ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

150 N. 18th Avenue
Phoenix, AZ 85007
602.417.4000

KATIE HOBBS
GOVERNOR

ROBERTA HARRISON
INTERIM DIRECTOR

DATE: September 10, 2026

TO: Holders of the AHCCCS Medical Policy Manual (AMPM)

FROM: Division of Managed Care (DMC) Contracts and Policy Unit

SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes additions and/or revisions to the AMPM. For questions regarding policy updates email the Contracts and Policy Unit at: DMCContractsandPolicy@azahcccs.gov.

SECTION 504 OF THE REHABILITATION ACT

Effective May 1, 2024, The Office for Civil Rights (OCR) finalized the rule that prohibits discrimination on the basis of disability. AHCCCS is in the process of revising all pertinent documents to remove symbols and periods from various Federal and State citations to ensure accessibility for all individuals in compliance with Section 504 of the Rehabilitation Act.

AHCCCS NEW AGENCY STRUCTURE

Effective March 3, 2025, AHCCCS unveiled a new Agency structure. AHCCCS is in the process of revising all pertinent documents to reflect the new Division titles. For complete details related to the new Agency structure, please see the press release found on the AHCCCS website under News & Press Releases.

STATEWIDE BRANDING

Effective August 23, 2024, Arizona announced a statewide branding effort. AHCCCS is in the process of revising all pertinent documents to reflect the new AHCCCS Logo, colors, and design elements.

ACOM AND AMPM DICTIONARY AND AHCCCS RELATED ACRONYMS

Effective February 5, 2026, AHCCCS updated the name of the Dictionary. AHCCCS is in the process of revising all Policies and Exhibits to reflect the new name and updated link.

The AHCCCS ACOM and AMPM Dictionary offers a centralized location for definitions found within the various AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Medical Policy Manual (AMPM) policies.

To view the AHCCCS ACOM AND AMPM Dictionary, please access the following link:
AHCCCS ACOM AND AMPM DICTIONARY

To view the AHCCCS Related Acronyms found on the AHCCCS website, please access the following link:
AHCCCS RELATED ACRONYMS

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CURRENT UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)
NEWLY ADDED TO APPROVED NOT YET EFFECTIVE

AMPM POLICY 320-U - PRE-PETITION SCREENING, COURT ORDERED EVALUATION, AND COURT ORDERED TREATMENT

Implementation date 10/01/26

AMPM Policy 320-U had substantial changes below that included but were not limited to:

- Revising language, changing commitment to evaluation/treatment.
- Moving language for better flow.

POST PUBLIC COMMENT CHANGE

- Adding reference to ARS 36-522 to clarify voluntary evaluation requirements.

ATTACHMENT B – ARS 12-136 FLOW CHART, RECOGNITION OF TRIBAL COURT ORDER PROCESS

Implementation date 10/01/26

Attachment B had no substantial changes.

AMPM POLICY 320-V - BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Implementation date 10/01/26

AMPM Policy 320-V had substantial changes below that included but were not limited to:

- Adding language to address Fee-For-Service (FFS) member process, out-of-state policy, and reference to out-of-home placements for youth in AHCCCS Policy.
- Revising to exclude Fee-For-Service (FFS) from authorization requests requirement in this policy.
- Removing deliverable to lessen administrative burden on Contractors.

AMPM POLICY 920 - QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

Implementation date 10/01/26

AMPM Policy 920 had substantial changes below that included but were not limited to:

- Newly added definition for Enhancing Quality Improvement Plan (EQIP) to preface deliverable name change.
- Newly added definitions for Population and Program to provide additional clarity related to this term and the associated requirements as it pertains to this policy.
- Updating to enhance clarity related to AHCCCS requirements.
- Updating to reflect change in deliverable name that more clearly aligns with the overall purpose/intent of the deliverable; deliverable name changed to avoid confusion with AHCCCS-required Corrective Action Plans issued through the AHCCCS Compliance Team.
- Removing Performance Summary language as related instructions and additional elements to be outlined within AHCCCS-required Enhancing Quality Improvement Plan (EQIP) notifications.

POST PUBLIC COMMENT CHANGE

- Removing language to only point to AMPM Policy 980, not the most current Performance Improvement Project (PIP) Report and Analysis Template.

ATTACHMENT B – AHCCCS ENHANCING QUALITY IMPROVEMENT PLAN CHECKLIST

Implementation date 10/01/26

Attachment B had substantial changes below that included but were not limited to:

- Title name change.
- Revisions made throughout the attachment related to the deliverable name.
- Enhancing Quality Improvement Plans (EQIP) overview added to allow attachment to serve as a stand- alone comprehensive resource related to submission requirements.

AMPM POLICY 940 – MEDICAL RECORDS AND COMMUNICATION OF CLINICAL INFORMATION

Implementation date 10/01/26

AMPM Policy 940 had substantial changes below that included but were not limited to:

- Adding clarification of electronic signatures.
- Adding clarification of medical record documentation to ensure clear expectations for Medication Administration Record (MAR) documentation when medication administration is applicable.
- Revising to align with CMS documentation standards across behavioral and physical health services.
- Clarifying to reinforce that cloning documentation is prohibited and response to services shall be individualized and aligned with the member's vision and goal for recovery.
- Updating Ambulatory Medical Record Review (AMRR) process to clarify that this process includes adult record reviews.
- Adding alignment with The Behavioral Health Clinical Chart Audit (BHCCA) to prevent potential conflict of information.
- Adding urgent request timeline for health and safety concerns.

POST PUBLIC COMMENT CHANGES

- Adding references to Health Care Decision Maker (HCDM) throughout policy when applicable.
- Adding the pathway location to the Centers for Medicare and Medicaid Services (CMS) sub regulatory guidance CMS Fact Sheet 121115.
- Adding PRN to align documentation requirements with standard clinical practice.

AMPM POLICY 963 – PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS

Implementation date 10/01/26

AMPM Policy 963 had substantial changes below that included but were not limited to:

- Revising to give clarity that services would be added to the member's service plan.
- Adding for clarity that the individual facilitating training will be employed by the credentialing program operator.

ATTACHMENT A -PEER AND RECOVERY SUPPORT SPECIALIST INVOLVEMENT IN SERVICE DELIVERY

Implementation date 10/01/26

Attachment A had substantial changes below that included but were not limited to:

- Changing Full-Time Employment section to Completed Required Training (Psychosis Anosognosia).
- Changing Is the PRSS employed at 32+ hour/week to Has the PRSS completed the required training.
- Removing Line of Business/Contractor Only section.

ATTACHMENT B – PROGRAM OPERATOR CREDENTIALING PROGRAMADMISSION INTERVIEW TOOL

Implementation date 10/01/26

Attachment B had substantial changes below that included but were not limited to:

- Title name change.
- Revising Peer support Employment Training Program to program operator to address misunderstandings with providers and contractors.
- Including Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) Vocational Rehabilitation (VR) program section to align with billing limitations in the Covered Behavioral Health Services Guide (CBHSG), if Medicaid dollars are being used to reimburse the training.

ATTACHMENT C -PEER AND RECOVERY SUPPORT SERVICE (PRSS) CREDENTIALING PROGRAM GRADUATES

Implementation date 10/01/26

Attachment C had substantial changes below that included but were not limited to:

- Changing the title name.

AMPM POLICY 1020 - UTILIZATION MANAGEMENT

Implementation date 10/01/26

AMPM Policy 1020 had substantial changes below that included but were not limited to:

- Adding language regarding discharge planning with TRBHA and/or American Indian Medical Home (AIMH) members.
- Adding language to clarify that Peer to Peer cannot occur once a Notice of Adverse Benefit Determination (NABD) letter has been executed.
- Adding a new quarterly deliverable.
- Adding inpatient admissions shall be reviewed no later than 72 hours.

POST PUBLIC COMMENT CHANGE

- Removing the word urgent in inpatient admissions.
- Adding clarifying language surrounding peer-to-peer discussions.

ATTACHMENT A – INPATIENT HOSPITAL SHOWINGS REPORT ATTESTATION FORM

Implementation date 10/01/26

Attachment A had no substantial changes.

PREVIOUSLY ADDED TO APPROVED NOT YET EFFECTIVE

AMPM POLICY 310-P - MEDICAL EQUIPMENT, MEDICAL APPLIANCES, AND MEDICAL SUPPLIES

Implementation date 10/01/26

AMPM POLICY 320-T1 - BLOCK GRANTS AND DISCRETIONARY GRANTS

Implementation date 10/01/26

AMPM POLICY 320-X–ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES

Implementation date 10/01/26

AMPM POLICY 430 - EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES

Implementation date 10/01/26

AMPM POLICY 587 - TRANSITION TO ADULTHOOD

Implementation date 10/01/26

AMPM POLICY 660 – OPIOID TREATMENT PROGRAM

Implementation date 10/01/26

AMPM POLICY 964 - CREDENTIALED FAMILY SUPPORT PARTNER REQUIREMENTS

Implementation date 10/01/26

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AMPM POLICY 970 - PERFORMANCE MEASURES
Implementation date 10/01/26

AMPM POLICY 1021 – CONTRACTOR CARE MANAGEMENT
Implementation date 10/01/26

AMPM POLICY 1620-D - PLACEMENT AND SERVICE PLANNING STANDARD
Implementation date 10/01/26

AMPM POLICY 1630 - ADMINISTRATIVE STANDARDS
Implementation date 10/01/26