

100 AHCCCS MEDICAL POLICY MANUAL OVERVIEW**EFFECTIVE DATE:** 02/14/96, 03/15/17, 10/01/18, 11/01/19**APPROVAL DATES:** 07/01/99, 01/01/01, 10/01/01, 04/03/02, 05/01/04, 07/01/04, 11/01/04, 03/01/06, 09/01/06, 06/01/07, 10/01/07, 12/01/07, 10/01/09, 01/01/11, 08/01/12, 10/01/13, 08/01/14, 10/01/14, 01/01/16, 07/01/16, 01/05/17, 06/27/18, 10/03/19**I. PURPOSE**

The Arizona Health Care Cost Containment System (AHCCCS) Contractor Operations Manual (ACOM) and AHCCCS Medical Policy Manual (AMPM) may be applicable to: AHCCCS Complete Care (ACC), Arizona Long Term Care System Elderly and Physical Disability Program (ALTCS E/PD), Arizona Department of Child Safety/Comprehensive Medical and Dental Program (DCS/CMDP), Department of Economic Security/Division of Developmental Disabilities (DES/DDD), and Regional Behavioral Health Authorities (RBHAs); and Fee-For-Services (FFS) Programs including: American Indian Health Program (AIHP), Tribal Arizona Long Term Care System (Tribal ALTCS), Tribal Regional Behavioral Health Authorities (TRBHAs), and Federal Emergency Services (FES) programs as applicable in each Policy. Each individual Policy found within each manual will indicate in the Purpose who that Policy is applicable to. The Manual Overview outlines the structure of both the ACOM and AMPM including, an overview of units within AHCCCS and the various steps that a Policy takes during the development, review, and revision process. Contractors are responsible for adhering to all requirements as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438.

II. DEFINITIONS

The definition section consists of common terms that are utilized throughout the ACOM and AMPM. Terms which pertain to an individual Policy will be included and defined in individual Policies if not already provided below.

1115 WAIVER

Refers to section 1115 of the Social Security Act (SSA). States must comply with Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) of the SSA. AHCCCS has been providing Medicaid since October 1, 1982 making AHCCCS exempt from specific provisions of the SSA, pursuant to an 1115 Research and Demonstration Waiver.

638 TRIBAL FACILITY

A facility that is owned and/or operated by a Federally recognized American Indian/Alaskan Native Tribe and that is authorized to provide services pursuant to Public Law 93-638, as amended. Also referred to as: tribally owned and/or operated 638 facility, tribally owned and/or operated facility, 638 tribal facility, and tribally-operated 638 health program.

**ADMINISTRATIVE SERVICES
SUBCONTRACT/
SUBCONTRACTOR**

An agreement that delegates any of the requirements of the Contract with AHCCCS, including, but not limited to the following:

- a. Claims processing, including pharmacy claims.
- b. Credentialing, including those for only primary source verification (i.e. Credential Verification Organization).
- c. Management Service Agreements.
- d. Service Level Agreements with any Division or Subsidiary of a corporate parent owner.
- e. DDD acute care and behavioral health subcontractors.

A person (individual or entity) who holds an Administrative Services Subcontract is an Administrative Services Subcontractor.

Providers are not Administrative Services Subcontractors.

ADULT

An individual 18 years of age or older, unless the term is given a different definition by statute, rule, or policies adopted by AHCCCS.

**ADULT RECOVERY TEAM
(ART)**

A group of individuals that follows the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. Working in collaboration and are actively involved in a person's assessment, service planning and service delivery.

**AHCCCS COMPLETE CARE
(ACC) CONTRACTOR**

A contracted Managed Care Organization (also known as a health plan) that, except in limited circumstances, is responsible for the provision of both physical and behavioral health services to eligible Title XIX/XXI persons enrolled by the administration.

**AHCCCS CONTRACTOR
OPERATIONS MANUAL
(ACOM)**

The ACOM provides policy information related to AHCCCS Contractor operations and is available on the AHCCCS website at www.azahcccs.gov under Guides and Manuals.

**AHCCCS ELIGIBILITY
DETERMINATION**

The process of determining, through an application and required verification, whether an applicant meets the criteria for Title XIX/XXI funded services.

AHCCCS FEE-FOR-SERVICES (FFS) PROGRAM

An AHCCCS program administered by the Division of Fee-For-Service Management (DFSM) using the original Medicaid payment model, where a fee is paid for each medically necessary service provided (e.g. office visit, test, procedure). Members enrolled in a FFS program may receive AHCCCS-covered services from any AHCCCS-registered provider

Note: Providers do not need to separately contract with any FFS program to render and bill for Medicaid Title XIX/XXI services provided to FFS members. Providers can bill FFS after they enter into a provider participation agreement with AHCCCS Provider Registration. Providers with active registration with AHCCCS Provider Registration serve as the FFS provider network.

AHCCCS MEDICAL POLICY MANUAL (AMPM)

The AMPM provides policy information regarding covered health care services and is available on the AHCCCS website at www.azahcccs.gov under Guides and Manuals.

AHCCCS POLICY COMMITTEE (APC)

A group of individuals comprised of Agency Management and subject matter experts within AHCCCS and stakeholder representatives who review and approve new and revised Policies.

AHCCCS REGISTERED PROVIDER

A contracted provider or non-contracting provider who enters into a provider agreement with AHCCCS and meets licensing or certification requirements to provide AHCCCS-covered services.

AHCCCS STATE PLAN

A comprehensive written contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that describes the nature and scope of its Medicaid program. Arizona has a State Plan for Medicaid and a State Plan for the Children’s Health Insurance Program (KidsCare).

AMERICAN INDIAN HEALTH PROGRAM (AIHP)

A Fee-For-Service program administered by AHCCCS for Title XIX/XXI eligible American Indians which reimburses for physical and behavioral health services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider.

**AMERICANS WITH
DISABILITIES ACT (ADA)**

The ADA prohibits discrimination on the basis of disability and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities transportation, and telecommunications. Refer to the Americans with Disabilities Act of 1990, as amended, in 42 U.S.C. 126 and 47 U.S.C. 5.

APEAL

The request for review of an adverse benefit determination.

**ARIZONA ADMINISTRATIVE
CODE (A.A.C.)**

State regulations established pursuant to relevant statutes. Referred to in Contract as “Rules.” AHCCCS Rules are State regulations which have been promulgated by the AHCCCS Administration and published by the Arizona Secretary of State.

**ARIZONA DEPARTMENT OF
HEALTH SERVICES (ADHS)**

The State agency that has the powers and duties set forth in A.R.S. §36-104 and A.R.S. Title 36, Chapters 5 and 34.

**ARIZONA HEALTH CARE
COST CONTAINMENT
SYSTEM (AHCCCS)**

Arizona’s Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

**ARIZONA LONG TERM
CARE SYSTEM ELDERLY
AND/OR PHYSICAL
DISABILITIES
(ALTCS E/PD)**

An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

**ARIZONA LONG TERM
CARE SYSTEM (ALTCS)
TRANSITIONAL PROGRAM**

A program for currently eligible ALTCS members who have improved, either medically, functionally or both, to the extent that they are no longer at risk of institutionalization at a Nursing Facility (NF) or Intermediate Care Facility for persons with intellectual disabilities (ICF) level of care. These members continue to require some long-term care services, but at a lower level of care. Refer to 9 A.A.C. 28, Article 3; and Chapter 1600 of this Manual.

**ARIZONA REVISED STATUTE
(A.R.S.)**

Laws of the State of Arizona.

ATTACHMENT(S)

Any item labeled as an Attachment to be utilized as an extension of a Policy as an example, template, or form to submit deliverables as specified in Contract.

**BEHAVIORAL HEALTH
PARAPROFESSIONAL**

As specified in A.A.C. R9-10-101, an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided under supervision by a behavioral health professional.

**BEHAVIORAL HEALTH
PROFESSIONAL**

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A behavior analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse.
 - a. A psychiatric-mental health nursing certification, or
 - b. One year of experience providing behavioral health services.

**BEHAVIORAL HEALTH
RESIDENTIAL FACILITY**

As specified in A.A.C. R9-10-101, health care institution that provides treatment to an individual experiencing a behavioral health issue that:

1. Limits the individual’s ability to be independent, or
2. Causes the individual to require treatment to maintain or enhance independence.

**BEHAVIORAL HEALTH
SERVICES**

Physician or practitioner services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue. See also “Covered Services”.

**BEHAVIORAL HEALTH
TECHNICIAN**

As specified in A.A.C. R9-10-101, an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health professional.

CARE MANAGEMENT

Activities to identify the top tier of high need/high cost Title XIX members receiving services within an AHCCCS contracted health plan; including the design of clinical interventions or alternative treatments to reduce risk, cost, and help members achieve better health care outcomes. Care management is an administrative function performed by the health plan. Distinct from case management, Care Managers should not perform the day-to-day duties of service delivery.

CASE MANAGEMENT

A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes. Contractor Case management for DES/DDD is referred to as Support Coordination.

**CENTERS FOR DISEASE
CONTROL AND PREVENTION
(CDC)**

A federal agency under the Department of Health and Human Services, based in Atlanta, Georgia, that provides information and tools to promote health, prevent disease, injury and disability and prepare for new health threats.

**CENTERS FOR MEDICARE
AND MEDICAID SERVICES
(CMS)**

An organization within the United States Department of Health and Human Services, which administers the Medicare and Medicaid programs and the State Children's Health Insurance Program.

**CHILD AND FAMILY TEAM
(CFT)**

A defined group of individuals that includes, at a minimum, the child and his or her family, a behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, synagogues, or mosques, agents from other service systems like Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD). The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by who is needed to develop an effective service plan, and can therefore expand and Contract as necessary to be successful on behalf of the child.

CLAIMS DASHBOARD GUIDE

A guide designed to assist the Contractor in submitting a monthly report to address claim requirements, including billing rules and documentation requirements, and submit a report to AHCCCS that will include the rationale for specific requirements.

**CODE OF FEDERAL
REGULATIONS (CFR)**

The general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

**COMPREHENSIVE MEDICAL
AND DENTAL PROGRAM
(CMDP)**

A Contractor that is responsible for the provision of covered, medically necessary AHCCCS services for foster children in Arizona. Refer to A.R.S. §8-512.

CONTRACTOR

An organization or entity that has a prepaid capitated Contract with AHCCCS pursuant to A.R.S. §36-2904, A.R.S. §36-2940, A.R.S. §36-2944, or Chapter 34 of A.R.S. Title 36, to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements and State and Federal law, rule, regulations, and policies.

**CORRECTIVE ACTION PLAN
(CAP)**

A written work plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions/ tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Contractor and/or its providers, to enhance Quality Management/Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.

DEPARTMENT OF CHILD SAFETY(DCS)

The department established pursuant to A.R.S. §8-451 to protect children and to perform the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

DEPARTMENT OF ECONOMIC SECURITY/DIVISION OF DEVELOPMENTAL DISABILITIES (DES/DDD)

The Division of a State agency, as defined in A.R.S. Title 36, Chapter 5.1, which is responsible for serving eligible Arizona residents with a developmental/intellectual disability. AHCCCS contracts with DES/DDD to serve Medicaid eligible individuals with a developmental/intellectual disability.

EXHIBIT(S)

Any item labeled as an Exhibit may be referenced in multiple Policies and is to be considered an extension of the indicated Policy.

FAMILY-CENTERED

Care that recognizes and respects the pivotal role of the family in the lives of members. It supports families in their natural care-giving roles, promotes normal patterns of living, and ensures family collaboration and choice in the provision of services to the member. When appropriate the member directs the involvement of the family to ensure person centered care.

FAMILY OR FAMILY MEMBER

A biological, adoptive, or custodial mother or father of a child, or an individual who has been appointed as a legal guardian or custodian of a child by a court of competent jurisdiction, or other member representative responsible for making health care decisions on behalf of the member. Family members may also include siblings, grandparents, aunts, and uncles.

FAMILY-RUN ORGANIZATION

An entity that has a board of directors made up of more than 50% family members who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance, or have the lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance use needs.

FEDERAL EMERGENCY SERVICES (FES)

A program delineated in A.A.C. R9-22-217, to treat an emergency condition for a member who is determined eligible under A.R.S. §36-2903.03(D).

FEE-FOR-SERVICE (FFS)

A method of payment to an AHCCCS registered provider on an amount-per-service basis for services reimbursed directly by AHCCCS for members not enrolled with a managed care Contractor.

GENERAL MENTAL HEALTH/SUBSTANCE USE (GHM/SU)

Behavioral health services provided to adult members age 18 and older who have not been determined to have a Serious Mental Illness.

GRANTS

A sum of money given by an organization or government for a particular purpose. Specific criteria must be followed to ensure funding.

GRIEVANCE GUIDE

A guide that provides instructions to the Contractors on how to complete the Grievance System Report for submission to and review by the Division of Health Care Management (DHCM), as required by contract.

HABILITATION

The process by which an individual is assisted to acquire and maintain those life skills that enable the individual to cope more effectively with personal and environmental demands and to raise the level of the individual's physical, mental and social efficiency (A.R.S. §36-551 [18]).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (P.L. 104-191); also known as the Kennedy-Kassebaum Act, signed August 21, 1996 as amended and as reflected in the implementing regulations at 45 CFR 160, 162, and 164.

HOME

A residential dwelling that is owned, rented, leased, or occupied at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting or an institution, or a portion of any of these, licensed or certified by a regulatory agency of the State as a defined in A.A.C. R9-28-101.

HOME AND COMMUNITY BASED SERVICES (HCBS)

Home and community-based services, as defined in A.R.S. §36-2931 and A.R.S. §36-2939.

**INDEPENDENT OVERSIGHT
COMMITTEE (IOC)**

A committee established by state statute to provide independent oversight and to ensure the rights of behavioral health members are protected. There is one Independent Oversight Committee established for each region as well as the AzSH, with each committee providing independent oversight and review within its respective jurisdiction as defined in A.A.C. R9-21-105.

**INDIAN HEALTH SERVICE
(IHS)**

The operating division within the U.S. Department of Health and Human Services, responsible for providing medical and public health services to members of federally recognized Tribes and Alaska Natives as outlined in 25 U.S.C. 1661.

**INTERGOVERNMENTAL
AGREEMENT (IGA)**

When authorized by legislative or other governing bodies, two or more public agencies or public procurement units by direct Contract or agreement may contract for services or jointly exercise any powers common to the contracting parties and may enter into agreements with one another for joint or cooperative action or may form a separate legal entity, including a nonprofit corporation to Contract for or perform some or all of the services specified in the Contract or agreement or exercise those powers jointly held by the contracting parties. A.R.S. Title 11, Chapter 7, Article 3 (A.R.S. §11-952.A).

KIDSCARE

Federal and State Children’s Health Insurance Program (Title XXI – SCHIP) administered by AHCCCS. The KidsCare Program offers comprehensive medical, preventive, treatment services, and behavioral health care services statewide to eligible children under the age of 19, in households with income at or below 200% Federal Poverty Level (FPL).

**MANAGED CARE
ORGANIZATION (MCO)**

A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals.

MEDICAL RECORDS

A chronological written account of a patient's examination and treatment that includes the patient's medical history and complaints, the provider's physical findings, behavioral health findings, the results of diagnostic tests and procedures, medications and therapeutic procedures, referrals and treatment plans..

MEDICALLY NECESSARY

A covered service provided by a physician or other licensed practitioner of the health arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or to prolong life (A.A.C. R(-22-101).

MEMBER

An eligible individual who is enrolled in AHCCCS, as defined in A.R.S. §36-2931, §36-2901, §36-2901.01 and A.R.S. §36-2981.

NETWORK

A list of doctors, other health care providers, and hospitals that a Contractor contracts with directly, or employs through a subcontractor, to provide medical care to its members.

OFFICE OF HUMAN RIGHTS (OHR)

The Office of Human Rights is established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a Serious Mental Illness with Service Planning, Inpatient Discharge Planning and resolving appeals and grievances.

PARENT

A biological, adoptive, or custodial mother or father of a child, or an individual who has been appointed as a legal guardian or custodian of a child by a court of competent jurisdiction.

PARENT/CARETAKER RELATIVES

Eligible individuals and families under Section 1931 of the Social Security Act, with household income levels at or below 100% of the Federal Poverty Level (FPL).

PEER-RUN ORGANIZATION

Peer-Operated Services that are:

1. Independent - Owned, administratively controlled, and managed by peers,
2. Autonomous - All decisions are made by the program,
3. Accountable - Responsibility for decisions rests with the program, and
4. Peer – controlled - Governance board is at least 51% peers.

PERSON WITH A DEVELOPMENTAL/INTELLECTUAL DISABILITY

An individual who meets the Arizona definition as outlined in A.R.S. §36-551 and is determined eligible for services through the DES Division of Developmental Disabilities (DDD). Services for AHCCCS enrolled acute and long term care members with developmental/intellectual disabilities are managed through the DES Division of Developmental Disabilities.

PHYSICIAN SERVICES

Medical assessment, treatments, and surgical services provided by licensed allopathic or osteopathic physicians within the scope of practice.

**PREPAID MEDICAL
MANAGEMENT
INFORMATION SYSTEM
(PMMIS)**

An integrated information infrastructure that supports AHCCCS operations, administrative activities and reporting requirements.

PRIMARY CARE

All health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the State Medicaid program, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them [42 CFR 438.2].

**PRIMARY CARE PROVIDER
(PCP)**

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as an individual licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of individuals, such as a clinic.

PROVIDER

Any individual or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

**PROVIDER AFFILIATION
TRANSMISSION (PAT)
USER MANUAL**

Every quarter the Contractors are required to submit information about each individual provider within their network as specified in Contract. Each Contractor is responsible for submitting true and valid information.

**PRUDENT LAYPERSON
(FOR PURPOSES OF
DETERMINING WHETHER AN
EMERGENCY MEDICAL
CONDITION EXISTS)**

An individual without medical training who relies on the experience, knowledge and judgment of a reasonable individual to make a decision regarding whether or not the absence of immediate medical attention will result in:

1. Placing the health of the individual in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of a bodily part or organ.

QUALITY MANAGEMENT

The evaluation and assessment of member care and services to ensure adherence to standards of care and appropriateness of services; can be assessed at a member, provider, or population level.

RAPID RESPONSE

A process in which, a behavioral health service provider is dispatched within 72 hours, to assess a child’s immediate behavioral health needs, and refer for further assessments through the behavioral health system when a child first enters into DCS custody.

**REGIONAL BEHAVIORAL
HEALTH AUTHORITY
(RBHA)**

A contracted Managed Care Organization (also known as a health plan) responsible for the provision of comprehensive behavioral health services to all eligible persons assigned by the administration and provision of comprehensive physical health services to eligible persons with a Serious Mental Illness enrolled by the Administration.

REHABILITATION

Physical, occupational, and speech therapies, and items to assist in improving or restoring an individual’s functional level (A.A.C. R9-22-101).

**ROOM AND BOARD (OR
ROOM)**

The amount paid for food and/or shelter. Medicaid funds can be expended for room and board when an individual lives in an institutional setting (e.g. NF, ICF). Medicaid funds cannot be expended for room and board when a member resides in an Alternative HCBS Setting (e.g. Assisted Living Home, Behavioral Health Residential Facilities) or an apartment like setting that may provide meals.

**SERIOUS MENTAL ILLNESS
(SMI)**

A designation as defined in A.R.S. §36-550 and determined in an individual 18 years of age or older.

**SERIOUS MENTAL ILLNESS
DETERMINATION**

A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining an individual’s eligibility for SMI services.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

SPECIALIST

A Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

STATE CHILDREN’S HEALTH INSURANCE PROGRAM (SCHIP)

State Children’s Health Insurance Program under Title XXI of the Social Security Act (Also known as CHIP). The Arizona version of CHIP is referred to as “KidsCare.” See also “KIDSCARE.”

STATE PLAN

The written agreements between the State and CMS, which describes how the AHCCCS program meets CMS requirements for participation in the Medicaid program and the State Children’s Health Insurance Program.

SUBCONTRACT

An agreement entered into by the Contractor with any of the following: a provider of health care services who agrees to furnish covered services to member; or with any other organization or individual who agrees to perform any administrative function or service for the Contractor specifically related to fulfilling the Contractor's obligations to AHCCCS under the terms of this Contract, as defined in 9 A.A.C. 22 Article 1.

SUBCONTRACTOR

1. A provider of health care who agrees to furnish covered services to members.
2. An individual, agency, or organization with which the Contractor has contracted or delegated some of its management/administrative functions or responsibilities.
3. An individual, agency or organization with which a fiscal agent has entered into a Contract, agreement, purchase order or lease (or leases of real property) to obtain space, supplies equipment or services provided under the AHCCCS agreement.

SUBSTANCE ABUSE

As specified in A.A.C. R9-10-101, an individual’s misuse of alcohol or other drug or chemical that:

1. Alters the individual’s behavior or mental functioning,
2. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical, and
3. Impairs, reduces, or destroys the individual’s social or economic functioning.

SUBSTANCE USE DISORDER

A range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.

TELEDENTISTRY

The acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.

TELEHEALTH

Healthcare services delivered via teledentistry, telemedicine, or asynchronous (store and forward).

TELEMEDICINE

The practice of health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. Telemedicine includes:

Synchronous (real-time): Two-way interaction between a person (patient, caregiver, or provider) and a provider using interactive audio and video.

Remote patient monitoring: Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in providing improved chronic disease management care and related support.

TITLE XIX

Known as Medicaid, Title XIX of the Social Security Act provides for Federal grants to the states for medical assistance programs. Title XIX enables states to furnish medical assistance to those who have insufficient income and resources to meet the costs of necessary medical services, rehabilitation and other services, to help those families and individuals become or remain independent and able to care for themselves. Title XIX members include but are not limited to those eligible under Section 1931 of the Social Security Act, Supplemental Security Income (SSI), SSI-related groups, Medicare cost sharing groups, Breast and Cervical Cancer Treatment Program and Freedom to Work Program. Which includes those populations described in 42 U.S.C. 1396 a(a)(10)(A).

TITLE XXI

Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage.

TREATMENT

A procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue. Refer to A.A.C. R9-10-101.

TREATMENT PLAN

A written plan of services and therapeutic interventions based on a complete assessment of a member's developmental and health status, strengths and needs that are designed and periodically updated by the multi-specialty, interdisciplinary team.

**TRIBAL ARIZONA LONG
TERM CARE SYSTEM
(TRIBAL ALTCS)
FEE-FOR-SERVICE
PROGRAM**

A program managed by AHCCCS to provide covered, medically necessary ALTCS services to ALTCS American Indian members who reside on a Tribal reservation in Arizona or resided on a reservation immediately before being placed in a nursing facility or alternative HCBS setting off-reservation.

**TRIBAL REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (TRBHA)**

A tribal entity that has an intergovernmental agreement with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible members assigned by the administration to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.R.S. §36-3401, §36-3407, and A.A.C. R9-22-1201.

**TRIBAL SOVEREIGNTY IN
THE UNITED STATES**

The inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The US federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the United States federal and state governments and the tribal nations. The Constitution and later federal laws grant to tribal nations more sovereignty than is granted to states or other local jurisdictions, yet do not grant full sovereignty equivalent to foreign nations, hence the term "domestic dependent nations".

VIRTUAL CLINICS

Integrated services provided in community settings through the use of innovative strategies for care coordination such as Telemedicine, integrated medical records and virtual interdisciplinary treatment team meetings.

VULNERABLE ADULT

Means, as defined in A.R.S. §46-451, an individual who is 18 years of age or older and who is unable to protect himself from abuse, neglect, or exploitation by others because of a physical or mental impairment. Vulnerable adult includes an incapacitated person as defined in A.R.S. §14-5101.

A. SYSTEM VALUES AND GUIDING PRINCIPLES

System of Care is a spectrum of effective community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to a function better at home, in school, in the community, and throughout life.

Providers, Contractors, and FFS Programs shall ensure delivery of services consistent with the following values, principles, and goals:

1. Timely access to care.
2. Culturally competent and linguistically appropriate care.
3. Identification of the need for and the provision of comprehensive care coordination for physical and behavioral health service delivery.
4. Integration of clinical and non-clinical health care related services.
5. Education and guidance to providers on service integration and care coordination.
6. Provision of chronic disease management including self-management support.
7. Provision of preventive and health promotion and wellness services.
8. Adherence with the Adult Behavioral Health Service Delivery System-Nine Guiding Principles, and the Arizona Vision and Twelve Principles for Children Behavioral Health Service Delivery.
9. Promotion of evidence-based practices through innovation.
10. Expectation for continuous quality improvement.
11. Improvement of health outcomes.
12. Containment and/or reduction of health care costs without compromising quality.

13. Engagement of member and family members at all system levels.
14. Collaboration with the greater community.
15. Maintains, rather than delegates, key operational functions to ensure integrated service delivery.
16. Embraces system transformation, and
17. Implementation of health information technology to link services and facilitate improved communication between treating professionals, and between the health team, the member, and member caregivers.

ADULT SYSTEM OF CARE - NINE GUIDING PRINCIPLES

The Adult System of Care (ASOC) is a continuum of coordinated community and facility based services and supports for adults with, or at risk for, behavioral health or substance use challenges. The ASOC is organized into a comprehensive network to create opportunities that foster rehabilitation addressing impairment, managing related symptoms, and improving health outcomes by:

1. Building meaningful partnerships with members served.
2. Addressing the member's cultural and linguistic needs, and
3. Assisting the member in identifying and achieving person and recovery goals.

The following principles were developed to promote recovery in the adult behavioral health system. System development efforts, programs, service provision, and stakeholder collaboration shall be guided by these Nine Guiding Principles:

1. RESPECT

Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. PERSONS IN RECOVERY CHOOSE SERVICES AND ARE INCLUDED IN PROGRAM DECISIONS AND PROGRAM DEVELOPMENT EFFORTS

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions, and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the "informed consumer" and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. FOCUS ON INDIVIDUAL AS A WHOLE PERSON, WHILE INCLUDING AND/OR DEVELOPING NATURAL SUPPORTS

A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.

4. EMPOWER INDIVIDUALS TAKING STEPS TOWARDS INDEPENDENCE AND ALLOWING RISK TAKING WITHOUT FEAR OF FAILURE

A person in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. INTEGRATION, COLLABORATION, AND PARTICIPATION WITH THE COMMUNITY OF ONE'S CHOICE

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. PARTNERSHIP BETWEEN INDIVIDUALS, STAFF, AND FAMILY MEMBERS/NATURAL SUPPORTS FOR SHARED DECISION MAKING WITH A FOUNDATION OF TRUST

A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. PERSONS IN RECOVERY DEFINE THEIR OWN SUCCESS

A person in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. STRENGTHS-BASED, FLEXIBLE, RESPONSIVE SERVICES REFLECTIVE OF AN INDIVIDUAL'S CULTURAL PREFERENCES

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve

to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. HOPE IS THE FOUNDATION FOR THE JOURNEY TOWARDS RECOVERY

A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

CHILDREN’S SYSTEM OF CARE – VISION AND GUIDING PRINCIPLES

Arizona’s Child and Family Team (CFT) practice model blends shared concepts of the 12 Arizona Principles with the 10 Principles of Wraparound: Family voice and choice, team-based, natural supports, collaboration, community based, culturally competent, individualized, strengths based, unconditional, and outcome based. In CFT Practice, it is the child’s and family’s complexity of needs that drive the development, integration, and individualization of service delivery. The level of complexity is determined individually for each child and family based on their needs and strengths.

One variable that is considered when determining complexity of needs for children is the involvement of other child-serving agencies, such as Juvenile Justice (Probation or Parole), Division of Developmental Disabilities (DDD), Department of Child Safety (DCS), and Education (Early Intervention or Special Education). The number of system partners involved and invited to participate in CFT practice by the child and family, contributes to the level of service coordination required, as well as consideration by team members of the individual mandates for each agency involved.

Service delivery shall incorporate the Arizona Model in all aspects of service delivery to children and families at all levels of need/acuity as well as children with complex needs or who are determined to have a Serious Emotional Disturbance (SED).

ARIZONA VISION

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child’s family’s cultural heritage.

12 PRINCIPLES

1. COLLABORATION WITH THE CHILD AND FAMILY

Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. FUNCTIONAL OUTCOMES

Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. COLLABORATION WITH OTHERS

When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, DCS and/or DDD caseworker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan, and (d) makes adjustments in the plan if it is not succeeding.

4. ACCESSIBLE SERVICES

Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. BEST PRACTICES

Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. MOST APPROPRIATE SETTING

Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's need.

7. TIMELINESS

Children identified as needing behavioral health services are assessed and served promptly.

8. SERVICES TAILORED TO THE CHILD AND FAMILY

The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. STABILITY

Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. RESPECT FOR THE CHILD AND FAMILY'S UNIQUE CULTURAL HERITAGE

Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. INDEPENDENCE

Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. CONNECTION TO NATURAL SUPPORTS

The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

III. MANUALS

The ACOM establishes Policies for contracted MCOs (i.e. Contractors) regarding AHCCCS Administrative, Claims, Financial, and Operational requirements.

The AMPM establishes coverage of covered health care services and establishes requirements for Contractors, providers, and FFS Programs for the provision of services for Arizona residents who are eligible AHCCCS members and select Non-Title XIX/XXI individuals when criteria are met.

Applicable ACOM and AMPM Policies are incorporated by reference in Contractors' Medicaid Contracts and FFS Program IGAs and are developed to provide detailed information regarding requirements and expectations.

New or revised Policies can stem from a variety of sources including, but not limited to:

1. Federal or State legislation.
2. Contractual requirements.
3. Internal operational changes.
4. Governor Executive Orders.
5. Arizona State Plan or 1115 Waiver, and/or
6. Requests for written guidelines in a particular area.

In addition, both manuals maintain a consistent, uniform approach to ensure:

1. Regular review.
2. Timely communication of updates.
3. Standardized language, and
4. Reduction of duplication and inconsistencies.

Policy modifications are assessed for a financial impact and the need for input/comments from external parties (e.g. health plans, state agencies, stakeholders, CMS).

A. ACOM MANUAL CONTENT

The ACOM consists of four chapters. Each Chapter contains individual Policies and corresponding Policy Attachment(s). The Policy Attachments are considered Policy requirements and are provided in the appropriate format (e.g. Microsoft Word, Microsoft Excel) as necessary for ease of use.

The Policy Manual Chapters include:

CHAPTER 100 ADMINISTRATION	Contains the Manual Overview and policies pertaining to business plan and organization.
CHAPTER 200 CLAIMS	Contains policies pertaining to claim adjudication and reimbursement.
CHAPTER 300 FINANCIAL	Contains policies pertaining to financial information or data, including reconciliation and reporting.
CHAPTER 400 OPERATIONS	Contains policies pertaining to Contractor operations such as; member information, coordination of care, and network management.

The Contractor is responsible for complying with the requirements set forth within the ACOM and is responsible for ensuring that its subcontractors are notified when modifications are made to the ACOM. Upon adoption by AHCCCS, updates to the ACOM are made available and distributed via Constant Contact on the AHCCCS website as described below.

B. AMPM MANUAL CONTENT

The AMPM consists of 13 chapters and five appendices, identified below. Each Chapter contains individual Policies and corresponding Policy Attachments and/or Exhibits. The Policy Attachments and Exhibits are considered Policy requirements and are provided in the appropriate format (e.g. Microsoft Word, Microsoft Excel) as necessary for ease of use.

The Policy Manual Chapters include:

Chapter 100	Manual Overview
Chapter 300	Medical Policy for Covered Services
Chapter 400	Medical Policy for Maternal and Child Health
Chapter 500	Care Coordination Requirements
Chapter 600	Provider Qualifications and Provider Requirements
Chapter 700	School-Based Claiming Program/Direct Services Claiming
Chapter 800	Fee-For-Service Quality and Utilization Management
Chapter 900	Quality Management and Performance Improvement Program
Chapter 1000	Medical Management (MM)
Chapter 1100	Federal Emergency Services (FES) Program
Chapter 1200	Arizona Long Term Care System Services and Settings for Members who are Elderly and/or Have Physical Disabilities and/or Have Developmental Disabilities
Chapter 1300	Member Directed Options
Chapter 1600	ALTCS Case Management

Appendix:

- A, EPSDT and Adult Quarterly Monitoring Report Instructions and Template
- H, Policy for Management of Acute Behavioral Health Situations (NFS with No BH Units)

Contractors, Providers, and FFS Programs are responsible for complying with the requirements set forth within the AMPM and are responsible for ensuring that its subcontractors are notified when modifications are made to the AMPM. Upon adoption by AHCCCS, updates to the AMPM are made available on the AHCCCS website and notification provided via Constant Contact as described below.

C. AHCCCS POLICY COMMITTEE

The AHCCCS Policy Committee (APC) is comprised of AHCCCS management, subject matter experts, and stakeholder representation including member advocates and Tribal representatives.

APC reviews and approves new policies and substantive modifications to existing policies within the ACOM and the AMPM. APC determines if the proposed policy changes require Tribal Consultation Notification/Public Comment (TCN/PC) prior to final publication.

D. TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT

Upon APC approval and determination, Policies and corresponding Attachments/Exhibits are made available on the AHCCCS Website within the TCN/PC site. This page allows Tribal members, stakeholders, Contractors, and the general public to review and submit comments regarding the proposed changes. The comment period is available for 45 days; however, in certain circumstances Executive Management may approve an expedited comment period of two weeks. All documents will have the final date for public comment written on each document. Comments shall be limited only to changes found within those policies currently open and listed on the TCN/PC site.

When the comment period has concluded, the Policies are removed from the site.

AHCCCS will review all comments submitted; however, will not provide responses to any submissions. Any changes made to the policy as a result of public comment will be noted on the corresponding Revision Memo when the policy is published to the AHCCCS website.

E. CONSTANT CONTACT®

AHCCCS maintains a Constant Contact® distribution list to communicate when policies are available for TCN/PC and/or published to the web. To receive these notifications stakeholders are encouraged to subscribe to Constant Contact®, located on the AHCCCS website www.azahcccs.gov/shared/AMPM, select ‘Sign Up for Notifications’ at the top of the page or on the TCN/PC WordPress® site comments.azahcccs.gov, select ‘AMPM’,

and then select ‘Sign Up for Notifications’ at the top of the page to receive timely notifications.

F. PUBLISHED POLICIES

At the conclusion of the TCN/PC period, policies are finalized and published to the AHCCCS website. A corresponding Revision Memo is developed for each publishing to provide an overview of the Policy changes. All Revision Memos are provided on the AHCCCS ACOM and AMPM web pages.

G. OTHER AHCCCS GUIDES AND MANUALS

The ACOM and AMPM frequently provide references to other AHCCCS manuals and legal references or documents which provide more detailed information and can be found on the Guides and Manuals of the AHCCCS Website under ‘Resources’.