

**AMPM Policy 1250-C, EXHIBIT 1250-C-1,  
AUTHORIZATION OF ALTCS SERVICES**

Services provided to Arizona Long Term Care System (ALTCS) members receiving Home and Community Based Services (HCBS) require authorization by the Contractor, the member's Primary Care Provider (PCP) and/or the AHCCCS Administration (AHCCCS) as follows:

SERVICE	PCP ORDERS (ALTCS Contractor for enrolled members)		AHCCCSA PRIOR AUTHORIZATION (FFS Members Only)	CONTRACTOR SERVICE AUTHORIZATION	
	E/PD	DD	E/PD	E/PD	DD
Acute hospital admission (Non-Medicare admission)	X	X	X	X	X <sup>3</sup>
Adult Day Health Services				X	N/A
Attendant Care				X	X
Behavioral Health Services	X <sup>1</sup>	X <sup>1</sup>		X	X <sup>4</sup>
Community Transition Service			X	X	X
DME/Medical Supplies	X	X	X <sup>2</sup>	X	X <sup>3</sup>
Emergency Alert	X	X		X	X
Habilitation				X	X
Home Delivered Meals		N/A		X	N/A
Home Health Agency Services	X	X		X	X
Home Modifications	X	X	X	X	X
Homemaker Services				X	X
Hospice Services (HCBS and Institutional) [Non Medicare]	X	X		X	X
ICF	N/A	X		N/A	X
Medical Care Acute Services	X	X	X	X	X <sup>3</sup>
Nursing Facility Services	X	X		X	X
Personal Care				X	X
Respite Care (in-home)				X	X
Respite Care (Institutional)	X	X		X	X
Therapies	X	X		X	X <sup>3</sup>
Transportation				X	X

<sup>1</sup> Refer to [Policy 1620](#), Standard H "Behavioral Health Standard"

<sup>2</sup> DME over \$500 for FFS members requires approval from AHCCCS/Division of FFS Management/Prior Auth. Unit, via the Tribal case manager. DME from \$300 to \$499 requires approval from the FFS case manager.

<sup>3</sup> DDD contracted health plans authorize.

<sup>4</sup> ADHS/BHS authorizes through its subcontracted Integrated RBHAs/RBHAs