

**DATE:** February 13, 2024  
**TO:** Holders of the AHCCCS Medical Policy Manual  
**FROM:** DHCS Contracts and Policy  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)

This memo describes additions and/or revisions to the AMPM. For questions regarding policy updates email the Contracts and Policy Unit at: [DHCMContractsandPolicy@azahcccs.gov](mailto:DHCMContractsandPolicy@azahcccs.gov).

### **NAME CHANGE**

Effective April 1, 2021, Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1<sup>st</sup> Regular Session. AHCCCS is in the process of revising all pertinent documents to reflect the new name.

### **DIVISION OF DEVELOPMENTAL DISABILITIES TRIBAL HEALTH PROGRAM (DDD THP)**

The Division of Developmental Disabilities (DDD) Tribal Health Program (THP) is the Fee-For-Service health plan which administers physical health, behavioral health, and Long-Term care Services and Supports (LTSS) for DDD-THP enrolled American Indian/Alaska Native members. Effective April 01, 2022, responsibility for managing acute Physical/Behavioral Health/Children's Rehabilitative Services (CRS), and THP members with a Serious Mental Illness (SMI) designation was transitioned to AHCCCS. AHCCCS is in the process of revising all pertinent documents to reflect this new change.

### **CONTRACT NAME CHANGE**

Effective October 1, 2022, the Regional Behavioral Health Authority (RBHA) for the Managed Care Organization was aligned with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC-RBHA Contractors. AHCCCS is in the process of revising all pertinent documents to reflect this change.

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### **AHCCCS CONTRACT AND POLICY DICTIONARY AND AHCCCS RELATED ACRONYMS**

*To view the AHCCCS Contract and Policy Dictionary, please access the following link:*

### **[AHCCCS CONTRACT AND POLICY DICTIONARY](#)**

The AHCCCS Contract and Policy Dictionary provides a centralized location for definitions that are utilized in various ACOM and AMPM Policies. A hyperlink to the location of the AHCCCS Contract and Policy Dictionary has been added to all policies found in both the ACOM and AMPM. AHCCCS is in the process of adding an area within the Definition Section of all policies that identifies terms used/referenced in that policy to encourage viewing of the AHCCCS Contract and Policy Dictionary to better understand how AHCCCS defines the word or term. However, some policies have specific terms/definitions that may have a slightly different meaning for that respective Policy; those terms/ definitions will remain in the Policy and will include a statement indicating 'For purposes of this Policy only'.

To view the AHCCCS Related Acronyms, please access the following link:

[AHCCCS RELATED ACRONYMS](#)

To view the policies and attachments, please access the following link:

[AHCCCS MEDICAL POLICY MANUAL \(AMPM\)](#)

**AMPM POLICY 310-W – CERTIFIED COMMUNITY HEALTH WORKER/COMMUNITY HEALTH REPRESENTATIVE**

AMPM Policy 310-W is a new policy addressing Medicaid coverage for Certified Community Health Worker/Community Health Representative (CHW/CHR) services. The Policy establishes requirements for CHWs/CHRs to provide covered services eligible for reimbursement when performed under the direction of an eligible AHCCCS-registered provider. The Policy was developed in alignment with the AHCCCS State Plan and 2018 Arizona House Bill 2324 amending A.R.S. § 36-6-7.1.

*The Policy is effective as of 02/19/24.*

**AMPM POLICY 570 – PROVIDER CASE MANAGEMENT**

AMPM Policy 570 was revised to address compliance with expectations of providers and health plans. Policy was re-organized for flow and had general formatting edits completed throughout Policy.

○ **ATTACHMENT A – PROVIDER CASE MANAGEMENT CASELOAD RATIOS**

Attachment A was revised to bring Assertive Community Treatment (ACT) Team Ratios into Substance Abuse and mental Health Services Administration (SAMHSA) Fidelity Compliance.

**POST PUBLIC COMMENT CHANGES:**

AMPM Policy 570 was revised to clarify language, revise for person-centered language, and remove Designated Representative (DR) from policy. Also, to state that all individuals must receive case management.

Attachment A was revised to include changes to High Needs Case Management (HNCM) caseload ratios and language to permit blending of caseloads with prior authorization from AHCCCS.

## **AMPM POLICY 940 – MEDICAL RECORDS AND COMMUNICATIONS OF CLINICAL INFORMATION**

AMPM Policy 940 was revised to address use of telemedicine and telemedicine requirements, added language to align with Confidentiality of Substance Use Disorder (SUD) Patient Records (42 CFR Part 2), and language to support NCQA Requirements.

### **POST PUBLIC COMMENT CHANGES:**

AMPM Policy 940 was revised to clearly identify provider responsibilities regarding access to member records. Added clarity to requirement, regardless of whether record is electronic or paper. Added clarity to the requirement of all treating providers should sign, not just those in “multi-provider” offices. Aligned the rights and obligations of providers under Fee-For-Service (FFS) and Managed Care Organizations (MCOs).

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## **UPDATES AND REVISIONS TO THE AHCCCS CONTRACT AND POLICY DICTIONARY**

*To view the Contract and Policy Dictionary, please access the following link:*

**[AHCCCS CONTRACT AND POLICY DICTIONARY](#)**

The following terms and/or definitions have been updated:

- Clinical Oversight
- Department of Economic Security/Division of Developmental Disabilities (DES/DDD) Tribal Health Program (DDD THP)
- Designated Representative
- Medicaid
- Postpartum Care