

**DATE:** September 30, 2014  
**TO:** Holders of AHCCCS Contractor Operations Manual  
**FROM:** Sandi Borys, Contracts & Policy Specialist  
Division of Health Care Management, AHCCCS  
**SUBJECT:** AHCCCS Contractor Operations Manual (ACOM),  
September 2014 Update

This memo describes revisions and/or additions to the [ACOM](#), Guides and Manuals for the month of September. *Please direct questions regarding policy updates to Sandi Borys at 602-417-4055 or by e-mail at: sandi.borys@azahcccs.gov.*

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**CHAPTER 400, POLICY 422, AZSH COORDINATION**

Policy 422 has been revised to remove applicability to the Comprehensive Medical and Dental Program (CMDP). CMDP provides services for children under 18 years of; therefore AzSH services do not apply to CMDP members.

**CHAPTER 400, POLICY 429, DIRECT CARE WORKER TRAINING AND TESTING PROGRAM**

Policy 429, Direct Care Worker Training and Testing Program, has been updated to include information surrounding the new online Database. The primary purpose of the online database is to serve as a tool to support the portability or transferability of Direct Care Workers (DCW) or Direct Care Worker Training testing records from one employer to another employer. A secondary purpose of the database is to support the Direct Care Worker Agencies in monitoring compliance with the AHCCCS Direct Care Worker Training and testing initiative. AHCCCS initiated a soft launch of the new on online database for the period of February 2014 – August 2014 for DCW Agencies and Approved DCW Training and Testing Programs (Approved Programs) that participated in webinar-based training in 2013. AHCCCS completed the development of a Computer-Based Training (CBT) in August 2014 for DCW Agency and Approved Program representatives to take and learn how to utilize the online database. The release of the CBT is planned for September 2014 and, therefore, AHCCCS will initiate the full scale launch of the online database. All DCW Agencies and Approved Programs will be required to integrate the use of the online database into their everyday business practices. A tertiary purpose of the revisions is to make technical revisions to clarify that DCWs are employees of either a DCW Agency or ALTCS members when utilizing a member-directed option. It is the responsibility of the employer of the DCW to ensure minimum competency standards are met to provide care.

**CHAPTER 400, POLICY 433, MEMBER IDENTIFICATION CARDS**

AHCCCS has implemented a new branding logo that required Policy 433, Member Identification Cards to receive an update providing the requirements surrounding the new logo.

*APPROVED POLICIES NOT YET EFFECTIVE*

**CHAPTER 300, POLICY 315 CYE 15, ACUTE PROGRAM PAYMENT REFORM INITIATIVE**

The Acute Program Payment Reform Initiative will be amended to incorporate the changes for CYE 15. The changes will be implemented on October 01, 2014.

**CHAPTER 300, POLICY 318 CYE 15, ALTCS/EPD PROGRAM PAYMENT REFORM INITIATIVE**

Additional changes have been made to the ALTCS/EPD Program Payment Reform Initiative Policy as a result of Contractor questions and feedback. The ALTCS/EPD Program Payment Reform Initiative is a new Policy to be implemented, October 01, 2014. The Draft Policy and Attachments are available to provide Contractors the opportunity to review and provide feedback.

**CHAPTER 300, POLICY 319 CYE 15, CRS PROGRAM PAYMENT REFORM INITIATIVE**

The CRS Program Payment Reform Initiative is a new Policy to be implemented, October 01, 2014.

**CHAPTER 300, POLICY 321, PAYMENT REFORM – E-PRESCRIBING**

E-Prescribing has been added to the Contract with an effective date of October 01, 2014. Therefore, a new Policy has been developed and outlined in Policy 321, Payment Reform – E-Prescribing. Payment reform is a cornerstone of AHCCCS' strategy to bend the upward trajectory of health care costs. AHCCCS is implementing initiatives to leverage the managed care model toward value based health care systems where members' experience and population health are improved, per-capita health care cost is limited to the rate of general inflation through aligned incentives with managed care organization and provider partners, and there is a commitment to continuous quality improvement and learning.

On that note, E-prescribing is an effective tool to improve members' health outcomes and reduce costs. Benefits afforded by the electronic transmission of prescription-related information include, but are not limited to, reduced medication errors, reductions of drug and allergy interactions, and therapeutic duplication, patient adherence, and increased prescription accuracy.

**To view the policies that are approved but not yet effective, please access the following link:**

**[Approved Policies Not Yet Effective](#)**