-FES Members" means services provided by acute care hospitals, U.S. Indian Health Service/638 (IHS/638) facilities and urgent care centers to determine whether or not an emergency exists; assessment of the severity of the Member's medical condition and determination of what services are necessary to alleviate or stabilize the emergent condition.

## **POLICY**

### **A. REQUIREMENTS**

1. The AdSS shall cover emergency medical services for ALTCS Members when a physical or behavioral health emergency is identified by screening, triage, or other emergency medical

assessments.

2. The AdSS shall require triage/screening services to be reasonable, cost effective and meet the criteria for severity of illness and intensity of service.
3. The AdSS shall not require Providers to obtain Prior Authorization for emergency services.
4. The AdSS shall require Providers to comply with the notification and post-stabilization requirements as outlined in A.A.C. R9-22-210.
5. The AdSS shall require Providers to notify the AdSS within 10 days from the day that the Division Member presented for provision of emergency services.
6. The AdSS shall not deny payment for the treatment of emergency services when:
  - a. Division or AdSS staff instructs the Member to seek emergency services.
  - b. The Member's medical condition manifests itself by acute symptoms of sufficient severity,

including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention to result in placing the health of the individual or an unborn child in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

- c. The emergency room Provider, hospital, or fiscal agent notified the AdSS within 10 Calendar Days of presentation for emergency services.
7. The AdSS shall not cover Emergency Services provided to a Member outside the United States.
8. The AdSS shall cover emergency services when the Member is out of the Member's Provider Network area.
9. The AdSS shall develop and implement policies and practices focused on Member education about appropriate use of:
  - a. Emergency room services;

- b. Obtaining non-emergency care services available after regular office hours or on weekends;
  - c. Obtaining services from non-emergency care facilities;  
or
  - d. Nurse triage or crisis lines.
10. The AdSS shall develop and implement policy and procedure to analyze Emergency Department utilization and an Emergency Department diversion process.


**B. EMERGENCY SERVICE UTILIZATION DATA**

The AdSS shall conduct ongoing oversight of Emergency Service Utilization through the use of Emergency Department utilization data and other internal monitoring methods or tools.

**SUPPLEMENTAL INFORMATION**

- 1. Provision of services out of service area
  - a. Non-emergency services out of the Member's service area may not be covered.

- b. Emergency services may be obtained when the Member is out of the service area.
2. THP Members receive education regarding emergency services via the AHCCCS Handbook for Members of the Tribal Health Plan or the Tribal Regional Behavioral Health Authorities located on the AHCCCS website – American Indians – American Indian Health Program.
3. Refer to A.A.C. R9-22-210 that describes general provisions for responsible entities, payment and denial of payment, notification requirements and post-stabilization requirements.
4. Refer to AMPM Chapter Policy 530 regarding Member transfers between facilities after an emergency hospitalization.
5. Refer to AMPM Chapter Policy 820 for additional information regarding emergency medical services for FFS Members who are not in the FES Program.

Signature of Chief Medical Officer:   
[Anthony Dekker \(Sep 6, 2024 06:46 PDT\)](#)  
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