



STATE OF ARIZONA
Department of Economic Security
Division of Developmental Disabilities

Arizona Long Term Care System (ALTCS)

Member Handbook 2020 – 2021

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The information in this document is continually updated.

For the latest revisions, please visit the Member Resources page on the Division of Developmental Disabilities' website at

[https://des.az.gov/services/disabilities/developmental-disabilities/
current-member-resources](https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources)

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Important Information

My Support Coordinator _____
My Support Coordinator's Phone Number _____
My DDD Health Plan _____
My DDD Health Plan's Phone Number _____
My Doctor (PCP) _____
My Doctor's Address _____
Phone _____
My Dentist _____
My Dentist's Address _____
Phone _____
My Pharmacy _____
My Pharmacy's Address _____
Phone _____
Other Important Numbers _____

This handbook is mailed to all ALTCS members annually. If you lose your copy, please call your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 ext. 1.

ALTCS Eligibility

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

When you become eligible, you will be assigned to a DDD Health Plan. You may change your DDD Health Plan. See "DDD Health Plans" on page 14 for more information. You will also need to pick a doctor. We can help you pick a DDD Health Plan and a doctor. If you do not choose a doctor within 10 calendar days, DDD will assign you to one to you. See "How to Obtain a Primary Care Provider (PCP)" on page 30 for more information. You will meet with us at your home to develop a plan and answer questions.

Notice of Non-Discrimination

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

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

General Information

Member Services

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

Medical Management

Members with questions about the health services they are receiving from their DDD Health Plan should contact their DDD Health Plan's Medical Management unit. See page 14 for DDD Health Plan contact information. Members enrolled in the DDD American Indian Health Plan (AIHP) can contact the DDD Medical Management unit with questions regarding the services they are receiving. They will help the member understand their options and the importance of the services they are receiving, so they can remain healthy. DDD Medical Management also ensures the services members receive are delivered timely and effectively. DDD AIHP members can contact Medical Management at 1-844-770-9500 ext. 7 TTY/TDD 711 or 602-771-8080.

DDD Customer Service Center

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

Call Customer Service:

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

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

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

Nurse Line

You can call your health plan Nurse Line 7 days a week/24 hours per day to answer general medical questions.

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

Support Coordination

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

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

This includes:

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

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

How and Why to Contact Your Support Coordinator

We will work with you to decide which services meet your needs. We will help you get services and help you find community resources. We will also keep track of the services. We will work with you and your providers, if there is a need to change anything about the services you get. You can also call us when you have questions or need help even in between visits with you. See “Important Information” on the inside cover for more contact information.

How to Find After Hour Care (Urgent Care)

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

Examples of urgent problems include:

- A cut that needs stitches
- Sore throat
- The flu

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

Behavioral Health Crisis Services

If you have an emergency, it is important you get help right away. If you think you might hurt yourself or someone else, please call 911 or a crisis phone number. Crisis services are available to all Arizonans, there is no insurance requirement or required status.

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

Suicide and Crisis Hotlines by County

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

Especially for Teens

- Teen Life Line phone or text: **602-248-TEEN (8336)**

National 24-Hour Crisis Hotlines

Phone

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

Text

- Text the word "HOME" to 741741

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

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

How to Access Substance Use Disorder Services and Opioid Information

You do not need a referral from your PCP to begin substance use services. Any behavioral health provider can assist with substance use disorders and provide opioid information. Visit your DDD Health Plan's website or call their Member Services unit to locate a provider near you. See page 14 for DDD Health Plan contact information. You can also contact the National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357).

How to Get Culturally Competent Materials in Other Languages

You have the right to:

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

How to Get Auxiliary Aids

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

Auxiliary aids useful for persons with impaired vision include:

- Readers
- Brailled materials
- Audio recordings
- Other similar services and devices.

Auxiliary aids useful for persons with impaired hearing include:

- Telephone handset amplifiers
- Telephones compatible with hearing aids
- Telecommunication devices for deaf persons (TDD's)
- Interpreters
- Note takers
- Written materials
- Other similar services and devices.

You may be eligible to get auxiliary aids, which are services or devices to help you if you are having vision, speech or hearing problems. These aids allow you to be active in and enjoy the programs and activities offered by the Division of Developmental Disabilities. You can contact your Support Coordinator for help to get these services and devices.

How to Find Non-English Speaking Providers

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

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

Provider Directory

There is no cost for a copy of the provider directory. Call us if you would like a copy of the provider directory for your area. DDD Health Plan provider directories include details identifying network provider offices that accommodate members with disabilities. For many services, there may be more than one provider in your area who can accommodate members with disabilities.

You can get a list of providers from your DDD Health Plan's website or the DDD website: <https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources>. These providers also have directories that include information which will tell you their offices that will accommodate you if you have a disability in their Provider Directory section. 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.

If you go to a provider for non-emergency services and they inform you that they are not in your DDD Health Plan's network, please consult with your DDD Health Plan as services may not be covered. Please contact your DDD Health Plan's Member Services department to locate a provider in their network. Member Services phone numbers can be found on page 14 of this handbook.

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

DDD Health Plans

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

Mercy Care

602-263-3000 or 1-800-624-3879

Nurse Triage Line: 1-800-624-3879 TTY/TDD 711

www.mercycareaz.org

UnitedHealthcare Community Plan

1-888-586-4017

Nurse Triage Line: 1-877-440-0255 TTY/TDD 711

www.uhcommunityplan.com

American Indian members can choose to receive health care services through a DDD Health Plan or the DDD American Indian Health Plan (DDD AIHP).

DDD AIHP

1-844-770-9500 ext. 7 TTY/TDD 711

Nurse Triage Line: 1-844-770-9500 ext. 7 TTY/TDD 711

Find a provider at

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

See "How American Indian Members Get Health Care Services" on page 30 for more information about available options.

You have the opportunity to change DDD Health Plans every 12 months. You will receive notification regarding annual enrollment choice 60 days before your annual enrollment choice date. Contact your Support Coordinator if you have questions about changing your DDD Health Plan.

* Available to members with CRS designation.

Managed Care

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

Health Insurance Card/ID Card

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

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

Decisions About Your Health Care

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

Changes in Family Size or Demographics

Tell your Support Coordinator if your finances or family size change, if you have any private health insurance, and if your address or phone number change.

When You Move

Moving Out of the United States

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

Moving Out of Arizona

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

Temporarily Out of Arizona

When you are out of Arizona, you may only get emergency care. Before your trip, call your DDD Health Plan's member services. Your DDD Health Plan's contact information is listed on page 14 of this handbook. They will tell you what to do if an emergency happens. It is a good idea to make sure you have enough medication before you leave on your trip or vacation. No services are covered outside the United States.

Moving Within Arizona

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

Family Members as Decision-Makers In Treatment Planning

You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as:

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

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

ALTCS Transitional Program

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

Member Transitions

The Division identifies and facilitates transition of care for all members to ensure continued access to services when a member changes their health plan or transitions from the DDD American Indian Health Plan (AIHP) to a DDD Health Plan or vice versa.

DDD/ALTCS members can change their DDD Health Plan once a year. See page 14 for more details. A member's Support Coordinator will help them pick a new PCP or identify providers that can assist them in either their chosen DDD Health Plan or in the fee for service AIHP option. The Division also coordinates transition services for all members when they are no longer ALTCS eligible.

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

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

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

Emergency Services

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

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

You can get emergency care 24 hours a day, 7 days a week. If you need emergency care, call 911 or go to the nearest hospital emergency room even if it is outside your DDD Health Plan's network. You do not need a prior authorization for emergency care. Hospital emergency rooms should not take the place of a doctor's office.

If you need care right away but are not in danger of lasting harm or losing your life, you should go to an urgent care center. See page 11 for more information about Urgent Care.

Emergency and Medically Necessary Transportation

Rides are only for covered health care visits. If you need a ride to an appointment, ask a relative, friend or neighbor first. If you cannot get a ride, call your DDD Health Plan's member services unit (listed on page 14 of this handbook). They will help you set up transportation.

Here are some general tips if you need a ride:

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

- If you cancel your health care visit, call Member Services to cancel your ride.

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

Covered Services

Home and Community Based Services (HCBS)

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

Behavioral Health: Services that may help you with personal problems that may affect you and your family. Some problems may be from depression, anxiety, or using drugs or alcohol. Some services may be provided in home, in a nursing home or in an assisted living facility.

Day Treatment: This service provides:

- Sensory-motor
- Cognitive
- Communicative
- Behavioral training
- Supervision
- As appropriate, counseling, to promote skill development in independent living, self-care, communication and social relationships.

Employment Services: Various employment services that enable members to gain the skills necessary to obtain and retain employment. These include Individual Supported Employment, Employment Support Aide, Transition to Employment, Group Supported Employment and Center-Based Employment. Learn more at <http://bit.ly/dddemployment>.

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

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

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

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

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

Non-Emergency Transportation: This service provides non-emergency ground transportation as authorized by the Division when transportation is not already required by the service specification.

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

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

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

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

This includes:

- Assessment to determine their needs and eligibility when applying for/receiving services
- Assistance in finding necessary resources in addition to covered services to meet basic needs
- Assistance in obtaining entitlements

- Communication
- Coordination of care
- Follow-up of crisis contacts or missed appointments

Therapies: Occupational, Physical, and Speech

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

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

- Physical Therapy (PT): Medically ordered treatments to
 - Restore, maintain and improve muscle tone, joint mobility or physical function
 - Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired
 - Physical Therapy for members 21 years and older is provided by a member's DDD Health Plan and must not exceed 15 visits for developmental/restorative, maintenance, and rehabilitative therapy for the benefit year.
- Speech Therapy (ST): Diagnostic and treatment services that include
 - Evaluation
 - Program recommendations for treatment and/or training in receptive and expressive language
 - Voice
 - Articulation
 - Fluency
 - Rehabilitation
 - Medical issues dealing with swallowing

Physical Health Services

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

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

- Dental services – For members who are 21 years of age and older. These dental services are limited to a total of \$1000 for each 12-month period, includes:
 - Treatment of a medical condition such as acute pain (not Temporomandibular Joint Dysfunction-TMJ pain except for reduction of trauma)
 - Treatment for infection or fracture of the jaw
 - Exam with problem and treatment of the oral cavity
 - Required radiographs
 - Complex oral surgical procedures
 - Appropriate anesthesia
 - Prescription of pain medication and antibiotics
 - Prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head
 - Other dental services, including dentures
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Early detection health risk assessment, screening, treatment, and primary prevention
- Emergency services
- Eye examinations/optometry
- Family planning
- Foot and ankle services
- Hospital services
- Immunizations
- Incontinence supplies
- Laboratory
- Maternity services
- Medical foods
- Medical supplies, Durable Medical Equipment (DME), orthotic, and prosthetic devices
- Medically-necessary pregnancy termination (including Mifepristone [Mifeprex] or RU-486)
- Nutrition
- Oral health
- Physician services
- Podiatry services
- Post-stabilization care services
- Pre-natal HIV testing and counseling
- Prescription medications
- Primary Care Provider (PCP) services
- Radiology and medical imaging
- Rehabilitation therapy

- Transplantation of organs, tissue, and related prescriptions
- Transportation
- Triage/Screening and evaluation
- Vision Services/Ophthalmology/Optomety
- Well visits

Covered Physical Health Care Services

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

Services	Title XIX Under 21	Title XIX 21 & Over
Immunizations	✓	✓
Laboratory	✓	✓
Maternity Services	✓	✓
Family Planning	✓	✓
Early and Periodic Screening, Diagnosis and Treatment (Health Services)	✓	
Other Early and Periodic Screening, Diagnosis and Treatment Services Covered by Title XIX	✓	
Medical Foods	✓	✓
Medical Equipment and Appliances	✓	✓
Medical Supplies	✓	✓
Prosthetic	✓	✓
Orthotic Devices	✓	✓
Negative Pressure Wound Therapy	✓	✓
Nursing Facilities (up to 90 days)	✓	✓
Non-Physician First Surgical Assistant	✓	✓
Physician Services	✓	✓
Foot and Ankle Services*	✓	✓
Prescription Drugs	✓	✓
Primary Care Provider Services	✓	✓
Private Duty Nursing	✓	✓
Radiology and Medical Imaging	✓	✓
Occupational Therapy – Inpatient	✓	✓
Occupational Therapy – Outpatient	✓	✓
Physical Therapy – Inpatient	✓	✓
Physical Therapy – Outpatient (See policy regarding visit limitations)	✓	✓
Sleep Studies (Polysomnography)	✓	✓
Speech Therapy – Inpatient	✓	✓
Speech Therapy – Outpatient	✓	✓
Respiratory Therapy	✓	✓
Total Outpatient Parenteral Nutrition	✓	✓

Services	Title XIX Under 21	Title XIX 21 & Over
Non-Experimental transplants approved for Title XIX Reimbursement (See policy regarding specific Transplant Coverage)	✓	✓
Transplant Related Immunosuppressant Drugs	✓	✓
Transportation – Emergency	✓	✓
Transportation – Non-emergency	✓	✓
Triage	✓	✓

Behavioral Health Services

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

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

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

Covered Behavioral Health Services

The following Behavioral Health Services are covered:

- Behavior Analysis Services
- Behavior Management (personal care, family support/home care training, peer support)
- Behavioral Health Case Management Services (with limitations)
- Behavioral Health Nursing Services
- Emergency Behavioral Health Care
- Emergency and Non-Emergency Transportation
- Evaluation and Assessment
- Individual, Group and Family Therapy, and Counseling
- Inpatient Hospital Services
- Non-Hospital Inpatient Psychiatric Facilities

- Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- Opioid Agonist Treatment
- Partial Care (supervised day program, therapeutic day program, and medical day program)
- Psychotropic Medication Adjustment and Monitoring
- Rehabilitation Services (living skills training; health promotion; supported employment services)
- Respite Care (with limitations)
- Rural Substance Abuse Transitional Agency Services
- Screening

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

Special Assistance for Members with Serious Mental Illness (SMI)

The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself.

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

Service Authorization

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

Non-Covered Health Services

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

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

Non-Covered Services for Adults

The following services are not covered for adults 21 years and older. If you have other insurance, you may be covered.

Benefit/ Service	Service Description
Percussive Vests	<p>This vest is placed on a person's chest and shakes to loosen mucous.</p> <p>Service excluded from payment: AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest) and repair of the vest will be paid for.</p>
Bone-Anchored Hearing Aid	<p>A hearing aid that is put on a person's bone near the ear by surgery. This is to carry sound.</p> <p>Service excluded from payment: 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>Service excluded from payment: AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</p>
Lower limb microprocessor controlled joint/ Prosthetic	<p>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</p> <p>Service excluded from payment: AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</p>

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>Service excluded from payment:</p> <p>AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Members 21 and over have an annual dental benefit of \$1000. See page 37 for more details. Members 21 years of age and older may receive emergency dental services up to \$1,000 for each 12-month period.</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>

Accessing Non-Title XIX/XXI Services

Some members may qualify for Non-Title XIX/XXI services like room and board, mental health services (formerly known as traditional healing), auricular acupuncture, and supported housing rent/utility subsidies and relocation services. These services are available to members through a referral to a RBHA. Contact the RBHA in the county where you live to inquire about non-Title XIX/XXI services:

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

The Project for Assistance to Transition from Homelessness (PATH) provides grant funding dollars to RBHAs who serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills for individuals in order to reduce homelessness. Contact the RBHA in your county for more information.

Residential Options

Residential options include:

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

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

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

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

Additional options include:

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

When you live in one of the settings listed above, room and board is covered. If you have any benefits or income, you will receive a monthly bill for your Share of Cost. For more information about Share of Cost, please see page 50 of this handbook.

In addition to the residential options, we can assist with you with identifying your independent living goals and provide you with information about local resources that may help you transition to greater self-sufficiency in housing, education, and employment.

Contact your Support Coordinator for more information.

End of Life Care Services

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

EOL care includes:

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

Referrals

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

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

- If you have a medical emergency.
- If you need behavioral health services, call your DDD Health Plan or see page 11 for the behavioral health crisis services near you.
- If you need transportation to a medical appointment, see page 17 for more information about transportation.
- If you need an obstetrician and gynecologist.

Your dental home will manage all dental services and referrals to dental specialists. See page 37 of this handbook.

How to Get Services When a Provider’s Moral or Religious Objections Prevent You From Getting a Covered Service

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

How American Indian Members Get Health Care Services

American Indians can choose to receive services through a DDD Health Plan or the DDD American Indian Health Plan (AIHP).

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

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

How to Obtain a Primary Care Provider (PCP)

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

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

- Access
- Coordination
- Continuity
- Prevention

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

How to Change a PCP

You can change your doctor. However, you will need to choose another doctor from your DDD Health Plan's provider network. You can change your doctor by contacting your DDD Health Plan's member services (listed on page 14 of this handbook). You can also ask the DDD Health Plan's member services for a list of providers. There is no cost for this list. This information is also available on the DDD Health Plan's website.

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

PCP Appointments and Other Provider Appointments

- Call your doctor's office to make an appointment.
- Make your appointments during office hours (so you do not have to use urgent or emergency care).
- Keep your appointments.
- Go to your appointments on time.
- Call your doctor's office ahead of time when you cannot keep your appointments.

Appointment Availability

1. For Primary Care Provider Appointments:
 - a. Urgent Care Appointments as expeditiously as the member's health condition requires but no later than 2 business days of request, and
 - b. Routine care appointments within 21 calendar days of request.
2. For Specialty Provider Appointments, including Dental Specialty:
 - a. Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than 2 business days from the request, and
 - b. Routine care appointments within 45 calendar days of referral.
3. For Dental Provider Appointments:
 - a. Urgent appointments as expeditiously as the member's health condition requires, but no later than 3 business days of request, and
 - b. Routine care appointments within 45 calendar days of request.

4. For Maternity Care Provider Appointments, initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
 - a. First trimester – within 14 calendar days of request,
 - b. Second trimester – within 7 calendar days of request,
 - c. Third trimester – within 3 days business of request, and
 - d. High risk pregnancies as expeditiously as the member’s health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.
5. For Behavioral Health Provider Appointments:
 - a. Urgent need appointments as quickly as the member’s health condition requires but no later than 24 hours from identification of need.
6. Routine care appointments:
 - a. Initial assessment within 7 calendar days of referral or request for service,
 - b. The first behavioral health service following the initial assessment as quickly as the member’s health condition requires but
 - i. For members age 18 years or older, no later than 23 calendar days after the initial assessment,
 - ii. For members under the age of 18 years old, no later than 21 days after the initial assessment, and
 - iii. All subsequent behavioral health services, as quickly as the member’s health condition requires but no later than 45 calendar days from identification of need.
7. For Psychotropic Medications:
 - a. Assess the urgency of the need immediately, and
 - b. Provide an appointment, if clinically indicated, with a Behavioral Health Medical Professional within a time frame that ensures the member:
 - i. Does not run out of needed medications, or
 - ii. Does not decline in his/her behavioral health condition prior to starting medication,
 - iii. But no later than 30 calendar days from the identification of need.
8. If a member is in legal custody of the Department of Child Safety (DCS) or is an adopted child in accordance with A.R.S. §-512-01:
 - a. Rapid response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.
 - b. Initial assessment within 7 calendar days after referral or request for behavioral health services.
 - c. Initial appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation.
 - d. Subsequent behavioral health services within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of the need.

Well Visits

Well visits (well exams) such as, but not limited to, well woman exams, breast exams and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include:

- A medical history
- Physical exam
- Health screening
- Health counseling
- Medically necessary immunizations

EPSDT visits for members under 21 years of age are considered the same as a well visit.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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

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

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

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

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

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

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

Maternity Services

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

Pregnancy Services

If you are or think you may be pregnant, call your DDD Health Plan's member services on page 14 and your PCP. They can help you choose an OB/GYN or certified nurse mid-wife as soon as possible. Once you choose an OB/GYN doctor, make an appointment right away. You can go directly to your OB/GYN doctor for care. Your PCP will manage your non-OB/GYN care and your OB/GYN doctor will manage your pregnancy care. You can also choose to have an OB/GYN as your PCP while you are pregnant. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

Prenatal HIV Testing

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.

Appointments During Your Pregnancy

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. Initial prenatal care appointments for enrolled pregnant mothers are:

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

Your pregnancy may be called "high-risk" if you or your baby has an increased chance of a health problem. Many things can put you at high risk such as having diabetes, cancer or epilepsy. Smoking or drinking while you are pregnant may also put you at a higher risk. Being called "high-risk" helps your doctor make sure you get special attention during your pregnancy. Your doctor will watch you closely during your pregnancy to find any problems early.

You may also have more tests to make sure your baby is doing well.

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

- Your OB /GYN doctor or nurse midwife will manage your pregnancy care before and after your baby is born. It is important that you keep all appointments while you are pregnant.
- If you are taking any medicine, tell your doctor.
- It is important that you do not smoke, drink, or take drugs while pregnant. If you have a problem with any of these, talk with your doctor.
- It is important for you and your baby that you eat right and exercise. Talk to your doctor if you need information about good nutrition or exercise while you are pregnant.
- Your doctor will explain childbirth options. He can also help you find childbirth classes. For more information, see the “Maternity Care Service Definitions” section on page 85.

Postpartum Care

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

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

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

Family Planning Services

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. A referral is not needed and there is no charge for these services. Your provider will submit a prior authorization request if you are receiving family planning services from an out-of-network provider. A referral is not required for choosing a family planning provider.

Covered family planning services include:

- Pregnancy screening
- Birth control counseling
- Medication and/or supplies, such as:
 - Birth control pills or shots
 - IUDs or implantable birth control
 - Diaphragms
 - Condoms
 - Foams and suppositories

- Medical and lab exams and radiological procedures Including ultrasounds (related to family planning)
- Treating problems from birth control (including emergencies)
- Natural family planning education
- Referral to qualified health professionals
- Emergency oral birth control within 72 hours after unprotected sex
- Screening and treatment for Sexually Transmitted Infections (STI)
- Sterilization services (if requirements are met) including hysteroscopic tubal sterilizations

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

Medically Necessary Pregnancy Terminations

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

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

Dental

Routine dental care includes:

- Dental exams
- Fillings for cavities
- Dental cleanings
- X-rays to screen for dental problems

- Application of topical fluoride
- Dental sealants

Emergency Dental Services and Therapeutic Dental Services are covered when medically necessary and cost effective.

Emergency Dental Services include:

- Treatment for pain, infection, swelling, and/or injury
- Extraction
- General Anesthesia

Therapeutic Dental Services may be subject to prior authorization include:

- Periodontal procedures
- Crowns
- Endodontic Services

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

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

Dental Home

This is a relationship between you and your dentist. The dental home will manage all dental services and referrals to dental specialists. 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 2 times a day. It is also important that you see the dentist twice a year. If you are under the age of 21, your DDD Health Plan will cover 2 routine and preventative dental visits a year. The first visit should occur by the child's first birthday.

You do not need a referral from your PCP to see a dentist. If you need help finding a dentist who can take care of your special needs, contact your DDD Health Plan's member services unit. You may change your assigned dentist at any time. You can find this number on your AHCCCS ID card. 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.

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

If you are unsure how to contact your assigned dentist, please contact DDD Customer Service at 1-844-770-9500 ext. 1 for assistance.

Pharmacy Services

Your DDD Health Plan has a list of covered medications. If you want a copy of the list, call your DDD Health Plan's member services or go to their website (listed on page 14). All medications must be filled at a pharmacy in your DDD Health Plan's network. Many pharmacies are open 24 hours, seven days a week. Check your DDD Health Plan's member handbook for the process to get your medications after hours, on holidays, or on weekends. You can get a list of pharmacies from your DDD Health Plan. Their member services phone number is listed on page 14 of this handbook and on your ID card.

DDD AIHP members can find a list of pharmacies at <https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AIHPFee-For-ServicePharmacyNetwork.pdf> and a list of covered medications at https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_FFS_Drug_List.pdf.

If you are denied prescriptions at a pharmacy point of sale, call your primary care provider, the doctor who prescribed the medication or your DDD Health Plan/AIHP member services department who will help you. See page 14 for contact details. Remember to get refills before you run out of medicine.

Exclusive Pharmacy Evaluation Criteria

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

Evaluation Parameter	Minimum Criteria For Initiating Interventions
Over-utilization	<p>Member utilized the following in a 3-month time period:</p> <ul style="list-style-type: none"> • 4 prescribers; and • 4 different abuse potential drugs; and • 4 Pharmacies. <p>OR</p> <p>Member has received 12 or more prescriptions of the following medications in the past three months:</p> <ul style="list-style-type: none"> • Atypical Antipsychotics, • Benzodiazepines, • Hypnotics, • Muscle Relaxants, • Opioids, and • Stimulants.
Fraud	Member has presented a forged or altered prescription to the pharmacy.

How to Get Covered Behavioral Health Services

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

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

If you are making a regular behavioral health care appointment:

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

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

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

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

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

Serious Mental Illness (SMI) Designation

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

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

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

Functional impairments as a result of the qualifying diagnosis include:

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

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

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

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

Arizona's Vision for the Delivery of Behavioral Health Services

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

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

The Twelve Principles for the Delivery of Services to Children:

1. Collaboration with the child and family:
 - a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
 - b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes:
 - a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
 - b. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with others:

- a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
 - b. Client-centered teams plan and deliver services, and
 - c. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's DCS and/or DDD caseworker, and the child's probation officer, and
 - d. The team:
 - i. Develops a common assessment of the child's and family's strengths and needs,
 - ii. Develops an individualized service plan,
 - iii. Monitors implementation of the plan, and
 - iv. Makes adjustments in the plan if it is not succeeding.
4. Accessible services:
- a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
 - b. Case management is provided as needed,
 - c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
 - d. Behavioral health services are adapted or created when they are needed but not available.
5. Best practices:
- a. Behavioral health services are provided by competent individuals who are trained and supervised,
 - b. Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based "best practices."
 - c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care, and
 - d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.
6. Most appropriate setting:
- a. Children are provided behavioral health services in their home and community to the extent possible, and
 - b. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most

integrated and most home-like setting that is appropriate to the child's needs.

7. Timeliness:
 - a. Children identified as needing behavioral health services are assessed and served promptly.
 8. Services tailored to the child and family:
 - a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
 - b. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
 9. Stability:
 - a. Behavioral health service plans strive to minimize multiple placements,
 - b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
 - c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
 - d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
 - e. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
 10. Respect for the child and family's unique cultural heritage:
 - a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
 - b. Services are provided in Spanish to children and parents whose primary language is Spanish.
 11. Independence:
 - a. Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management, and
 - b. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
 12. Connection to natural supports:
 - a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.
-

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

1. Respect – Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.
2. Persons in recovery choose services and are included in program decisions and program development efforts – A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.
3. Focus on individual as a whole person, while including and/or developing natural supports – A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.
4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure – A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one’s choice – A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.
6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust – A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols and outcomes.
7. Persons in recovery define their own success – A person in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences – A person in recovery can expect and deserves flexible, timely and responsive services that are accessible, available, reliable, accountable and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
9. Hope is the foundation for the journey towards recovery – A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Multi-Specialty Interdisciplinary Clinic Specialties (MSIC)

MSIC Locations

Metro Phoenix - DMG Children's Rehabilitative Services

3141 N. 3rd Ave.
Phoenix, AZ 85013
602-914-1520
855-598-1871

Southern Region - Children's Clinics

Square & Compass Building
2600 N. Wyatt Dr.
Tucson, AZ 85712
520-324-5437
800-231-8261, ext. 45437

Northern Region - Children's Rehabilitative Services

1200 N. Beaver
Flagstaff, AZ 86001
928-773-2054
800-232-1018

Southwest Region - Children's Rehabilitative Services

2851 S. Ave. B
Building 25 #2504
Yuma, AZ 85364
928-336-2777
800-837-7309

Metro Phoenix Region

1. Specialized Services:
Behavioral Health, Cardiology, Dental Care, Endocrinology, Ear, Nose & Throat (ENT), Gastroenterology, Genetics, Neurology, Neurosurgery, Nutrition, Ophthalmology, Orthopedics, Plastic Surgery, Primary Care, Behavioral Health, Rheumatology, Urology
2. Rehabilitation Services:
Audiology, Occupational Therapy, Physical Therapy, Speech & Language Therapy
3. Educational and Support Services:
Child Life, Education Support, Lab and X-Ray, Nursing, Nutrition and Dietician, Patient & Family Services, Behavioral Health

Southern Region

1. Specialized Services:
Anesthesiology, Behavioral Analysis/Psychology, Cardiology, Dental and Orthodontia, Developmental pediatrics, Endocrinology, Ear Nose and Throat (ENT), Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Psychiatry – Child/ Adolescent, Pulmonology, Primary Care, Rheumatology, Urology
2. Rehabilitative Therapy Services:
Physical Therapy, Occupational Therapy, Speech & Language Therapy, Audiology, Nutrition
3. Support Services:
Patient and Family Services, Nursing Services, Education Support, Child Life, On-site Lab and X-Ray Services, Pet Therapy Program
4. Behavioral Health Services:
Psychiatry, Counseling, behavior Analysis, Family Support Services
5. Special Clinics and Care Teams:
Cerebral Palsy, Cleft Care Team, Cochlear Implant, Down syndrome – Child, Down syndrome – Teen, Neurocutaneous Clinic, Neuromuscular Clinic, Oral Maxillary Team, Osteogenesis Imperfecta, Palliative Care, Spina Bifida – Child, Spina Bifida – Teen, Sickle Cell Clinic

Northern Region

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

Southwestern Region

1. Specialized Services:

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

Appointments with a Multi-Specialty Interdisciplinary Clinic (MSIC)

If you need to make, change, or cancel your appointment, call the clinic where your appointment is scheduled. The telephone number for your clinic is on page 45 of this handbook.

Children's Rehabilitative Services (CRS)

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

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

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

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

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

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

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

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

American Indian members are able to receive health care services not related to their CRS condition from any Indian Health Service operated provider or tribally owned and/or facility at any time.

Members with a CRS designation can continue to receive CRS related health services even after they turn 21 years old.

How to Contact Children’s Rehabilitative Services (CRS)

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

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

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

Member Councils

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

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

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

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

DDD Approval and Denial Process

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

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

If your DDD Health Plan or the Division believes the service is not medically necessary or cost effective, your request will be denied. You can get the criteria that the decisions were based on by contacting us. You have the right to review the Service Approval Matrix on our website to see how we make our decisions. If your request is denied, you will get a letter. This letter is called a Notice of Adverse Benefit Determination. This letter will tell you your rights. See page 52 for more information on Notice of Adverse Benefit Determination letters. Expedited (rush) decisions in urgent situations will be made within 72 hours from the date of receipt of the service request.

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

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

DDD Decision Criteria

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

Freedom of Choice

DDD Health Plans use a provider network to provide services. This provider network is a group of providers who contract with the DDD Health Plan. You are free to choose any provider to provide your services that is in your DDD Health Plan's provider network. If your DDD Health Plan's network is insufficient to provide medically necessary services for you, those services can be covered by an out of network provider. If you choose a provider that is not in your DDD Health Plan's provider network, the provider will need to obtain prior authorization for services or you will be responsible for the service costs.

Billing

If you get a bill for a service that is covered, contact the agency that sent you the bill. You are not responsible to pay out of pocket costs for covered Medicaid services, including Medicaid copayments. If you continue getting billed, contact the DDD Health Plan's member services (listed on page 14 of this handbook). The Division may also help you with these bills.

Share of Cost

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

Billing for Non-Covered AHCCCS Services

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

- Non-Medicaid copayments for eligible individuals.
- Any payment that is made to you by your primary insurance, and you need to pay back to the provider.
- You did not give important information to your doctor or insurance company when you received services.
- You received services from your doctor knowing the service was not covered by the Division.

- You received services from your doctor when they were not approved, or your insurance company denied the prior authorization.
- You receive services from a doctor who is not in the network.
- You receive services when you are not eligible.

Out of pocket costs may be covered for health care if you have other insurance. Check with your DDD Health Plan's member services (listed on page 14 of this handbook) about possible coverage.

Medicare and Other Health Insurance

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

Your DDD Health Plan does not pay for any medications paid by Medicare. It will also not pay for any out of pocket costs for these medications.

If you have questions about how to coordinate benefits between Medicare or your private insurance with your DDD Health Plan, ask your DDD Health Plan's member services.

Prescription Drugs Not Covered (Medicare Recipients)

Medicaid does not cover medications covered by Medicare Part D and does not pay for Medicare copayments, coinsurance, or the deductible for Medicare Part D medications. AHCCCS covers medications that are excluded from coverage under Medicare Part D when medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D.

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

- UHCCP – <https://www.uhccommunityplan.com/assets/healthcareprofessionals/pharmacyprogram/AZ-Pharmacy/AZ-PDL-APIPA-AHCCCS-Medicaid-Developmentally-Disabled-Provider.pdf>
- Mercy Care – <https://www.mercycareaz.org/assets/pdf/rbha-members/pharmacy/OTCFormulary/Medicaid%20Standard%20OTC%20FormularyMCY.pdf>
- Or call your DDD Health Plan's member services to request a printed copy.

Service Authorization and Medication Requests

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

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

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

Notice of Adverse Benefit Determination (NOA)

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

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

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

Grievances & Appeals

Grievances

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

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

All other grievances should be filed with DDD by calling the Division’s Customer Service Center at 1-844-770-9500 ext. 1 or emailing the grievance to DDDCustomerServiceCenter@azdes.gov. Grievances can also be filed in writing by sending the grievance to:

DDD Customer Service Center
2200 N. Central Ave. Suite 200
Phoenix, AZ 85004

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

Notice of Extension

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

Appeal Process

If you disagree with an action, you may file an appeal. You must file an appeal within 60-calendar days after the date of the action. You can do this by calling the DDD Office of Administrative Review at 602-771-8163 or 1-855-888-3106 and give your appeal. You can also write to:

Arizona Department of Economic Security
Division of Developmental Disabilities
Office of Administrative Review
4000 N. Central Ave.
3rd Floor, Suite 301
Mail Drop 2HE5
Phoenix, AZ 85012

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

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

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

You can continue getting services during the appeal process if:

- Your appeal involves an end or reduction of the service you are currently receiving.
- The service you are getting was authorized by the Division.
- The original authorization for the service you are getting has not expired.
- You request that the service continue.

- You file the appeal before the intended date of reduction/termination, or you request the appeal within 10 calendar days of the mailing of the notice, whichever is later.

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

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

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

Grievances & Appeals for Serious Mental Illness (SMI)

Grievances (SMI)

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

You can file a grievance if you feel:

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

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

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

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

Appeal Process (SMI)

Members seeking a determination of serious mental illness and members who have been determined to have a serious mental illness can appeal the result of the determination.

Your DDD Health Plan will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. You can call your DDD Health Plans' member services department to file an appeal.

Persons who have been determined to have a serious mental illness can also appeal parts of their treatment plan including:

- A decision regarding fees or waivers.
- The assessment report and recommended services in their ISP or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds. *
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.

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

Requesting a State Fair Hearing

If you disagree with this decision, you may request a state fair hearing. AHCCCS will make the final decision about your appeal. You must file a written request for a hearing with the entity that sent you the Notice of Appeal Resolution, the DDD Office of Administrative Review or your DDD Health Plan, within 120 calendar days from receipt of the appeal decision. If it is decided that the decision was correct, you may be responsible for payment of the disputed services you received while your appeal was being reviewed.

If you do not receive a written appeal decision within 30 calendar days, you have the right to file a request for a hearing with AHCCCS. The written request for a hearing must state the issue that is being appealed.

Expedited Appeals

You may ask for a faster review if:

- Your life or health could be in danger.
- You are not able to meet, keep, or get back to how you are able to do things by waiting 30 calendar days for a decision.

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

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

Filing Complaints

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

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

Member Rights

- You have the right to be treated with respect and with consideration for your dignity and privacy by the Division of Developmental Disabilities (DDD) staff and its providers.
- You have the right to be treated fairly regardless of race, ethnicity, national origin, religion, gender, age, health, condition (intellectual) or physical, disability, sexual preference, genetic information, or ability to pay.
- You have a right to file complaints and to appeal according to rules by notifying the Arizona Department of Economic Security (DES), Director's Office of Equal Opportunity, 602-364-3976 (TTY/TDD 711), or AHCCCS, 1-855-432-7587.
- You have a right to materials that recognize your need for empathy, courtesy and respect of your culture.
- You have a right to know about providers who speak languages other than English. You can find this information in the Provider Directory.
- You have a right to get interpreter services at no cost by asking your Support Coordinator or by calling 1-844-770-9500 ext. 1 (TTY/TDY 711).
- You have a right to get information, including this handbook, in another language or format that is easier to read by calling your Support Coordinator or 1-844-770-9500 ext. 1 (TTY/TDY 711).
- You have a right to participate in completing your planning document.
- You have a right to obtain the services listed in your planning document.
- You have a right to obtain services that respect your beliefs, language, and background.
- You have a right to feel safe when using services or going to the doctor.
- You have a right to not being touched or talked to in a way that is uncomfortable that is called abuse. Abuse can also be neglect or being taken advantage of by others. If this happens to you, it is important to tell your Support Coordinator or someone you trust about it.
- You have a right to know the name of your doctor.
- You have the right to participate in decisions about your care, including to refuse care or getting information about what could happen if you get or do not get care.

- You have the right to have someone help you make decisions when you are unable to do so. You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as changing health plans, scheduling meetings, choosing providers, and searching for placements. You need to provide this information in writing to your DDD Health Plan to make sure the health plan knows your choice.
- You have a right to have services you have requested that are medically necessary and cost effective. A Service Plan will list the services you will get.
- You have the right to review the Service Approval Matrix on our website to see how we make our decisions on approving or denying your services.
- You have the right to contact the AHCCCS Medical Management at MedicalManagement@azahcccs.gov. If you receive a Notice of Adverse Benefit Determination letter and you or your representative do not understand it.
- You have a right a right to a summary of member survey results which talk about how a doctor may be paid. Your DDD Health Plan can provide you with this.
- You have a right to request information about the structure and operation of your health plan and its subcontractors.
- You have a right to know how your plan pays providers, controls costs and uses services. This information includes whether or not your plan has Physician Incentive Plans (PIP) and a description of the PIP.
- You have a right to change your Primary Care Physician (PCP).
- You have a right to privacy and confidentiality of your health care information. Everyone who provides care to you may see your records as needed. Other people may see your records if you let us know in writing.
- The right to receive emergency care at any hospital or other setting without approval from your doctor or plan support/care personnel.
- The right to decide who will be at your treatments and exams.
- The right to exercise your rights and that the exercise of those rights shall not adversely affect service delivery to you.

Member's Responsibilities

- Participate in any planning meetings and reviews.
- Keep your doctor's and therapy appointments. If you cannot keep an appointment call at least 24 hours ahead of time.
- Go to your doctor during office hours if you can instead of using urgent care or the emergency room.
- Be honest with your health care providers. Give them correct information about your health.
- Tell your doctors about all prescribed and over the counter medications and supplements you are taking.

- Follow instructions given to you by health care providers. Ask questions if you do not understand the instructions.
- Bring your health insurance card when getting any health care or picking up medicine at the pharmacy.
- If your card is lost or stolen, let us know right away.
- Do not throw your health insurance card away.

How to Get Information About DDD Health Plans

You can get information on how DDD and the DDD Health Plans are organized by going to the DDD website <https://des.az.gov/ddd-health-plans-info> or calling the DDD Customer Service Center at 1-844-770-9500 ext. 1.

Physician Incentive Plans

This type of plan affects how a doctor may be paid. The DDD Health Plans can provide this type of plan to doctors. If they have this type of plan it may affect the use of referrals, the type of compensation arrangements (bonuses, withholding), and if stop-loss insurance is required, and your right to a summary of member survey results. You may call your DDD Health Plan (see page 14) and ask them if it will affect you.

Your Personal Health Information

Confidentiality practices:

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

Use and Protection of Your Personal Health Information:

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

DDD will use and share your PHI to:

- Decide what to pay your DDD Health Plan.
- Pay your DDD Health Plan and your health care providers.
- Coordinate payment for your care.
- Coordinate your care.
- Evaluate quality of care.

DDD may disclose your PHI:

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

HIPAA Complaints

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

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

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

Working with Other State Agencies and Schools

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

Second Opinions

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

Receiving Information on Available Treatment Options

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

Receiving Critical Services

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

You will receive help to develop a back-up plan for any critical service (Attendant Care, Homemaker, and Respite) you get in your home. This plan will list whom to call if your caregiver does not come as scheduled. You have the right to get a replacement caregiver within two hours of the regularly scheduled time for any critical service.

Advance Directives Options

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

There are four kinds of Advance Directives:

- **Living Will:** A paper that tells your doctor the care you do or do not want if you become ill and may die. It can say if you want to be fed through tubes or kept alive with machines.
- **Durable Medical Power of Attorney:** A paper that lets you pick a person you trust to make medical decisions when you cannot.
- **Durable Mental Health Power of Attorney:** Names a person to make mental health decisions if you are unable to do so.
- **Pre-Hospital Health Care Directive:** States your wishes about not wanting certain lifesaving care given outside a hospital or in an emergency room. You must fill out a special orange form.

Medical Records

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

Restraint or Seclusion

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

Beneficiary and Plan Information

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

Decisions About Your Health Care

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

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

Fraud, Abuse, and Waste

Member Fraud

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

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

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

Member Abuse

Abuse is explained in federal law. Members commit abuse when their actions cause loss of money to health care programs. There are penalties under the law for committing abuse, such as civil and/or criminal charges.

Provider Fraud

Fraud also means when a provider bills wrong. It is important to tell us anything that does not seem right. This includes:

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

Provider Abuse

Provider practices that:

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

Waste

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

Reporting Fraud, Abuse, and Waste

Report fraud, waste, and abuse right away. You can call us at 1-877-822--5799. AHCCCS also has a Member Fraud Hotline you can call at 602-417-4193 or 1-888-487-6686 if outside of Maricopa County.

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

Tobacco Cessation

One of the most important ways you can improve your health is to stop smoking. You can get help with quitting. Talk to your doctor. The Arizona Smoker's Helpline (ASHLine) can also help you with quitting. ASHLine can give you information about programs and services.

You can call ASHLine at 1-800-556-6222 (TTY/TDD 711) or visit www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php.

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

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

Community Resources

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

Community Resources	Contact Information
<p>AHCCCS</p> <p>My AHCCCS online (www.healtharizonaplus.gov) allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:</p> <ul style="list-style-type: none">• View a two-year history of eligibility• Enrollment information• Link to their active health plan websites• Your correct address	<p>801 E. Jefferson St. Phoenix, AZ 85034</p> <p>1-855-432-7587 TTY/TDD 1-800-3842-6520</p> <p>www.azahcccs.gov</p>
<p>Alzheimer's Association</p> <p>Alzheimer's Disease and Dementia: Information on Alzheimer's disease and dementia symptoms, diagnosis, stages, treatment, care and support resources.</p>	<p>1-800-272-3900</p> <p>https://www.alz.org/</p>
<p>Area Agency on Aging (AAA)</p> <p>A nonprofit agency which assists the needs of Arizona by identifying the needs of services for adults aged 60 years and older and for persons with disabilities in need of long term care.</p>	<p>https://des.az.gov/services/older-adults/area-agency-on-aging-locations</p>
<p>Arizona Aging and Disability Resource Center (ADRC)</p> <p>Created to help Arizona seniors, people with disabilities, and caregivers and family members locate resources and services that meet their needs.</p>	<p>602-542-4446 1-888-737-7494 TTY/TDD 711</p> <p>https://azdaars.getcare.com/consumer/</p>
<p>Arizona@Work</p> <p>ARIZONA@WORK is the statewide workforce development network that helps job seekers throughout the state, by providing services and resources to pursue employment opportunities.</p>	<p>https://arizonaatwork.com/</p>

Community Resources	Contact Information
<p>Arizona Department of Economic Security DES works with families, community organizations, advocates and state and federal partners to realize our collective vision that every child, adult, and family in the State of Arizona will be safe and economically secure. DES works to promote enhanced safety and well-being for Arizonans by focusing on three primary goals: strengthening individuals and families, increasing self-sufficiency, and developing the capacity of communities.</p>	<p>Division of Developmental Disabilities: 1-844-770-9500 ext. 1 Nutrition Assistance: 1-855-432-7587 Adult Protective Services: 1-877-767-2385 Aging and Adult Services: 602-542-4446 https://des.az.gov/</p>
<p>Arizona Department of Health Services Arizona Department of Health Services provides information on: back to school; cancer; diseases; filing a complaint; genealogy; health screenings; healthy babies; healthy living; licenses and certificates; medical marijuana; mental health; obesity prevention; summer safety; vital records.</p>	<p>150 N. 18th Ave. Phoenix, AZ 85007 602-542-1025 https://www.azdhs.gov/ 24-Hour Breastfeeding Hotline: 1-800-833-4642</p>
<p>Arizona Department of Health Services – Bureau of Women and Children’s Health Office for Children with Special Health Care Needs (OCSHCN) The Office for Children with Special Health Care Needs (OCSHCN) continues working to improve systems of care; provide information and referrals to families who would like assistance in finding the services available to their child; provide training to families and professionals on best practices related to medical home, cultural competence, and transition to adulthood and family and youth involvement; and support telemedicine to provide services in remote areas of the state.</p>	<p>602-542-1025 OCSHCN@azdhs.gov https://www.azdhs.gov/prevention/womens-childrens-health/ocshcn/index.php</p>
<p>Arizona Early Intervention Program (AzEIP) The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn.</p>	<p>1789 W. Jefferson St., Mail Drop 2HP1 Phoenix, AZ 85007 602-532-9960 or 1-844-770-9500 (Option 5) https://des.az.gov/services/disabilities/developmental-infant</p>

Community Resources	Contact Information
<p>Arizona Head Start</p> <p>Head Start is a federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development.</p> <p>Head Start programs provide a learning environment that supports children’s growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child’s first and most important teacher.</p>	<p>P.O. Box 45483 Phoenix, AZ 85064 602-338-0449</p> <p>AZHeadStart@azheadstart.org</p> <p>www.Azheadstart.org</p>
<p>Arizona Poison and Drug Information Center</p> <p>Provides immediate life-saving information and medical expertise for medication errors, chemical spills, product misuse, occupational exposures, suicide attempts, pet poisonings and other urgent situations.</p>	<p>1-800-222-1222</p> <p>https://azpoison.com/</p>
<p>Arizona Statewide Independent Living Council</p> <p>Centers for Independent Living are consumer-controlled, community-based, non-profit corporations that provide programs and services for people with all types of disabilities and their families.</p> <p>Centers for Independent Living also serve as a strong advocacy voice on a wide range of national, state, and local issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services for people with disabilities to fully participate in an integrated community and search for the possibilities to live as they choose. Many CILs have a wide range of programs and services that they can offer.</p>	<p>P.O. Box 46354 Phoenix, AZ 85063 602-262-2900</p> <p>www.azsilc.org</p>
<p>Arizona Suicide Prevention Coalition</p> <p>Mission and Vision is to reduce suicidal acts in Arizona, to change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.</p>	<p>c/o Teen Lifeline P.O. Box 10745 Phoenix, AZ 85064 602-248-TEEN (8336)</p> <p>www.azspsc.org</p>

Community Resources	Contact Information
<p>AZLINKS</p> <p>AzLinks.gov is maintained by the Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS). AzLinks.gov offers assistance and information on aging and disability. Use AzLinks.gov to plan for the future or handle an immediate need for seniors, people with disabilities, caregivers, friends and family members, and professionals assisting others.</p>	<p>602-542-4446</p> <p>www.AzLinks.gov</p>
<p>Child and Family Resources</p> <p>Programs include:</p> <ul style="list-style-type: none"> • Child Care Resource & Referral is where parents can call to get a list of childcare centers. • The Center for Adolescent Parents is where teen mothers can earn their high school diploma or GED while receiving free, on-site childcare. 	<p>602-234-3941</p> <p>520-458-7348</p> <p>www.ChildFamilyResources.org/contact-us</p>
<p>Disability Benefits 101</p> <p>DB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 will help make informed choices and show how to make work part of your plan. DB101 provides information to learn about benefits program and rules around work, calculators to get results tailored to plan and set goals or work, tips for success for individual situations, provide experts to find answers to your questions, and connect to community resources to help understand your next steps and situation.</p>	<p>https://az.db101.org/</p>
<p>Dump the Drugs AZ</p> <p>Arizona Department of Health Services. Provides an application How-to-Guide to find box locations to dispose unused or unwanted prescription drugs. The application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.</p>	<p>https://azdhs.gov/gis/dump-the-drugs-az/</p>

Community Resources	Contact Information
<p>Family Involvement Center Family Involvement Center is a not-for-profit, family-directed run organization that was founded in 2001. The majority of employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges. Services include parent training, resources, and support.</p>	<p>Statewide: 1-877-568-8468 toll-free Phoenix: 602-412-4095 Prescott Valley: 928-379-5077 Flagstaff: 928-440-6180 Tucson: 602-412-4102 www.familyinvolvementcenter.org</p>
<p>Federal Health Insurance Marketplace Affordable Care Act insurance marketplace.</p>	<p>1-800-318-2596 www.healthcare.gov</p>
<p>Health-E-ArizonaPlus Connecting individuals and families to coverage, benefits and services.</p>	<p>1-855-432-7587 https://www.healtharizonaplus.gov</p>
<p>Healthy Families This program helps mothers have a healthy pregnancy and also helps with child development, nutrition, and safety. A community health worker will go to the pregnant member's home to give her information and help with any concerns that she might have. The program starts while the member is pregnant and can continue through the time that the baby is 5 years old.</p>	<p>https://www.swhd.org/programs/health-and-development/healthy-families/ https://strongfamiliesaz.com/program/healthy-families-arizona/</p>
<p>Low Income Housing Services The Housing authority of Maricopa County improves the quality of life of families and strengthen communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County.</p>	<p>8910 N. 78th Ave., Building D Peoria, AZ 85345 602-744-4500 https://maricopahousing.org/</p>

Community Resources	Contact Information
<p>Mentally Ill Kids in Distress (MIKID) Mission and Vision is to reduce suicidal acts in Arizona, to change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.</p>	<p>Phoenix: 602-253-1240 Casa Grande: 520-509-6669 Yuma: 928-344-1983 Tucson: 520-882-0142 Nogales: 520-377-2122 Kingman: 928-233-7629 www.mikid.org</p>
<p>National Alliance on Mental Illness (NAMI) The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides education programs to help families get the support and information they need, provide free referrals, information and support, and raise public awareness to those in need.</p>	<p>1-800-950-6264 www.nami.org</p>
<p>National Suicide Prevention Hotline Offers free 24-hour hotline available to anyone in suicidal crisis or emotional distress.</p>	<p>1-800-273-8255 www.suicidepreventionlifeline.org</p>
<p>Postpartum Support International Provides access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public.</p>	<p>1-800-944-4773 https://www.postpartum.net/</p>
<p>Power Me A2Z Service provided by the Department of Health Services that provides folic acid education and a vitamin distribution program that promotes healthy living and prevents birth defects in eligible women.</p>	<p>https://www.powermea2z.org/</p>

Community Resources

Contact Information

Raising Special Kids

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 E. Washington St., Suite 204
Phoenix, AZ 85034

1-800-237-3007

Phoenix: 602-242-4366

Flagstaff: 928-444-8834

Tucson: 520-441-4007

Yuma: 928-444-8803

www.raisingpecialkids.org

Southwest Human Development

The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby's temperament or behavior during the first year of life. Call the Fussy Baby program. A clinician will work with you to find more ways to soothe, care for, and enjoy your baby. They'll also offer ways to reduce stress while supporting you in your important role as a parent.

1-877-705-KIDS (5437)

Vocational Rehabilitation

The Vocational Rehabilitation program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

<https://des.az.gov/vr>

Women, Infants, and Children (WIC)

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

www.fns.usda.gov/wic

Community Information and Referral Services

Community Resources	Contact Information
<p data-bbox="147 338 889 495">Arizona 2-1-1 Community Information and Referral is a call center that can help you find many community services. Some examples of the community services are:</p> <ul data-bbox="203 510 716 1778" style="list-style-type: none">• Food banks• Clothes• Shelters• Assistance to pay rent and utilities• Health care• Pregnancy health• Support groups• Counseling• Help with drug or alcohol problems• Financial help• Job training• Transportation• Education programs• Adult day care• Meals on Wheels• Respite care• Home health care• Transportation• Homemaker services• Childcare• After school programs• Family help• Summer camps• Play programs• Counseling• Help with learning	<p data-bbox="922 338 1052 373">Dial 2-1-1</p> <p data-bbox="922 388 1235 432">https://211arizona.org/</p>

Community Resources – Low Fee Dental Services

Mountain Park Dental Clinic
(3 locations)
602-243-7277

5517 N. 17th Ave.
Phoenix, AZ 85015

635 E. Baseline Rd.
Phoenix, AZ 85042

6601 W. Thomas Rd.
Phoenix, AZ 85033

www.MountainParkHealth.org

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

El Rio Northwest Dental Clinic
340 W. Prince Rd.
Tucson, AZ 85705

520-408-0836

www.elrio.org

Southwest Dental Center
1500 W. Commerce Ct., Building 3
Tucson, AZ 85746

520-670-3909

www.elrio.org

Pima Community College
Dental Hygiene Clinic
2202 W. Anklam Rd., Room K-212
Tucson, AZ 85709

520-206-6090

<https://pima.edu/>

Sun Life Family Health Center
865 N. Arizola Rd.
Casa Grande, AZ 85122

520-836-3446

www.sunlifefamilyhealth.org

Desert Senita Community
Health Center
410 Malacate St.

Ajo, AZ 85321

520-387-5651

desertsenita.org/

Copper Queen Community Hospital
101 Cole Ave.

Bisbee, AZ 85603

520-432-5383

**Community Resources – Assistance
with Care Directives, Directive Forms,
Information, and Related Legal Matters**

Contact Information

Arizona Attorney General's Office

2005 N. Central Ave.
Phoenix, AZ 85004

602-542-5025
or 1-800-352-8431

Tucson: 520-628-6504
Prescott: 928-778-1265

www.azag.gov

Department of Economic Security
Arizona Aging and Adult Administration

1789 W. Jefferson St.,
Mail Drop 6288
Phoenix, AZ 85007

602-542-4446

<https://des.az.gov/>

Arizona Senior Citizens Law Project

1818 S. 16th St.
Phoenix, AZ 85034

602-252-6710
866-611-6022

www.azlawhelp.org

Community Resources – Legal Aids	Contact Information	
APACHE COUNTY		
White Mountain Legal Aid A division of Southern Arizona Legal Aid	928-537-8383 1-800-658-7958	5658 Highway 260, Suite 15 Lakeside, AZ 85929
COCONINO COUNTY		
DNA People’s Legal Services	928-774-0653 1-800-789-5781	2323 E. Greenlaw Ln., Suite 1 Flagstaff, AZ 86004
GILA COUNTY		
White Mountain Legal Aid A division of Southern Arizona Legal Aid	928-537-8383 1-800-658-7958	5658 Highway 260, Suite 15 Lakeside, AZ 85929
GRAHAM/GREENLEE COUNTIES		
Southern Arizona Legal Aid	520-432-1639 1-800-231-7106	400 Arizona St. Bisbee, AZ 85603
LA PAZ COUNTY		
Community Legal Services	928-782-7511 1-800-852-9075 www.clsaz.org	204 S. 1 st Ave. Yuma, AZ 85364-2250
MARICOPA COUNTY		
Community Legal Services	602-258-3434 1-800-852-9075 www.clsaz.org	305 S. 2 nd Ave. Phoenix, AZ 85003
Community Legal Services East Side	480-833-1442 1-800-852-9075 www.clsaz.org	1220 S. Alma School Rd., Suite 206 Mesa, AZ 85210
MOHAVE COUNTY		
Community Legal Services	928-681-1177 1-800-852-9075	2701 E. Andy Devine, Suite 400A Kingman, AZ 86401
NAVAJO COUNTY		
White Mountain Legal Aid A division of Southern Arizona Legal Aid	928-537-8383 1-800-658-7958	5658 Highway 260, Suite 15 Lakeside, AZ 85929

Community Resources – Legal Aids	Contact Information	
NAVAJO NATION		
DNA – Chinle Agency Office	928-674-5242 1-800-789-7598	P.O. Box 767 Chinle, AZ 86503
DNA – Fort Defiance Agency Office	928-871-4151 1-800-789-7287	P.O. Box 306 Window Rock, AZ 86515
DNA – Hopi Legal Services	928-738-2251 1-800-789-9586	P.O. Box 558 Keams Canyon, AZ 86034
DNA – Tuba City Agency Office	928-283-5265 1-800-789-8919	220 S. Main St. Tuba City, AZ 86045
Native American Disability Law Center Farmington Office	505-325-8886 1-800-862-7271	709 N. Butler Ave. Farmington, NM 87410
PIMA COUNTY		
Southern Arizona Legal Aid (SALA) Southern Arizona Legal Aid, Inc. Continental Building	520-623-9465 1-800-640-9465	2343 E. Broadway Blvd., Suite 200 Tucson, AZ 85719-6007
Tohono O’odham Legal Services A division of Southern Arizona Legal Aid	1-800-248-6789	2343 E. Broadway Blvd., Suite 200 Tucson, AZ 85719-6007
PINAL COUNTY		
Southern Arizona Legal Aid	520-316-8076 1-877-718-8086	1729 N. Trezell Rd., Suite 101 Casa Grande, AZ 85122
WHITE MOUNTAIN APACHE TRIBE		
White Mountain Apache Legal Aid A division of Southern Arizona Legal Aid	928-338-4845 1-866-312-2291	202 E. Walnut St. Whiteriver, AZ 85941
YAVAPAI COUNTY		
Community Legal Services	928-445-9240 1-800-233-5114	148 N. Summit Ave. Prescott, AZ 86301
YUMA COUNTY		
Community Legal Services	928-782-7511 1-800-424-7962	204 S. 1st Ave. Yuma, AZ 85364-2250

Advocacy Organizations

You may call any of the following agencies for services.

Advocacy Organizations	Contact Information
<p>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.</p>	<p>5025 E. Washington St., Suite 200 Phoenix, AZ 85034 602-256-2245 1-800-280-2245 7-1-1 (Arizona Relay) Ability360.org</p>
<p>Arizona Center for Disability Law A federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.</p>	<p>Phoenix Office: 5025 E. Washington St., Suite 202 Phoenix, AZ 85034 602-274-6287 1-800-927-2260 Tucson Office: 177 N. Church Ave., Suite 800 Tucson, AZ 85701 520-327-9547 1-800-922-1447 www.azdisabilitylaw.org</p>

Advocacy Organizations

Contact Information

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
- Empowering residents and families to advocate for themselves.

Office of the Ombudsman:
602-542-6454

<https://des.az.gov/services/older-adults/long-term-care-ombudsman>

Office of Human Rights

Provides advocacy to individuals with a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the public behavioral health system in Arizona.

Phoenix Office:
701 E. Jefferson St.
Phoenix, AZ 85034
Phoenix: 1-800-421-2124
Flagstaff: 1-877-744-2250
Tucson: 1-877-524-6882

<https://azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html>

Behavioral Health Advocates and Advocacy Systems

You may call any of the following agencies for services.

Behavioral Health Advocates	Contact Information
Arizona Behavioral Health Corporation Provides quality, affordable housing and supportive services for persons with behavioral health needs.	501 E. Thomas Rd. Phoenix, AZ 85012 602-712-9200 http://azabc.org/
Arizona Center for Disability Law A federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.	Phoenix Office: 5025 E. Washington St., Suite 202 Phoenix, AZ 85034 602-274-6287 1-800-927-2260 Tucson Office: 177 N. Church Ave., Suite 800 Tucson, AZ 85701 520-327-9547 1-800-922-1447 www.azdisabilitylaw.org
Arizona Coalition Against Sexual and Domestic Violence Providers of direct services to victims and survivors of sexual and domestic violence. They work to increase public awareness about the issue of domestic violence, enhance the safety of and services for sexual and domestic violence victims and survivors, and end sexual and domestic violence in Arizona communities.	2700 N. Central Ave., Suite 1100 Phoenix, AZ 85004 602-279-2900 1-800-782-6400 TTD/TTY 602-279-7270 www.acesdv.org
Mental Health America of Arizona Mental Health America of Arizona (MHA AZ), educates the community and advocates for all the individuals and families impacted by mental illness.	5110 N. 40 th St., Suite 201 Phoenix, AZ 85018 602-576-4828 www.mhaarizona.org

Behavioral Health Advocates	Contact Information
<p>National Alliance on Mental Illness (NAMI) The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provide education programs to help families get the support and information they need, provide free referrals, information and support, and raise public awareness to those in need.</p>	<p>5025 E. Washington St., Suite 112 Phoenix, AZ 85034 602-244-8166 or 1-800-950-6264 www.nami.org</p>
<p>Office of the Public Advocate This office protects the fundamental rights of juveniles, parents and adults facing court evaluation and court ordered mental health treatment by providing effective legal representation.</p>	<p>106 E. Baseline Rd. Mesa, AZ 85210 602-372-2815 www.maricopa.gov/568/Public-Advocate</p>
<p>Valleywise Health Valleywise Health is the Phoenix area’s only public teaching health system. We are governed by a publicly elected Board of Directors focused on exceptional care for all who turn to Valleywise Health. Valleywise has three locations in Maricopa County focused on behavioral health.</p>	<p>833-855-9973 www.valleywisehealth.org</p>

ALTCS Advocacy

You may call any of the following agencies for services.

ALTCS Advocates	Contact Information
<p>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.</p>	<p>5025 E. Washington St., Suite 200 Phoenix, AZ 85034 602-256-2245 1-800-280-2245 7-1-1 (Arizona Relay) Ability360.org</p>
<p>Arizona Center for Disability Law A federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.</p>	<p>Phoenix Office: 5025 E. Washington St., Suite 202 Phoenix, AZ 85034 602-274-6287 1-800-927-2260 Tucson Office: 177 N. Church Ave., Suite 800 Tucson, AZ 85701 520-327-9547 1-800-922-1447 www.azdisabilitylaw.org</p>
<p>Disability Benefits 101 DB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 will help make informed choices and show how to make work part of your plan. DB101 provides information to learn about benefits program and rules around work, calculators to get results tailored to plan and set goals or work, tips for success for individual situations, provide experts to find answers to your questions, and connect to community resources to help understand your next steps and situation.</p>	<p>https://az.db101.org/</p>

ALTCS Advocates**Contact Information****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
- Empowering residents and families to advocate for themselves.

Office of the Ombudsman:
602-542-6454

<https://des.az.gov/services/older-adults/long-term-care-ombudsman>

Independent Living Research Utilization

The Independent Living Research Utilization (ILRU) program is a national center for information, training, research, and technical assistance in independent living. Its goal is to expand the body of knowledge in independent living and to improve utilization of results of research programs and demonstration projects in this field.

<https://www.ilru.org/projects/cil-net/cil-center-and-association-directory-results/AZ>

ALTCS Advocates**Contact Information**

Legal Aid Maricopa County

Community Legal Services
(Additional Legal Aid assistance for other counties,
please see pages 73-74)

305 S. 2nd Ave.
Phoenix, AZ 85003
602-258-3434
1-800-852-9075

<http://www.clsaz.org/>

Low Income Housing Services

The Housing authority of Maricopa County improves the quality of life of families and strengthens communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County.

8910 N. 78th Ave., Building D
Peoria, AZ 85345

602-744-4500

<https://maricopahousing.org/>

Managed Care Definitions

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

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

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

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

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

Emergency Medical Transportation: See EMERGENCY AMBULANCE SERVICES.

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

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

Emergency Services: Services to treat an emergency condition.

Excluded Services: See EXCLUDED.

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

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

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

Habilitation Services and Devices: See HABILITATION.

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

Health Insurance: Coverage of costs for health care services.

Home Health Care: See HOME HEALTH SERVICES.

Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

Hospice Services: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

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

Hospitalization: Being admitted to or staying in a hospital.

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

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

Non-Participating Provider: See OUT OF NETWORK PROVIDER.

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

Participating Provider: See IN-NETWORK PROVIDER.

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

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

Plan: See SERVICE PLAN.

Service Plan: A written description of covered health services and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

Preauthorization: See PRIOR AUTHORIZATION.

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

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

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

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

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

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

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

Rehabilitation Services and Devices: See REHABILITATION.

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

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

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

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

Maternity Care Service Definitions

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

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

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

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

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

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

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

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

Perinatal Services are medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).

Postpartum is defined as the period beginning the day of parturition (birth) and ends the last day of the month up to the 57th day following parturition (birth).

Postpartum care is health care provided for a period of up to 57 days post-delivery. Family planning services are included, if provided by a physician or practitioner, as addressed in AMPM Policy 420.

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.

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



Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local