

# 1600.00 Customer Rights

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## A. Chapter Contents

This chapter contains the following topics:

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1604.04	Change Notices
1605.00	AHCCCS Rules and Regulations

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**B. Introduction** This chapter contains information about the rights of an AHCCCS customer.

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## 1600.00 Customer Rights, Continued

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### C. Overview

The customer has the right to:

- Have language interpretation and translation services provided by AHCCCS (MS 1601.00)
- Have all information provided to AHCCCS kept confidential (MS 1602.00);
- Be treated without discrimination (MS 1603.00);
- Be notified in writing on an agency form of eligibility, ineligibility, changes in eligibility or changes in the amount the customer must pay (MS 1604.00);
- Review manuals containing the rules and regulations of the AHCCCS programs (MS 1605.00).

In addition, the customer has the following rights that are addressed in other chapters:

- The right to apply for AHCCCS Health Insurance at any time (MS 1300.00).
  - The right to request an eligibility fair hearing if:
    - o He or she does not agree with adverse action taken by the AHCCCS Administration (MS 1700.00); or
    - o A decision is not made on an application within 45 days (or 90 days if a disability determination is required) and the delay is due to the agency (MS 1700.00); and
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## 1601.00 Language Interpretation and Translation

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### A. Overview

In this section you will learn how to:

- Obtain an interpreter when a non-English speaking customer calls you on the phone or you place a call to a non-English speaking customer;
  - Obtain an interpreter for an interview for a non-English speaking customer;
  - Access relay services for the hearing impaired and obtain a sign language interpreter;
  - Obtain translation of Agency documents; and
  - Obtain translation of incoming documents.
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### B. Policy

When a customer does not speak or understand English, AHCCCS offers:

- An oral language or sign language interpreter for conversation and interviews; and
- Translation of written material, as needed.

When you have an in-person or telephone contact with a person who has limited ability to speak or understand English, offer and provide an interpreter. Even if the customer initially provides his or her own interpreter, he or she may later choose to have the agency provide an interpreter.

If local office staff is available and have the ability to provide interpretation and/or translation, it is acceptable to use them to interpret and/or translate.

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## 1601.00 Language Interpretation and Translation, Continued

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### C. Legal Authorities

In June 2002, the final Balanced Budget Act (BBA) regulations were published which include large portions pertaining to information requirements for managed care programs. AHCCCS must comply with the BBA regulations (with exceptions for certain waivers).

The Civil Rights Act of 1964 provides:

“No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

The following chart shows the BBA and Civil Rights Act legal authorities that AHCCCS is required to comply with pertaining to Limited English Proficiency.

Reference	Legal Authority
BBA	42 CFR 438.10
Civil Rights Act	Section 601 of the Title VI of the Civil Rights Act

### D. Is the customer required to use our interpreter services?

The customer is not required to accept use of our interpreter. If he/she is more comfortable speaking through a friend or family member, that is acceptable. However, if you think that the customer is not getting the information he/she needs from their interpreter, or if it appears that the interpreter does not understand the communication, follow your office procedures for obtaining an interpreter. If the customer wants their interpreter to be present during the phone call or the interview, that is acceptable.

Document on the Comments Window in ACE the offer to provide an interpreter and the customer’s preference in accepting or rejecting the service.

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## 1601.00 Language Interpretation and Translation, Continued

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### D. Is the customer required to use our interpreter services? (continued)

<b>IF you...</b>	<b>THEN...</b>
<p>Need to call a Hearing Impaired customer to:</p> <ul style="list-style-type: none"> <li>• Follow up on a Request for Information; or</li> <li>• Schedule an interview</li> </ul>	<ul style="list-style-type: none"> <li>• Call the Arizona Relay Service at 1-800- 842-6520 and tell the agent the following:               <ul style="list-style-type: none"> <li>➤ Your name;</li> <li>➤ Where you are calling from (AHCCCS); and</li> <li>➤ The purpose of your phone call.</li> </ul> </li> <li>• Give the agent the customer's phone number for the agent to call; and</li> <li>• When the customer is on the line, tell the agent to ask the customer:               <ul style="list-style-type: none"> <li>➤ For permission to communicate his/her confidential information via the Relay Service; or</li> <li>➤ If he/she wants us to arrange for a sign language interpreter. If YES, follow the procedures in <i>How to Obtain an Interpreter for an Interview</i> to arrange a sign language interpreter service.</li> </ul> </li> </ul>

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## 1601.01 Language Interpretation

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### A. The Language Identification Card

Each office must have a supply of Language Identification Cards. To order more cards, complete a Forms Requisition (AZ-99) and send it to MD 2400.

The Language Identification Card lists the languages most frequently encountered in North America, which are grouped by the geographical region where they are commonly spoken.

If you do not know what language the customer speaks, use the Language Identification Card in a face-to-face situation so the customer can point to the language he/she speaks.

Follow the steps below when using the Language Identification Card.

Step	Action
1	Locate the geographical region for which you believe the non-English speaking customer may be from.
2	Show the customer the languages listed for that geographical region. The message underneath each language reads: "Point to your language. An interpreter will be called".  <b>Note:</b> If you do not point to a geographic region, the customer should be able to point to his/her language because the text of the message is written in the language.

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### B. Language Line

Language Line is an over-the-phone interpretation service that provides professional interpretation from English into more than 140 languages, twenty-four hours a day.

Use the following links to access instructions for using Language Line services:

If you need...	Then use...
Dialing instructions and tips on how to use Language Line	<i>How to Contact Language Line</i>
To obtain an interpreter for a phone call to or from a non-English speaking customer	<i>How to Obtain an Interpreter for a Phone Call</i>
To obtain an interpreter for an interview	<i>How to Obtain an Interpreter for an Interview</i>

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## 1601.01 Language Interpretation, Continued

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### C. Using An Interpreter Service

The table below shows answers to questions that may arise when using any interpreter service.

Question	Answer
How should you prepare to converse with the interpreter?	<ul style="list-style-type: none"><li>• Group thoughts or questions to help the conversation flow quickly; and</li><li>• Give the interpreter specific questions to relay to the customer.</li></ul>
How long are phone calls that involve interpreter participation expected to last?	Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages or cultures. Expect interpreted comments to run a bit longer than English phrases.

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### D. Interpreter/Translation Log

Each time you use an interpreter/translation service, complete the Interpreter/Translation Log (DE-642). As you use the service, be sure to document the following:

- The date you use the service;
- The time you begin to use the service and the end time of the service;
- Customer name;
- Case number;
- Language interpreted;
- Name of the interpreter/translation service; and
- The type of service (in-person, telephone or translation).

Update the Interpreter/Translation Log the same day you use the interpreter/translation service, or the next workday you are in the office, and submit it to your supervisor. Be sure to have the person who authorized use of the service initial the log.

Your supervisor submits this log monthly to the DMS Division Purchasing Liaison who compares the information to the bill to ensure appropriate allocation of expenditures.

If your office receives the bill from the interpreter service, write your Cost Center and the customer's ACN on the bill. Send the bill to the DMS Division Purchasing Liaison, Mail Drop 2500.

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## 1601.02 Arizona Relay Service

### A. Identifying Hearing Impaired Customers

If the customer writes “TTY” as part of his/her phone number on the application, then the customer is hearing impaired.

### B. Using the Arizona Relay Service

The Arizona Relay Service is a communications service that links people who are deaf, hard of hearing or speech impaired with hearing people via the telephone.

IF you...	THEN...
Receive a phone call from the Arizona Relay Service on behalf of a hearing impaired customer	<ul style="list-style-type: none"> <li>• Verify the customer is authorizing this person to interpret/speak for him/her by asking the following confidential information about the customer:               <ul style="list-style-type: none"> <li>➤ SSN;</li> <li>➤ Date of birth; and</li> <li>➤ Address.</li> </ul> </li> </ul>
Need to contact a hearing impaired customer to request additional information	Mail the customer a Pending Notice or a Request for Information and a Permission to Release Information (DE-201) to authorize use of the Arizona Relay Service
Need to call a hearing impaired customer to: <ul style="list-style-type: none"> <li>• Follow up on a Request for Information; or</li> <li>• Schedule an interview</li> </ul>	<ul style="list-style-type: none"> <li>• Call the Arizona Relay Service at 1-800-842-6520 and tell the agent the following:               <ul style="list-style-type: none"> <li>➤ Your name;</li> <li>➤ Where you are calling from (AHCCCS); and</li> <li>➤ The purpose of your phone call;</li> </ul> </li> <li>• Give the agent the customer’s phone number for the agent to call; and</li> <li>• When the customer is on the line, tell the agent to ask the customer:               <ul style="list-style-type: none"> <li>➤ For permission to communicate his/her confidential information via the Relay Service; or</li> <li>➤ If he/she wants to arrange for a sign language interpreter. If the customer prefers an interpreter, schedule an interview appointment and follow the procedures in B to arrange for sign language interpreter service.</li> </ul> </li> </ul>

## 1601.03 Translation Services

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### **A. Translation of Agency Documents**

AHCCCS provides action notices and agency forms in Spanish. Look in your Medicaid Forms Manual to find the English and Spanish versions.

If a customer requests a notice or form in a different language, arrange for the document to be translated using an interpreter by following the instructions in *How to Obtain Translation of Agency Documents*.

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### **B. Translation of Incoming Documents**

The customer may provide verification documents that are not in English. If you receive a document that is not in English, request translation of the document by following the procedure in *How to Obtain Translation of Incoming Documents*.

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## 1602.00 Confidentiality

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### A. Overview

This section contains information about how to:

- Identify confidential information;
  - Safeguard information; and
  - How to release information.
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### B. Law

Title XIX of the Social Security Act requires the AHCCCS Administration to provide safeguards, which restrict the release of information about Medicaid applicants and recipients that is considered confidential. Confidential information can be released to others only in accordance with Federal and State laws, regulations and administrative policy.

The Health Insurance Portability and Accountability Act become law in 1996. This federal law is commonly referred to as HIPAA. The law has standardization, privacy and security requirements that apply to health care facilities and providers, including AHCCCS. Privacy requirements were effective April 14, 2003. The AHCCCS Privacy and Security Policy Manual (APSPM) presents Administration-level policies and procedures.

In most cases, Federal Medicaid laws and State laws that are more stringent than HIPAA regulations take precedence over HIPAA.

The health care facilities and medical providers with whom field office staff routinely communicates are required to follow HIPAA policies. Therefore it is important for field office staff to be aware of the HIPAA policies that these providers must follow to safeguard their patient's protected health information.

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## 1602.00 Confidentiality, Continued

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**C. Case Record Information** Throughout this chapter, confidential information will be referred to as belonging to one of three categories: non-medical, medical records; and PAS information.

The table below describes each category.

<b>Non-Medical</b>	<b>Medical Records</b>	<b>PAS Information</b>
Includes everything in the customer's financial case file, except medical records and PAS Information	Includes documents originating from medical professionals, including but not limited to diagnosis, history of disease or disability and treatment.	Includes the PAS tools, all case recordings related to the PAS determination and the physician review, if applicable.

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## 1602.01 Definitions

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<b>A. Adjudicate</b>	To hear and settle a matter by administrative or judicial procedure.
<b>B. Authorized Disclosure</b>	<p>The release of confidential information about an customer to a third party who is authorized by law or regulation, or who has specific written authorization from a person who has the authority to authorize disclosure to others to view or obtain copies of the customer's confidential information.</p> <ul style="list-style-type: none"><li>• Persons or agencies that are authorized to have access for official purposes are described in MS 1602.06.B.</li><li>• Persons who are authorized by law or regulation because of their status or because they have specific written authorization are described in MS 1602.05.C.</li></ul>
<b>C. Authorized Representative</b>	A person authorized by the customer, legal representative, or responsible relative of the customer to act on the customer's behalf in the AHCCCS eligibility process.
<b>D. Competent Individual</b>	A person who is capable of handling his/her own affairs and whom a court has not declared incompetent.
<b>E. Conservator</b>	A person appointed by a court when only financial management assistance is required. When oversight is necessary, the conservator acts in the best financial interest of the conservatee. The conservator manages all funds and resources of the conservatee.
<b>F. Custodial Parent</b>	The parent (if sole custody) or parents (if joint custody) to whom the court has awarded legal custody irrespective of physical custody.
<b>G. Disclosure</b>	Disclosure is the release, transfer or provision of access to or divulgence in any other manner of confidential information to parties outside the entity holding the information.

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## 1602.01 Definitions, Continued

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<b>H. Durable Power of Attorney</b>	Durable power of attorney allows an individual (the “grantor”) to authorize someone (the “agent”) to act on behalf even if the grantor later becomes disabled. The authority that the grantor gives the agent can be as broad (e.g., handling grantor’s financial and medical matters) to as narrow (e.g., handling grantor’s financial or portion of grantor’s financial matters) as the grantor chooses to make it.
<b>I. Emancipated Minor</b>	A minor who meets at least one of these conditions: Married or divorced; Enlisted in military service; The subject of a court order declaring the minor to be emancipated; or Parent(s) have signed a notarized affidavit: <ul style="list-style-type: none"><li>• Indicating that the minor is no longer under parental support and control;</li><li>• The parent’s have surrendered the state and federal tax dependency deductions provided that the minor is not living with a parent or a specified relative who is the legal guardian or acting as guardian; and</li><li>• A court has not awarded custody to another person or agency.</li></ul>
<b>J. Foster Parent</b>	Any person licensed by the Department of Economic Security (DES) or an Arizona tribe to provide out-of-home care for a foster child.
<b>K. Incompetent Individual</b>	A person who has been legally declared incapable of pursuing his own interest and for whom a legal guardian has been appointed.
<b>L. Legal Guardian</b>	A person who has been appointed by a court to act as a representative for an individual and has been charged with the duty of taking care of the person and managing the property and rights of that individual who is considered incapable of administering his own affairs. A guardian can also be one who legally has the care and management of the person, or the estate, or both, of a minor child.

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## 1602.01 Definitions, Continued

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<b>M. Medical Power of Attorney</b>	Medical power of attorney authorizes another to make medical decisions for an individual when that individual is unable to make decisions for himself/herself including the decision not to receive or continue artificial life support when there is no reasonable expectation of recovery.
<b>N. Minor</b>	A person under the age of eighteen years.
<b>O. Non-Custodial Parent</b>	The parent(s) not awarded legal custody of his or her child by the court, even though that parent may have physical custody of that child.
<b>P. Protected Health Information (PHI)</b>	Protected health information (PHI) is health and demographic information about an individual that is transmitted or maintained in any medium where the information: <ul style="list-style-type: none"><li>• Is created or received by a health care component of a health care provider, health plan, employer or health care clearinghouse; and</li><li>• Relates to the past, present or future physical or mental health condition of an individual, provision of health care to an individual, or payment for the provision of health care to an individual.</li></ul>
<b>Q. Reasonable Safeguarding</b>	Covered entities must make reasonable efforts to prevent uses and disclosures of confidential information not permitted by HIPAA policy.
<b>R. Safeguarding</b>	To protect or to keep safe.

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## 1602.02 Safeguarding Information

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### A. General Rule

No information about an A/R or other person involved in the application process may be disclosed except as permitted by Federal or State law, regulations or procedures described in this chapter.

Confidential information may be released to individuals or agencies not authorized according to the policy in this chapter, only with the written approval of the AHCCCS Administration after a review by the AHCCCS Privacy Officer.

Confidential information concerning other persons must also be safeguarded.

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### B. Confidential Information

The following is confidential information and must be safeguarded:

- Name, addresses, zip codes, phone numbers, date of birth and Social Security numbers;
  - Social and economic conditions or circumstances;
  - Agency evaluation of personal information;
  - Medical data (PHI) and services, including diagnosis and history of disease or disability;
  - Information received from the Arizona Department of Economic Security;
  - Information received from computer matching (system checks i.e., INS, GUIDE, AZTECS, ASSIST, Numident, WTPY, BENDIX, SDX, UI);
  - Information received from third party sources (e.g., Bureau of Vital Statistics, Social Security Administration (excluding information from BEER computer match), medical professionals, DES, private-sector employers, etc.);
  - Any information regarded as harmful, or if revealed, detrimental to the A/R or others;
  - Information received in connection with identification of legally liable 3<sup>rd</sup> party sources; and
  - Information pertaining to Alcohol or Drug Abuse, Communicable Disease, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Behavioral Health, Developmental Disability (DD) or Genetic Testing Information (MS 1305.D).
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## 1602.02 Safeguarding Information, Continued

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### C. Non-Confidential Information

Non-confidential information does not need to be safeguarded.

Information is not confidential if it does not identify a specific applicant, recipient, or other personally identifiable information (i.e., statistical report).

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### D. Workplace Practices to Safeguard Confidential Information

Eligibility offices must take reasonable steps to safeguard information from any intentional or unintentional use or disclosure that is in violation of the privacy policies described in this Subsection. Information may be in any medium, including paper, electronic media or oral or visual representations.

- Managers and supervisors in each division, office, unit and are responsible for ensuring compliance by staff with these requirements;
  - Store files and documents to ensure the safeguarding of confidential information;
  - Ensure that files and documents awaiting disposal or destruction in desk-site containers, storage rooms or centralized waste/shred bins, are appropriately labeled and disposed of on a regular basis. All reasonable measures must be taken to minimize access;
  - Ensure that the shredding of files and documents is performed on a timely basis, consistent with record retention schedules;
  - When members of the public are in non-public areas of AHCCCS facilities, they must be accompanied by an AHCCCS staff person;
  - Each AHCCCS employee must ensure that confidential information on the computer screen at their workstation is not visible to unauthorized persons;
  - AHCCCS staff must take all necessary precautions to ensure that confidential information on paper documents at their workstation is shielded from casual view and stored securely during extended absences from the workstation, such as meeting away from the office or overnight;
  - AHCCCS staff must take reasonable steps to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion occurs.
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## 1602.03 Obtaining Confidential Information

**A. Interviewing** When conducting interviews, follow the steps below to ensure the customer's confidentiality.

Step	Action								
1	<p data-bbox="542 499 1195 533">Conduct the interview in a private area, if possible.</p> <table border="1" data-bbox="565 533 1386 1205"> <thead> <tr> <th data-bbox="574 541 977 575">If the interview is</th> <th data-bbox="977 541 1380 575">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="574 575 977 793">Conducted in a shared hospital room or nursing home room</td> <td data-bbox="977 575 1380 793"> <ul data-bbox="987 583 1370 785" style="list-style-type: none"> <li data-bbox="987 583 1370 680">• Explain to the customer the right to a confidential interview and</li> <li data-bbox="987 680 1370 785">• Reschedule the interview if the customer requests to do so.</li> </ul> </td> </tr> <tr> <td data-bbox="574 793 977 869">Conducted in an office or interview room</td> <td data-bbox="977 793 1380 869">Close the door unless the customer requests otherwise.</td> </tr> <tr> <td data-bbox="574 869 977 1197">Scheduled in a public location at the customer's or representative's request</td> <td data-bbox="977 869 1380 1197"> <ul data-bbox="987 877 1370 1188" style="list-style-type: none"> <li data-bbox="987 877 1370 1020">• Explain that it may not be possible to maintain confidentiality because of the public location and</li> <li data-bbox="987 1020 1370 1188">• Inform the customer that it may be necessary to speak in low tones to avoid others hearing the interview.</li> </ul> </td> </tr> </tbody> </table>	If the interview is	Then	Conducted in a shared hospital room or nursing home room	<ul data-bbox="987 583 1370 785" style="list-style-type: none"> <li data-bbox="987 583 1370 680">• Explain to the customer the right to a confidential interview and</li> <li data-bbox="987 680 1370 785">• Reschedule the interview if the customer requests to do so.</li> </ul>	Conducted in an office or interview room	Close the door unless the customer requests otherwise.	Scheduled in a public location at the customer's or representative's request	<ul data-bbox="987 877 1370 1188" style="list-style-type: none"> <li data-bbox="987 877 1370 1020">• Explain that it may not be possible to maintain confidentiality because of the public location and</li> <li data-bbox="987 1020 1370 1188">• Inform the customer that it may be necessary to speak in low tones to avoid others hearing the interview.</li> </ul>
If the interview is	Then								
Conducted in a shared hospital room or nursing home room	<ul data-bbox="987 583 1370 785" style="list-style-type: none"> <li data-bbox="987 583 1370 680">• Explain to the customer the right to a confidential interview and</li> <li data-bbox="987 680 1370 785">• Reschedule the interview if the customer requests to do so.</li> </ul>								
Conducted in an office or interview room	Close the door unless the customer requests otherwise.								
Scheduled in a public location at the customer's or representative's request	<ul data-bbox="987 877 1370 1188" style="list-style-type: none"> <li data-bbox="987 877 1370 1020">• Explain that it may not be possible to maintain confidentiality because of the public location and</li> <li data-bbox="987 1020 1370 1188">• Inform the customer that it may be necessary to speak in low tones to avoid others hearing the interview.</li> </ul>								
2	Remove other person's case record or confidential information from the view of the person being interviewed.								
3	Ensure that computer information pertaining to other individuals is not in view or accessible by unauthorized individuals.								
4	Make another person's confidential information unreadable (block-out or black-out) when listed on documents filed in a customer's case record.								

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## 1602.03 Obtaining Confidential Information, Continued

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### **B. Requesting Information from a Third Party**

Although AHCCCS may allow someone other than the customer or the customer's legal representative to act on behalf of the customer in the eligibility determination process, other agencies or entities might not allow these same individuals to authorize release of information concerning the customer from their records.

A customer or representative can give permission to release information to AHCCCS by signing the:

- Part II application. This form authorizes AHCCCS to investigate and contact any source necessary to establish eligibility.
- Authorization to release information forms. Several forms have been created to request specific information needed to determine eligibility from a third party source. Authorization can be given by signing the individual forms, or a signature can be obtained on the Permission to Release Information form (DE-201), or on the general Release of Information Authorization form (DE-200).

**NOTE:** AHCCCS verification forms designed to be sent to third parties allow either the customer or the authorized representative to sign. However, some verification sources may require the signature of the customer (or the customer's legal representative).

- Form DE-202, (Authorization for the Disclosure of Protected Health Information to the AHCCCS Administration). This is used by AHCCCS to obtain the customer's medical information for the PAS and eligibility determination. It may also be used for a disability determination.
- Form DE-222 (Authorization for the Disclosure of Psychotherapy Notes to the AHCCCS Administration). This form is used only when the customer's medical records include psychotherapy notes that could affect the PAS determination.

**NOTE:** The DE-202 and DE-222 may be signed by an authorized representative (legal or otherwise). However, the signature of the legal representative is preferable because the DE-202 and DE-222 also authorizes the release of medical information that has specific protection under Federal or State law. This information cannot be released to AHCCCS without first obtaining the specific written authorization from the person it pertains to or as otherwise permitted by law (MS 1602.05).

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## 1602.04 Reviewing Information Before Release

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- A. Review Non-Medical** Before disclosing information in a case record, you must remove confidential information pertaining to anyone other than the A/R or make the information unreadable. If the confidential information pertaining to the other person is relevant to the A/R's eligibility and is on the same page as other information that can be disclosed, make a copy of the page before making the information unreadable.
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- B. Review PAS Information and Medical Records** Medical record and PAS information may contain information that cannot be released because it is detrimental or harmful or has specific protection under Federal or State law. Therefore, a special review must take place before you can release medical record or PAS information to an authorized source.

The persons listed below participate in the review process.

Reviewer	Task
<p>If ALTCS, PAS Assessor in consultation with the supervisor/manager</p> <p>If SSI-MAO, EI in consultation with the supervisor/manager</p>	<p>Reviews the medical records or the PAS information to determine if the information could be:</p> <ul style="list-style-type: none"> <li>• Detrimental or harmful information to the A/R or another person; or</li> <li>• Information that is protected regarding confidentiality under Federal or State law.</li> </ul>
<p>Supervisor/manager in consultation with the Regional/Branch Manager or the ALTCS Medical Eligibility Manager, if ALTCS or with the Acute Care Administrator, if SSI-MAO</p>	<p>Determines if the medical records or the PAS information can be released to an authorized individual. If not, remove the information that cannot be released or make a copy and make the portion that cannot be released unreadable.</p>
<p>Office of Legal Assistance Privacy Officer</p>	<p>Gives guidance to the Manager if there is a question.</p>

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- C. Detrimental and Harmful** Medical information that is detrimental or harmful if revealed includes: Terminal illness that the patient has not been told about; and Behavior notations (i.e., agitation, belligerence) that may aggravate the doctor-patient relationship.
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## 1602.04 Reviewing Information Before Release, Continued

**D. Protected Under Law** Medical information with specific protection under Federal or State law includes:

<b>Protected Under Law</b>	<b>Description</b>
<p>Alcohol or drug abuse related information (42 CFR Section 2.1 et seq.)</p> <p>Federal law prohibits the release of alcohol or drug-abuse information without the specific written consent of the person to whom it pertains or otherwise as permitted by law.</p>	<p>Alcohol abuse means the use of an alcoholic beverage, which impairs the physical, mental, emotional, or social well being of the user.</p> <p>Drug abuse means the use of a psychoactive substance for other than medicinal purposes, which impairs the physical, mental, emotional or social well being of the user.</p>
<p>Confidential Communicable Disease Related Information (A.R.S. Section 36-661 through 36-669)</p> <p>State law prohibits disclosure of confidential communicable disease related information without the specific written consent of the person to whom it pertains or otherwise as permitted by law.</p>	<p>Communicable disease means a contagious, epidemic or infectious disease required to be reported to the local board of health or the health department.</p> <p>Confidential communicable disease related information means information regarding a communicable disease in the possession of a person who provides health services or who has obtained the information.</p>
<p>Confidential Human Immunodeficiency Virus (HIV) Information (A.R.S. Section 36-661 through 36-669)</p> <p>State law prohibits disclosure of confidential HIV information contained in medical records released to AHCCCS without a specific written consent of the person to whom it pertains or otherwise as permitted by law.</p>	<p>Confidential HIV information means information concerning whether an individual has had an HIV related test, infection, illness or acquired immune deficiency syndrome (AIDS).</p>

*Continued on next page*

## 1602.04 Reviewing Information Before Release, Continued

### D. Protected Under Law (continued)

Protected Under Law	Description
<p>Mental Health (A.R.S. Section 36-501 through 36-550.08)</p> <p>State law prohibits disclosure of mental health information until after the treating professional (or his designee) interviews the person undergoing treatment or evaluation to determine whether or not release is in that person's best interests.</p>	<p>Mental disorder means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:</p> <ul style="list-style-type: none"> <li>• Conditions that are primarily those of drug abuse, alcoholism, or mental retardation;</li> <li>• The declining mental abilities that directly accompany impending death;</li> <li>• Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors which are abnormal and prohibited by statute unless the behavior results from a mental disorder.</li> </ul>
<p>Developmental Disability (DD) (A.R.S. Section 36-551 through 36-568)</p> <p>All information obtained and records prepared in the course of providing services to DD clients is confidential unless a consent to release has been given by the parent or guardian of a developmentally disabled minor, or guardian of a developmentally disabled adult, or a developmentally disabled adult when no guardian has been appointed.</p>	<p>Developmental Disability means either a strongly demonstrated potential that a child under six years old is developmentally disabled or will become developmentally disabled, as determined by a test, or a severe, chronic disability which is attributable to mental retardation, cerebral palsy, epilepsy or autism and the condition manifested before the age of eighteen.</p>

*Continued on next page*

## 1602.04 Reviewing Information Before Release, Continued

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### D. Protected Under Law (continued)

<b>Protected Under Law</b>	<b>Description</b>
Genetic Testing Information (A.R.S. Section 12-2801)  State law prohibits disclosure of confidential genetic testing information without the specific written consent of the person tested or otherwise as permitted by law.	Genetic test information means a test of a person's genes, genetic sequence, gene products or chromosomes for abnormalities or deficiencies, including carrier status, that: <ul style="list-style-type: none"><li>• Are linked to physical or mental disorder or impairments;</li><li>• Indicate a susceptibility to illness, disease, impairment or other disorder, whether physical or mental; or</li><li>• Demonstrate genetic or chromosomal damage due to any environmental factor.</li></ul>

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## 1602.05 Authorizing the Release of Information

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### A. Who Can Authorize

The following individuals may authorize AHCCCS to release non-medical, medical records and PAS information.

- An adult customer who is competent;
  - The customer's legal guardian;
  - An emancipated minor customer, if competent; and
  - The custodial parent of a minor customer
- 

### B. Written Authorization Requirements

Unless the release of information is for official purposes as described in MS 1307, a person who is authorized to release the information must sign all written authorizations. In addition, an authorization for AHCCCS to release non-medical, medical record and PAS information must be in writing, separate from any other document and must specify:

- AHCCCS is authorized to release the information from the case record;
- To whom the release can be made; and
- The period of time for which the authorization is valid. If no time is stated, assume that the authorization is for one year.

Use the following forms as written authorization for AHCCCS to release the following types of information:

<b>Form</b>	<b>Authorizes release of:</b>
DE-201 (Permission to Release Information)	Non-medical information
DE-202 (Authorization for the AHCCCS Administration to Disclose Protected Health Information)	Medical records or PAS information (except psychotherapy notes).
DE-223 (Authorization for the AHCCCS Administration to Disclose Psychotherapy Notes)	Psychotherapy notes

*Continued on next page*

## 1602.05 Authorizing the Release of Information, Continued

- C. Who Needs Authorization** Certain individuals may receive non-medical and PAS information without written permission based solely on their status; others require written authorization. Use the following guidelines to determine who needs written authorization.

Information Category	No Written Authorization Required Because of Status	Need Written Authorization
<p><b>Non-Medical (All Programs)</b></p>	<ul style="list-style-type: none"> <li>• An Adult customer, if competent;</li> <li>• An emancipated customer, if competent;</li> <li>• The customer's legal guardian (does not include conservator);</li> <li>• Custodial parent of a minor customer;</li> <li>• Authorized representative; and</li> <li>• Individual with a power of attorney, if the right to review this information is specified in the power of attorney document.</li> </ul>	<ul style="list-style-type: none"> <li>• Unemancipated minor customer, with the written permission of a parent or custodial relative;</li> <li>• Non-custodial parent;</li> <li>• Customer's spouse</li> <li>• A foster parent;*</li> <li>• A stepparent;</li> <li>• An individual with a medical power of attorney;</li> <li>• An adjudicated incompetent customer;</li> <li>• Customer's attorney;</li> <li>• Customer's conservator; and</li> <li>• Any other third party.</li> </ul> <p><b>*NOTE:</b> Use caution when a customer is a child in a foster care home. A foster parent who does not have legal guardianship for the customer should not have confidential information released to him or her unless a specific written authorization is given by a person listed in MS 1602.05.A. Generally, DDD knows the foster parent(s) legal status.</p>

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## 1602.05 Authorizing the Release of Information, Continued

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### C. Who Needs Authorization (continued)

Information Category	No Written Authorization Required Because of Status	Need Written Authorization
<b>PAS Information (ALTCS Only)</b>	All of those persons listed above for non-medical except: <ul style="list-style-type: none"> <li>• The individual with power of attorney must have a medical or durable power of attorney with the right to review this information specified in the power of attorney document; and</li> <li>• An authorized representative needs written authorization.</li> </ul>	<ul style="list-style-type: none"> <li>• An authorized representative; and</li> <li>• All of those persons listed above for non-medical.</li> </ul>
<b>Medical Records (All Programs)</b>	Only when a request for a hearing based on medical eligibility or disability has been filed to: <ul style="list-style-type: none"> <li>• All of those persons listed above for PAS Information.</li> </ul>	Only when a medical appeal has been filed to: <ul style="list-style-type: none"> <li>• All of those persons listed above for PAS Information.</li> </ul>

**NOTE:** If no request for a hearing has been filed, refer any person requesting medical record information directly to the source of the information. If the originating source refuses to release the information to the individual or the person requesting the information is not properly authorized, and the person does not accept your refusal to provide a copy, contact the Office of Legal Assistance for guidance.

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## 1602.06 Release of Information for Official Purposes

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**A. Overview** Confidential information, excluding certain medical records with specific protection under Federal or State law described in MS 1602.04.D, may be disclosed to any of the following without specific written authorization when the information will be used for official purposes.

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**B. Authorized for Official Purposes** The following individuals or agencies are specified to use safeguarded information for official purposes:

- The AHCCCS Administration;
- Social Security Administration;
- Arizona Department of Economic Security;
- Department of Health Services;
- AHCCCS health plans/program contractors and subcontractors, including case managers and care providers in medical institutions or alternative residential HCBS settings;
- Health care professionals;
- State of Arizona Attorney General's Office;
- Law enforcement officials;
- Federal agencies, in connection with the administration of AHCCCS (i.e., U.S. Department of Health and Human Services); and
- Public Consulting Group Inc., (PCG) the organization that AHCCCS contracts with for AHCCCS recoveries, including special treatment trust and estate recovery.

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**C. Official Purposes** Official purposes means directly related to the administration of the AHCCCS Program and includes the following actions:

- Establishing eligibility;
- Determining the amount of medical assistance;
- Providing services for recipients;
- Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the AHCCCS Program;
- Performing evaluations and analyses of AHCCCS operations; and
- Recovering AHCCCS expenditures.

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## 1602.07 Adoption Information

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### **Special Review**

To protect the confidentiality of adoption information, consult the Office of Legal Assistance for guidance when you receive an inquiry about a recipient who has been involved in an adoption proceeding.

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## 1602.08 Handling Requests for Information

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- A. View and Copy Information** Direct individuals who are seeking a copy of documentation from a third party to the original source of the material to obtain a copy unless the copy is requested for official purposes or when a request for hearing is filed.

Generally, there is no charge to the customer or the customer's representative for copying material from the case record. If the request involves copying voluminous material, contact your Administrator (ALTCS or Acute Care) and Section 106 of the AHCCCS Administration Policy and Procedures Manual for guidance.

An AHCCCS employee must be present any time a case is viewed by an authorized individual to answer questions and to ensure the case record is not altered.

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- B. Type of Information Requested** The chart below describes how to treat the request for different types of information.

<b>If the request is for</b>	<b>And</b>	<b>Then</b>
Medical Records	<ul style="list-style-type: none"> <li>The request is for official purposes or an appeal based on medical eligibility or disability has been filed and</li> <li>You know the person's identity</li> </ul>	Go to section D.
	<ul style="list-style-type: none"> <li>The request is for official purposes or an appeal based on medical eligibility or disability has been filed and</li> <li>You do not know the person's identity</li> </ul>	Go to section C.

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## 1602.08 Handling Requests for Information, Continued

### B. Type of Information Requested (continued)

If the request is for	And	Then
Medical Records, cont.	<ul style="list-style-type: none"> <li>The request is not for official purposes; or</li> <li>An appeal has not been filed</li> </ul>	Deny the request. No medical records are released unless for official purposes or a request for a hearing based on medical eligibility or disability has been filed.
Non-Medical or PAS information	You know the person's identity	Go to section D.
	You do not know the person's identity	Go to section C.

### C. Identify the Requester

Follow the guidelines below when you receive a request for information.

If	And the request is	Then
You do <b>not</b> know the person's identity	In person	Request proof of identification (e.g., driver's license, passport, ID card, voter registration card, credit card, etc.).
	By mail	Compare signatures on file, mailing address, and any other information provided to check for inconsistencies.
	By telephone	<p>Ask the person questions and compare case record information with the person's answers and ask for a call back number.</p> <p>Note: If your attempt to identify the person over the phone is unsuccessful or you still question the person's identity, ask for a written request before releasing information.</p>

*Continued on next page*

## 1602.08 Handling Requests for Information, Continued

### C. Identify the Requester (continued)

<b>If</b>	<b>And the request is</b>	<b>Then</b>
You can not identify the person	<ul style="list-style-type: none"> <li>• In person;</li> <li>• By mail; or</li> <li>• By telephone</li> </ul>	Deny the request for information until the person provides convincing evidence of identity or resolves inconsistencies.
You can identify the person	<ul style="list-style-type: none"> <li>• In person;</li> <li>• By mail; or</li> <li>• By telephone</li> </ul>	Go to section D.

- D. Confirm the Authorization** Refer to MS 1602.05 and MS 1602.06 and make sure you have authorization to release the requested information.

<b>Step</b>	<b>Action</b>								
1	<p>Determine whether the requester needs:</p> <ul style="list-style-type: none"> <li>• Written authorization (MS 1602.05.C); or</li> <li>• If the request is for official purposes (MS 1602.06.B).</li> </ul> <p>Does the requester need written authorization?            If <u>Yes</u>, continue with step 2.            If <u>No</u>, go to section E.</p>								
2	<p>Make sure the written authorization in the case record is complete and accurate.</p> <table border="1"> <thead> <tr> <th><b>If the authorization</b></th> <th><b>Then</b></th> </tr> </thead> <tbody> <tr> <td>Contains discrepancies or inconsistencies based on the case record information (e.g., differences in addresses or signatures)</td> <td>You must resolve the inconsistency or discrepancy.</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>• Is no longer valid based on the specified date or the one year assigned date; or</li> <li>• Is by a person not authorized to receive the information</li> </ul> </td> <td>You must inform the requestor that a new written authorization is required.</td> </tr> <tr> <td>Meets the requirements in MS 1602.05.B</td> <td>Go to section E.</td> </tr> </tbody> </table>	<b>If the authorization</b>	<b>Then</b>	Contains discrepancies or inconsistencies based on the case record information (e.g., differences in addresses or signatures)	You must resolve the inconsistency or discrepancy.	<ul style="list-style-type: none"> <li>• Is no longer valid based on the specified date or the one year assigned date; or</li> <li>• Is by a person not authorized to receive the information</li> </ul>	You must inform the requestor that a new written authorization is required.	Meets the requirements in MS 1602.05.B	Go to section E.
<b>If the authorization</b>	<b>Then</b>								
Contains discrepancies or inconsistencies based on the case record information (e.g., differences in addresses or signatures)	You must resolve the inconsistency or discrepancy.								
<ul style="list-style-type: none"> <li>• Is no longer valid based on the specified date or the one year assigned date; or</li> <li>• Is by a person not authorized to receive the information</li> </ul>	You must inform the requestor that a new written authorization is required.								
Meets the requirements in MS 1602.05.B	Go to section E.								

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## 1602.08 Handling Requests for Information, Continued

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- E. Prior Review**      Go to MS 1602.05 and follow the instructions for reviewing requested information before release.
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## 1603.00 Non-Discrimination

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- A. Overview** An AHCCCS customer must be treated fairly and equally regardless of race, color, religion, national origin, sex, age, political beliefs, or disability.
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- B. Customers with Disabilities** AHCCCS does not discriminate on the basis of disability in admission to, access to or operation of its programs, activities, services or in its employment practices. AHCCCS complies with the Americans with Disabilities Act of 1990.
- 
- C. Special Accommodations** If the customer is visually or hearing impaired and needs an accommodation or a different format to complete an application, the customer may contact the AHCCCS Americans with Disabilities Act Coordinator at 602-417-4014 or 1-800-654-8713, ext. 74014.
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## 1604.00 Written Notices

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- A. Overview** The customer must be given a written notice on an agency form when any of the following actions occur:
- An application for AHCCCS Health Insurance is approved or denied;
  - Eligibility is discontinued or changed;
  - The amount the customer must pay (premiums or share of cost) is increased.
- 

- B. Persons Entitled to a Notice** It is important to ensure that only the minimum number of notices are sent, but that all parties who should receive notice receive one. Generally only one notice should be sent to a particular address. However, the legal representative must always receive a copy even if he or she resides at the same residence as the customer.

Notices must be sent to the following persons:

- The customer, unless the customer:
    - Is a dependent child living with his or her parent(s); in which case a notice only goes to the parent(s); or
    - Has a legal representative;
  - The customer's legal representative;
  - The customer's authorized representative, responsible relative, or responsible party, unless the representative resides in the same household as the customer. If the customer and representative reside in the same household, only send a notice to the customer;
  - For an ALTCS customer who is residing in a nursing facility, the nursing facility receives copies of approval, discontinuance and Transitional Program notices; and
  - For an ALTCS customer residing in the community, the program contractor receives copies of ALTCS discontinuance and Transitional Program notices.
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## 1604.00 Written Notices, Continued

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### C. Adverse Actions

Adverse action means denial or discontinuance of eligibility, a reduction of services, or an increase in the amount the customer is required to pay in premiums or share of cost (MS 1700.00).

Adverse notices include:

- Manually generated denial notices, discontinuance notices, change notices advising the customer of an increase in Share of Cost or premiums, and change notices advising the customer of decrease in services;
  - ACE generated notices that include any of the aforementioned actions, and
  - ALTCS notices assigning the customer to the Transitional Program
- 

### D. Incorrect Notice Procedure

To avoid incorrect notices, preview ACE notices prior to disposition to assure that they are correct.

Notices are printed the night of the disposition and are mailed by Central Office the following day.

If you discover an error in a notice on the same day you that you dispositioned the action, ask your supervisor to cancel and reopen the appropriate control date(s). Make corrections in ACE and re-disposition the month(s).

If you discover an error in a notice after the disposition date, discuss the situation with your supervisor.

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## 1604.01 Approval Notices

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### A. Contents of Approval Notices

An approval notice must contain the following information:

- The type of benefit approved;
  - The effective date of eligibility;
  - The amount the customer must pay (Share of cost or premiums) if applicable;
  - The date by which a fair hearing must be requested, which is 35 days from the date of the notice.
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### B. ACE Approval Notices

Generally, approval notices are generated by ACE and printed and mailed by Central Office. ACE retains copies of approval notices, so there is no need to print a copy of the case record.

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### C. Manual Approval Notices

However, manual notices are required the Breast and Cervical Cancer Treatment Program (BCCTP) and the AHCCCS Freedom to Work program. Manual approval notices are also available for ALTCS and QMB. Create the appropriate notice using one of the following Word templates:

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<b>If the approval is for...</b>	<b>Then use an...</b>
ALTCS and/or QMB	AHCCCS Medical Benefits Approval Notice of Action (DE-501)
BCCTP	Breast and Cervical Cancer Treatment Program Approval Notice (BC-501 or BC-501SP)
AHCCCS FTW	AHCCCS Freedom to Work AHCCCS Medical Services Approval Notice (FTW-501)
	AHCCCS Freedom to Work ALTCS Approval with Premium (FTW-502)
	AHCCCS Freedom to Work ALTCS Approval with SOC (FTW-503)
SSI-MAO	AHCCCS Medical Services Application Notice of Action (MA-532)
	AHCCCS Medical Services Approval Notice of Action for Hospitalized Inmates (MA-432)
SSI-MAO and/or MCS	AHCCCS Health Insurance Notice (MA-515)
QMB [for SSI Cash Recipients]	AHCCCS Health Insurance Notice (MA-557)

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## 1604.02 Denial Notices

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### D. Contents of Denial Notices

A denial notice must contain the following information:

- The type of benefit(s) denied;
  - The effective date of the denial. This is the first day of the month in which the application was filed;
 

**EXCEPTION:** When an applicant between the ages of 21 and 64 who entered an Institution for Mental Disease (IMD) has resided in an IMD for longer than the eligible time limits described in MS 516.00, the effective date of denial is the day following the day the eligible time limit expired.
  - The reason(s) for the denial. When the denial is due to income or resources that exceed the appropriate program's limits, the notice must show:
    - o The customer's countable income and/or resources;
    - o Applicable deductions
    - o The resource and/or income standard; and
    - o The amount by which the customer's income exceeds the appropriate standard.
  - Appropriate manual and legal references;
  - The date by which a fair hearing must be requested, which is 35 days from the date of the notice;
  - Appropriate referrals.
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### B. Ace Denial Notices

Generally, denial notices are generated by ACE and printed and mailed by Central Office. ACE retains copies of approval notices, so there is no need to print a copy of the case record.

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### C. Manual Denial Notices

If a manual notice is necessary, create the appropriate denial notice using one of the following Word templates:

<b>If the denial is for...</b>	<b>Then use an...</b>
ALTCS and/or QMB	AHCCCS Medical Benefits Denial Notice of Action (DE-504)
BCCTP	Breast and Cervical Cancer Treatment Program Denial Notice (BC-504)

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## 1604.02 Denial Notices, Continued

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### C. Manual Denial Notices (continued)

<b>If the denial is for...</b>	<b>Then use an...</b>
AHCCCS FTW	AHCCCS Freedom to Work AHCCCS Medical Services Denial (FTW-504)
	AHCCCS Freedom to Work AHCCCS Medical Services Denial-Income (FTW-505)
	AHCCCS Freedom to Work ALTCS Denial (FTW-508)
	AHCCCS Freedom to Work ALTCS Denial-Income (FTW-509)
SSI-MAO	AHCCCS Medical Services Application Notice of Action (MA-532)
	AHCCCS Health Insurance [sponsor's income] (AH-612)

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## 1604.03 Discontinuance Notices

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### A. Contents of Discontinuance Notices

A discontinuance notice must contain the following information:

- The type of benefit(s) that will be discontinued;
- The effective date of the discontinuance;
- The reason(s) for the discontinuance;
- When the discontinuance is due to income or resources that exceed the appropriate program's limits, the notice must show:
  - o The customer's countable income and/or resources;
  - o Applicable deductions
  - o The resource and/or income standard; and
  - o The amount by which the customer's income or resources exceed the appropriate standard;
- Appropriate manual and legal references;
- The date by which a fair hearing must be requested, which is the 10<sup>th</sup> of the month for which the discontinuance is effective, unless the tenth falls on a weekend or holiday. If the tenth is a weekend or holiday, the hearing deadline is the next working day after the tenth;
- The date the customer or representative must request a fair hearing in order to have benefits continued until a hearing decision is reached. This is the last day prior to the effective date of the discontinuance;
- Appropriate referrals.

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## 1604.03 Discontinuance Notices, Continued

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### **B. 10-Day Advance Notice**

The effective date of discontinuance is usually the first day of a prospective month. Except for the situations described in C., a discontinuance notice must be issued at least 10 days before the effective date of action.

The adverse action deadline is the last day in a month that a discontinuance notice can be issued proposing discontinuance effective on the first day of the following calendar month.

If you are issuing a manual notice, use the Adverse and Late Action Deadlines chart in the Microsoft Outlook Public Folders to determine the adverse action deadline. The day after the notice is mailed is the first day of the 10-day advance period. Mail a manual notice on the same date it is created.

When you disposition a discontinuance in ACE, ACE will generate the notice and determine the effective date of discontinuance based on the date of disposition.

<b>If the disposition occurs...</b>	<b>Then the effective date will be...</b>
On or before the adverse action deadline	The first day of the next prospective month
After the adverse action deadline	The first day of the month following the next prospective month

EXAMPLE: The adverse action deadline for the current month (August) is the 19<sup>th</sup>.

- If the discontinuance is dispositioned on or before August 19<sup>th</sup>, the discontinuance will be effective September 1st.
- If the discontinuance is dispositioned after August 19<sup>th</sup>, the discontinuance will be effective on October 1<sup>st</sup>.

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## 1604.03 Discontinuance Notices, Continued

### C. Exceptions to the 10-Day Advance Notice

A 10-day advance notice is not required in the following situations:

When...	Then the effective date of discontinuance is...
The customer dies and the death is verified	The date of death. Or is it the day following the date of death?
Mail sent to the customer has been returned to AHCCCS and you have no way of contacting the customer	The first day of the following month.
You obtain verification that the customer has been approved for medical services in another state	
The customer or representative requests a voluntary discontinuance	
The customer or representative requests a immediate voluntary discontinuance	The date of disposition.
A customer age 21 through 64 who entered an Institution for Mental Disease (IMD) has resided there for more than the 30 days per occurrence or 60 days per calendar year (MS 516.00)	

### D. ACE Discontinuance Notices

Generally, discontinuance notices are generated by ACE and printed and mailed by Central Office.

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## 1604.03 Discontinuance Notices, Continued

### E. Manual Discontinuance Notices

If a manual notice is necessary, create the appropriate notice using one of the following WORD templates:

If the discontinuance is for...	Then use an...
ALTCS and/or QMB	AHCCCS Medical Benefits Discontinuance Notice of Action (DE-515)
BCCTP	Breast and Cervical Cancer Treatment Program Discontinuance Notice (BC-515 or BC-515SP)
AHCCCS FTW	AHCCCS Freedom to Work AHCCCS Medical Services Discontinuance-Income (FTW-506)
	AHCCCS Freedom to Work AHCCCS Medical Services Discontinuance (FTW-507) (No premium)
	AHCCCS Freedom to Work AHCCCS Medical Services Discontinuance (FTW-514) (With premium)
	AHCCCS Freedom to Work ALTCS Discontinuance (FTW-510)
	AHCCCS Freedom to Work ALTCS Discontinuance-Income (FTW-511)
SSI-MAO and/or MCS	AHCCCS Medical Services Discontinuance Notice of Action (MA-515)
SSI-MAO	AHCCCS Medical Benefits Temporary Discontinuance Notice of Action (MA-534)
	AHCCCS Health Insurance [sponsor's income] (AH-613)

## 1604.04 Change Notices

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### A. Change Notices

Share of Cost change notices for ALTCS are generally generated by ACE and printed and mailed by Central Office, but a Word Template is available.

Generally change notices are generated by ACE, however Share of Cost and premium change notices for the AHCCCS Freedom to Work program must be manually created using Word templates. A template is also available for ALTCS SOC changes.

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<b>If the SOC change is for...</b>	<b>Then use an...</b>
ALTCS	AHCCCS Medical Benefits Redetermination/Change Notice (DE-507)
AHCCCS Freedom to Work ALTCS	AHCCCS Freedom to Work ALTCS Share of Cost Change (FTW-503)

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### B. 10-Day Advance Notice

A 10-day advance notice is required if the change notices inform the customer of an adverse action (Increase in Share of Cost, increase in premium amount or decrease in services).

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## 1605.00 AHCCCS Rules and Regulations

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**A. Authorities** Descriptions of the federal and state authorities governing the operation of the AHCCCS programs are provided in Chapter 200 (MS 200.00) of this manual.

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**B. Sources** Chapter 200 provides Internet links to many of the authorities listed. These sources may also be found in public libraries and law libraries.

Copies of sections of the United States Code, the Code of Federal Regulations, the Arizona Revised Statute and the Arizona Administrative Code that are cited on AHCCCS notices must be maintained in a Legal Reference Binder in each AHCCCS local office. This information must be made available to the customer or the customer's representative upon request. Copies of these legal references may also be provided to the customer or the customer's representative upon request.

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**C. AHCCCS Health Insurance Eligibility Policy Manual** Each AHCCCS local office must maintain a printed copy of the AHCCCS Health Insurance Eligibility Policy Manual and make a copy available to the public for viewing upon request. Copies of specific sections of this manual may be printed and provided to the customer or the customer's representative upon request.

In the near future this manual will be available to the public on the Internet.

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