

1250- C - ACUTE CARE SERVICES

EFFECTIVE DATES: 02/14/96, 10/01/01, 03/01/06, 10/01/07, 07/01/12, 10/01/14, 10/01/17

REVISION DATES: 10/01/01, 03/01/06, 10/01/07, 07/01/12, 10/01/14, 07/20/17

I. PURPOSE

This Policy applies to ALTCS/EPD, DES/DDD Contractors; Fee-For-Services (FFS) and Tribal ALTCS. This Policy establishes the guidelines for acute care services for members in both HCBS and institutional settings.

II. DEFINITIONS

ACUTE CARE SERVICES Medically necessary services that are covered for AHCCCS members and which are provided through contractual agreements with Managed Care Contractors or on a Fee-For-Service basis through AHCCCS.

III. POLICY

Acute care services, including dental services, are covered for members in the ALTCS program as specified in AMPM Chapter 300 for all acute care services. Acute care services provided to ALTCS members are the same as those provided to members enrolled in the Acute Care Program, with the exception of therapies described in this Chapter and dental services for members 21 years of age and older. There are limitations to specific acute care services for adult members, ages 21 and over.

These services require orders from the member's Primary Care Provider or attending physician, and in some cases, authorization from the member's case manager. Refer to AMPM Policy 1250-C, Attachment A for information regarding authorization requirements for acute care services and Home and Community Based Services (HCBS).

Acute care services may be provided to ALTCS members residing in their own home, institutional setting or any ALTCS approved alternative HCBS residential setting, and in conjunction with any HCBS.