

AHCCCS-Tribal Arizona Long Term Care Services

What is Tribal ALTCS (Arizona Long Term Care Services)?

Elderly or physically disabled American Indians who are living “on-reservation” or who have lived on a reservation prior to admission into an off-reservation nursing facility and have been determined eligible for the ALTCS program are enrolled with a Tribal ALTCS Program.

The goal of Tribal ALTCS is to provide culturally competent, compassionate care to enrolled members of each American Indian Tribe. AHCCCS (Arizona Health Care Cost Containment System) works in partnership with seven Tribes and one urban American Indian Health Center. The partnership is formed by the Intergovernmental Agreement, IGA. You may go onto the AHCCCS website to see a list of the Tribal ALTCS Programs at

<https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/>

How are ALTCS services provided?

Native American Tribal ALTCS Programs provide case management to Native Americans living on-reservation and to some who move off-reservation. The Tribal Case Manager assigned to the member is responsible for facilitating placement/services based primarily on the member’s choice and or needs.

What services are available through Tribal ALTCS?

Medical Services

Include doctors, hospitalizations, prescriptions (prescription coverage is limited for people who have Medicare), lab work, x-rays, tests, and specialist treatments.

Dental Benefits and Limitation

AHCCCS requires Tribal ALTCS and FFS providers to:

- Provide coordination of covered dental services for enrolled Tribal ALTCS members.
- Documentation of Primary Care Provider’s initiation of member referrals to a Dental Provider when the member is determined to need emergency dental services.
- Members also may self-refer to a Dental Provider when in need of emergency dental services.
- Prior authorization for emergency dental services is not required for members enrolled with either FFS or a Contractor.
- Tribal ALTCS members have an annual dental limit:
 - Members aged 21 or older may receive medically necessary dental benefits up to \$1,000 per member per Contract year (October 1st to September 30th) for diagnostic, therapeutic, and preventative care, including dentures.

- Emergency dental services up to \$1,000 per member per Contract year (October 1st to September 30th). Dental limit is member specific and remains with the member if the member transfers between FFS ALTCS Programs and/or Contractors.
- In order to bill the member for emergency dental services exceeding the \$1,000 limit, the provider shall first inform the member in a way s/he understands that the requested dental service exceeds the \$1000 limit and is not covered by AHCCCS.
- Policy regarding the provision of medically necessary dental services:
 - Members aged 21 and older are covered as specified in AMPM Policy 310-D1 and 310-D2.
 - Members under 21 years of age are covered as specified in AMPM Policy 431.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-D1.pdf>
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310D2.pdf>
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430.pdf>

Nursing Home Care provided in a licensed nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability (ICF-ID), a free-standing hospice, a residential treatment facility for persons under 21 years old or a psychiatric hospital for persons aged 65 or older.

Home and Community-Based Services (HCBS) provided in the member’s home. These in-home services are to help a member remain in his or her home. HCBS services include, but are not limited to:

*Home Health Nursing	*Personal Care	*Homemaker Services	*Home Health Aids
*Habilitation	*Medical Transportation	*Attendant Care	*Home Delivered Meals
*Adult Day Care	*Behavioral Health	*Respite Care	*Hospice

Home and Community-Based Services (HCBS) may also be provided in a supervised alternative setting, such as an Adult Foster Care Home, Assisted Living Home, Group Home, or a Level I, II, or III Behavioral Health Center.

How are services paid?

Services are paid on a fee-for-service (FFS) basis. There are specific services that may only be authorized by the AHCCCS Administration through the Division of Fee-For-Service Management (DFSM) Prior Authorization (PA) Unit. The Tribal Case Manager assigned to the ALTCS member is responsible for creating and submitting the prior authorization request.

AHCCCS reimburses the services through its FFS ALTCS Program whether the services are authorized by the Tribal ALTCS Program or the DFSM Tribal ALTCS Unit. ***(Tribal ALTCS Program provides the assessment and authorization for services only. They do not reimburse the provider for services).***

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What services do not require prior authorization?

Some services do not require prior authorization. These services include emergency services (medical and outpatient behavioral health), and EPSDT services, including dental, for members under age 21. Services can be verified by the Tribal ALTCS Case Manager. Claims prior authorizations can be viewed online via the AHCCCS online system (user will have to register/have register):

<https://www.azahcccs.gov/PlansProviders/CurrentProviders/AHCCCSonline.html>

Prior Authorization

The information entered on the claim form must match what has been prior authorized on the Online Provider Portal on the AHCCCS website. The portal was designed for registered providers that offer the convenience and efficiency of several online services where the provider can check member eligibility and enrollment, claims submissions and status, prior authorization inquiries and more. Prior to submitting a claim, providers may correct any PA discrepancies online at:

[About AHCCCS Online Provider Website \(azahcccs.gov\)](https://www.azahcccs.gov/About/AboutAHCCCSOnlineProviderWebsite.aspx)

Questions about the status of a PA can be directed to the Tribal ALTCS Case Manager.

Claim Submission Directions

It is not necessary for the provider to enter the PA number on the claim form. If a valid PA exists for the service, the AHCCCS claims system will automatically match the claim information against established PA files and choose the correct one. If there are any discrepancies with a claim and existing PA, the system will not find the appropriate PA and the claim will be denied. Questions about the status of a submitted claim can be directed to claims customer service at (602) 417-7670 Option 4.

What is the difference between I.H.S. (Indian Health Service) and Tribal ALTCS?

I.H.S. is the principal federal health care provider to American Indians. I.H.S. provides health care and disease prevention services through a network of hospitals, clinics, and health stations. Health services are provided through facilities that are managed directly by I.H.S, by tribes, or tribal organizations under contract or compact with the I.H.S., and urban Indian health programs.

Tribal ALTCS is an AHCCCS Health Plan. Members are those individuals who are eligible (medically and financially) for ALTCS services and enrolled with a Tribal ALTCS Program. Tribal ALTCS Programs authorize long term care services through a Fee-for-Service network. Some services require a prior authorization.

What are the responsibilities of the ALTCS Case Management Unit at AHCCCS?

- ALTCS Policy including development, training, and monitoring.
- Ongoing monitoring of member participation, member/provider issues related to case management), policy related issues.
- Technical Assistance

- Compliance with Case Management Standards and Specialized Program for all Tribal Fee for Service programs, including the development of Tribal Case Management Contracts (IGAs).
- Maintain the Tribal ALTCS Digital Toolbox, which is a centralized online tool and provides specific case management information for Tribal Case Managers to utilize.

<https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/CaseToolManagementDigitalToolBox/>