

## AHCCCS Benefit Changes Fact Sheet

### Background

On March 15, 2011, Governor Brewer presented her [plan](#) to preserve Arizona's Medicaid program with reforms that will drive down costs by an estimated \$500 million in the State's General Fund for the partial first year. The plan was approved by the Legislature as part of the FY 2012 budget adoption.

The plan includes changes to the AHCCCS member benefits and will be effective October 1, 2011, unless otherwise indicated. More information is provided below. Continue to check this page for updates as they become available.

### Benefit Change

The following benefit changes will be effective October 1, 2011, and will impact **all** adults (21 years and older) in the Acute and ALTCS programs regardless of whether they receive services through managed care or fee for service<sup>1</sup>. The respite change will also impact children in addition to adults who receive ALTCS and/or behavioral health services.

- A 25-day inpatient hospital limit within a one-year time period\*. Some exclusions will apply such as days in a governmentally operated burn unit, days that are part of a transplant stay, or days in the hospital for behavioral health reasons. Refer to [proposed rule](#) for more detail.
- A decrease in the number of respite hours from 720 to 600 hours within a one-year time period\* for adults and children receiving ALTCS Services and or Behavioral Health Services. Refer to the [proposed rule](#) for more detail.
- Exclude coverage of certain non-emergency services provided in the emergency department. Refer to the [proposed rule](#) for more detail.

### Additional Benefit Changes under Consideration

- A 12-day emergency department limit within a one-year time period\* for all adults (21 years and older) in the Acute and Arizona Long Term Care System (ALTCS) Programs.
- Elimination of Non-Emergency Medical Transportation in Maricopa and Pima Counties for certain adult populations, subject to CMS approval.

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<sup>1</sup> A request is pending with CMS to exempt services received at Indian Health Services (IHS) and 638 facilities paid at 100% federal match. Until the request is approved, all benefit reductions apply to fee-for-service.

\* The one year time period runs from October 1 through September 30 each year.