



The Handbook for Members of the American Indian Health Program and/or the Tribal Regional Behavioral Health Authorities

June 2023



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Personal Information

My AHCCCS ID number: _____

My Doctor: _____

My Doctor's phone number: _____

My Pharmacy: _____

My Pharmacy's phone number: _____

My Pharmacy's address: _____

My Behavior Health Provider: _____

My Behavior Health phone number: _____

Welcome to AHCCCS

Founded in 1982, the Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. Our mission is to reach across Arizona to provide comprehensive, quality health care to those in need. Our first care is your health care. Thank you for choosing the American Indian Health Program, we will work with you to help you stay healthy.

Please keep this Member Information booklet in a place where you can find it easily.

ID Cards

When you become a member of the AHCCCS American Indian Health Program (AIHP), you will receive an ID card from AHCCCS.

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AHCCS ID #:

Member Name:

Health Plan Name: AHCCCS American Indian HP

Telephone #:

Always carry your ID card with you. You will need to show this card when you get medical care.

When you get your card, make sure your information is correct. If there is a problem with your card or if you lose your card, please call AHCCCS Division of Member and Provider Services.

When ordering a new AIHP ID card you will first speak with the AHCCCS Virtual Assistant (AVA). AVA helps customers via web/chat or voice/telephonic and provides 24/7 service. To request your card, you must speak to an agent.

Phone: 602-417-7100

Visit AHCCCS online at <https://www.azahcccs.gov/>.

These steps will get you to the call queue for an available agent as quickly as possible:

1. Call AHCCCS, AVA will greet you,
2. Tell AVA immediately, "I want to speak to an agent,"
3. She will ask if there is anything else she can help you with, you say "No, I want to speak to an agent," and
4. You will then be placed in a call queue for the next available representative to request your AIHP ID card.

IMPORTANT!

Do not let anyone else use your ID card!

Phone Numbers

**If you need emergency care,
go to the nearest emergency room (ER) or Dial 911.**

AHCCCS Division of Member and Provider Services

800-962-669

In Maricopa County, call

602- 417-4000

AIHP/TRBHA Member Handbook

Crisis services are available to any Arizona resident, regardless of health insurance coverage. If you or someone you know is experiencing a behavioral health crisis, please call one of these national or local crisis lines:

Crisis Hotlines

If you or someone you know is experiencing a behavioral health crisis, please contact:

National 24-Hour Crisis Hotlines

- 988 Suicide & Crisis Lifeline:
[988 \(call or text\)](tel:988)
- National Substance Use and Disorder Issues Referral and Treatment Hotline:
[1-800-662-HELP \(4357\)](tel:1-800-662-HELP)
- Text the word "HOME" to 741741

Arizona Statewide Crisis Hotline Phone:

- [1-844-534-4673 \(HOPE\)](tel:1-844-534-4673)

Suicide and Crisis Hotlines by County and Tribal Nation

- **Apache, Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma:** Arizona Complete Health – Complete Care Plan
[1-866-495-6735](tel:1-866-495-6735)
- **Coconino, Gila, Mohave, Navajo, Yavapai:** Health Choice Arizona
[1-877-756-4090](tel:1-877-756-4090)
- **Maricopa County:** Mercy Care
[1-800-631-1314](tel:1-800-631-1314)
- **Ak-chin Indian Community, Gila River Indian Community**
[1-800-259-3449](tel:1-800-259-3449)
- **Salt River Pima Maricopa Indian Community:**
[1-855-331-6432](tel:1-855-331-6432)
- **Tohono O'odham Nation:**
[1-844-423-8759](tel:1-844-423-8759)

Especially for Teens

- Teen Life Line phone or text:
[602-248-TEEN \(8336\)](tel:602-248-TEEN)

Especially for Veterans

- Veterans Crisis Line:
[988 \(press 1\)](tel:988)
- Be Connected:
[1-866-4AZ-VETS \(429-8387\)](tel:1-866-4AZ-VETS)

Enrollment Options

As an American Indian or Alaskan Native (AI/AN) member, you can receive physical and behavioral health services. Your enrollment choice may affect what services are covered and what providers are in your plan's network.

You have the option to choose a health plan and may enroll in either:

- The AHCCCS American Indian Health Program (AIHP), or
- The AHCCCS Complete Care (ACC) plan of your choice.
 - A list of ACC plans can be found on the AHCCCS website at: [AHCCCS Available Health Plans](#)

You may switch your enrollment between AHCCCS AIHP and an AHCCCS Complete Care plan. There are two ways for AHCCCS members to change their AHCCCS enrollment:

- Online: www.healthearizonaplus.gov
- Enrollment form submitted by an IHS/638 facility: [American Indian Health Program \(AIHP\) Change Request Form](#)

Tribal Regional Behavioral Health Authority (TRBHA)

You may enroll to receive your behavioral health care through a Tribal Regional Behavioral Health Authority (TRBHA). You may only choose a TRBHA if you live within the geographic service area the TRBHA serves.

- A list of TRBHAs can be found on the AHCCCS website at: [Tribal Regional Behavioral Health Authorities \(TRBHAs\)](#)

Refer to your AHCCCS Medical Identification Card to identify your behavioral health coverage.

If you are unsure about your choices or have questions about how your behavioral health services are coordinated, contact AHCCCS Clinical Resolution Unit at 602-364-4558

*** Members with a Serious Mental Illness (SMI) designation may receive behavioral health care through either a TRBHA, AIHP, or an AHCCCS Complete Care plan with a Regional Behavioral Health Agreement (ACC-RBHA). Additional information regarding SMI determination can be found on page 17.

Where Can I Get Health Care Services?

Regardless of health plan enrollment, physical and behavioral health services may be received at *any* Indian Health Service (IHS) or tribally owned and/or operated (638) facility.

If you are enrolled in the AIHP you may also receive services at any AHCCCS- registered provider that sees fee-for-service members.

If you choose an AHCCCS Complete Care (ACC) plan you are still able to receive physical and behavioral health services from IHS/638 facilities. In addition, you can receive services from **any provider that is a part of your ACC plan's network**.

- If you are unsure which providers are in your ACC plan's network, you can contact your [ACC plan](#).

Provider Directory

The Provider Directory is a searchable listing of AHCCCS registered providers by Specialty. Call the provider's office and verify if they accept AIHP prior to scheduling an appointment.

To search for a provider, you can click the drop-down arrow on Specialty to select All or a specific type of Specialty, such as an Audiologist or Pediatric Psychiatrist. When you search, a listing of AHCCCS registered providers will appear and the provider's Name, Specialty, Address and Phone number will be listed. Providers with multiple office locations will be listed under each location.

The searchable online provider directory is available on our website: [AHCCCS Registered Provider Listing](#). You can narrow your search by ZIP code or city.

American Indian Medical Home

As an added benefit to choosing AIHP as your health program, AIHP members may choose to be part of an American Indian Medical Home (AIMH). An AIMH is a registered IHS/638 facility that provides primary care case management services and can provide you access to a care team 24 hours/7 days a week. Members may choose any IHS/638 facility that is a registered medical home. Find the list of American Indian Medical Homes on the AHCCCS website below.

[American Indian Medical Home](#)

AIHP/TRBHA Member Handbook

If you choose an AIMH, a nurse care manager will be assigned to you to help coordinate all your health care appointments.

The AIMH program is a voluntary program. AIHP members who choose to participate, may leave the program or change enrollment with AIMH sites at any time. AIHP members can sign up at the AIMH facility of their choice or call AHCCCS' Division of Member and Provider Services to request enrollment.

Ask First

When is Prior Authorization Needed?

To receive some services from a provider that is not a part of the IHS or a tribal facility, you first must have approval from your health plan (this would be AIHP). This is called prior authorization. The need for prior authorization will depend on your health plan and other requirements. If you are enrolled in AIHP, this authorization comes from the AHCCCS administration.

If you are in the American Indian Health Program (AIHP) and/or enrolled in a TRBHA, your health care provider should contact AHCCCS before you receive the following services:

- Non-emergency medical or behavioral health inpatient admissions including admission to a Residential Treatment Center for children and adolescents,
- Admission to a Behavioral Health Residential Facility (all ages),
- Non-emergency and elective surgeries,
- Nursing home placements,
- Home health services,
- Non-emergency transportation over 100 miles (one-way or round trip),
- Medical equipment and medical supplies,
- Hospice services, and
- Medically necessary eyeglasses for adults.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about prior authorization. Health Plan contact information can be found on the [AHCCCS website](#).

Am I Covered Outside of Arizona?

As an AIHP and/or TRBHA member you may be covered by AHCCCS if you are temporarily out of the state, but still an Arizona resident. You may receive services if:

- Medical services are needed because of a medical emergency,

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- You need treatment that you can only get in another state, or
- You have a chronic illness, and your condition must be stabilized before returning to Arizona.

Rights & Responsibilities as a Member

Members have certain rights and responsibilities. It is important that you understand each one.

Your rights as a member are to:

- Be treated with respect and with recognition of your dignity and need for privacy,
- Not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, gender, gender identity, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, or source of payment,
- Receive an annual member handbook and [provider directory](#),
- Have services provided in a culturally competent manner,
- Have the opportunity to choose a Primary Care Provider (PCP),
- Have the right to refuse treatment and services,
- Participate in decision-making regarding your health care,
- Be provided with information about formulating Advance Directives,
- Receive information in a language and format that you understand,
- Be provided with information regarding grievances, appeals, and requests for hearing,
- Have the right to complain about the health plan, TRBHA, and/or provider,
- Have access to review your medical records in accordance with applicable Federal and State Laws,
- Have the right to request and receive annually, at no cost, a copy of your medical records,
- Have the right to amend or correct your medical records,
- Have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, and
- Have the right to be free from and report any perceived intimidation, manipulation and/or coercion that may have occurred while receiving services from an AHCCCS Provider.

Your responsibilities as a member are to:

- Share information,
- Show your member ID card or identify yourself as an AHCCCS member to health care providers before getting services,
- Ask your provider to explain if you don't understand your health condition or

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- treatment plan,
- Give your health care providers and case managers all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns,
 - Follow instructions that you and your health care providers have agreed on, including the instructions of nurses and other health care professionals,
 - Schedule appointments during office hours, when possible, instead of using urgent or emergency care, and
 - Keep appointments and come on time. Call your provider's office ahead of time when you cannot keep your appointments.

Grievances and Appeals

Members enrolled in the American Indian Health Program (AIHP), have the right to file a grievance, make a complaint, or file an appeal.

An appeal is a request from an applicant, member, provider, health plan, or other approved entity to reconsider or change a decision, also known as an action. An action includes any denial, reduction, suspension, or termination of a service or benefit, or a failure to act in a timely manner. An appeal is the formal procedure asking us to review the request again and confirm if our original decision was correct.

Examples of actions:

- Denial of request for surgery
- Denial of a request for a wheelchair
- Denial of basic health care services
- Denial or discontinuance of AHCCCS eligibility

Process to File an Appeal

All appeals need to be in writing. Appeals related to denials, discontinuances, or reductions in medical services must be sent to the AHCCCS Office of the General Counsel.

To request an appeal, write the AHCCCS Office of the General Counsel:

Office of The General Counsel

Arizona Health Care Cost Containment System Administration (AHCCCS)

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801 E. Jefferson St., MD-6200
Phoenix, AZ 85034 FAX: 602-253-9115

Standard Appeal

During the appeal process, you may submit additional supporting documents or information that you believe would support a different outcome and decision.

After we review your appeal, we will send you our decision in writing within 30 days of the date we received your appeal request.

Request an Expedited Appeal

A request for an expedited appeal can be made if the member or doctor feels that the person's health will be in serious jeopardy (serious harm to life or health or ability to attain, maintain or regain maximum function) by waiting 30 days for a decision. If the appeal is expedited, AHCCCS should resolve the appeal within three working days, absent an extension.

Continuing Services During an Appeal

Members currently receiving services or benefits may be able to continue to receive them during the appeal process. If services or benefits were reduced, suspended or terminated, a request to continue receiving services during the appeal may be made. The appeal must be filed before the day the reduction, suspension or termination is to take effect. If there is less than 10 days between the notice date and the effective date on the notice, the request for continued services must be filed within 10 days from the notice date. If the appeal is denied, the member may have to pay for the services received during the appeal process.

Request a Hearing (after an unfavorable appeal)

If the AHCCCS decision on the appeal is unfavorable, a hearing referred to as a State Fair Hearing, where the appeal is presented before an administrative law judge, may be requested. A written request for a State Fair Hearing must be filed with the Office of the General Counsel.

What Services Will AHCCCS Cover?

AHCCCS covers medically necessary preventative, acute and behavioral health care when it is provided by an AHCCCS registered provider. AHCCCS also offers limited coverage of rehabilitative services, home health care, and long-term care services. Additional covered services are available for members under the age of 21 under the Early and Periodic Screening,

AIHP/TRBHA Member Handbook

Diagnosis, and Treatment (EPSDT) program.

If you have questions about whether a service is covered, please check with your health care provider. Your health care provider can contact AHCCCS to verify whether a service is covered.

Children with a Children's Rehabilitative Services (CRS) designation have their physical and behavioral health services covered under AIHP. Members may choose to receive care through the Multi-Specialty Interdisciplinary Clinic (MSIC), IHS/638 facilities or Urban Indian Health Programs (ITUs) or other AHCCCS registered providers.

Emergency Care

AHCCCS covers emergency care 24 hours a day, 7 days a week, both in-state and out of state. An emergency is when something happens **suddenly**, with serious symptoms. Some examples of an emergency are:

- Chest pain
- Car accident
- Bleeding
- Problems breathing
- Poisoning
- Broken bones

**If you need emergency care,
go to the nearest emergency room (ER) or Dial 911.**

Emergencies can lead to disability or death if not treated, so seek care immediately.

Prior authorization is not required for emergency care. If there is an emergency **CALL 911**.

Emergency Transportation

Transportation to the nearest appropriate facility for emergency services is covered 24 hours a day, 7 days a week. **CALL 911**.

You do **not** need prior authorization for emergency transportation. **If there is an emergency CALL 911**.

Preventative Care

AIHP pays for health assessments, screening tests, immunizations, and health education such as, but not limited to:

- Well Exams and Physical Exams
- Laboratory Tests
- Cancer Screenings
- Breast (mammogram)
- Cervical (Pap tests)
- Colon (colonoscopy)
- Prostate (PSA test)
- Heart Disease Screenings
- High blood pressure screening
- Cholesterol screening
- Other Diseases
 - HIV screening
 - Sexually transmitted infections screening
 - Tuberculosis screening

AHCCCS **does not** pay for:

- Physical exams needed by outside public or private agencies such as:
 - Exams for insurance,
 - Pre-employment physical examinations,
 - Sports exams or exams for exercise programs (except for children under the age of 21),
 - Pilot's examinations,
 - Disability exams, or
 - Evaluation for lawsuits.

Office Visits

AIHP pays for medically necessary office visits for the diagnosis and treatment of illness and injury.

Services for Children

AIHP pays for health care for members under age 21 through the wellness visits of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program helps keep your children healthy.

AIHP/TRBHA Member Handbook

Children should be seen by their healthcare provider for routine wellness visits and dental checkups.

Wellness visits include:

- Health, nutrition, and developmental history,
- Screening for immunizations,
- Laboratory tests,
- Vision, speech, and hearing screening,
- Dental screening, and
- Behavioral health screening.

The EPSDT Periodicity Schedule is intended to meet reasonable and prevailing standards of medical and dental practice and specify screening services at each stage of the child's life. The service intervals represent minimum requirements. Any services determined by a Primary Care Provider (PCP) to be medically necessary shall be provided, regardless of the interval.

Immunizations

AIHP pays for recommended immunizations for adults and children. Covered immunizations include, but are not limited to:

- Diphtheria-Tetanus-Pertussis (DTP),
- Influenza,
- Pneumococcus,
- Rubella,
- Measles,
- Hepatitis B,
- Covid-19,
- Pertussis, as currently recommended by the Centers for Disease Control and Prevention (CDC) or ACIP,
- Zoster vaccine, for members 60 and older,
- HPV vaccine, for females and males up to age 26 years, and
- All child and adolescent immunizations, as recommended by the CDC childhood immunization schedules.

All children can get immunizations under the Vaccines for Children (VFC) program.

Hospital Inpatient Services

AIHP pays for medically necessary inpatient hospital care in AHCCCS registered hospitals. This can include IHS/638 facilities.

Covered services include, but are not limited to:

- Routine (regular) hospital care,
- Intensive care,
- Intensive care for newborns,
- Maternity care, including labor and delivery, recovery rooms, and birthing centers,
- Nursery for newborns and infants,
- Surgery, including anesthesiology, and
- Emergency services.

Outpatient Services

AIHP pays for AHCCCS covered medically necessary outpatient treatment and surgeries. Your health care provider may need to obtain approval (prior authorization) from AHCCCS before services are rendered.

Family Planning Services

AIHP offers family planning services, which help you to decide if and when you want to have a baby.

AHCCCS will pay for:

- Birth control counseling (advice), exams, medicines, and supplies such as:
 - Pills,
 - Shots,
 - Diaphragms,
 - Intrauterine devices (IUDs), and
 - Foams.
- Voluntary permanent sterilization, and
- Natural family planning education or referrals.

AHCCCS will **NOT** pay for:

- Infertility diagnosis or treatment, or
- Pregnancy Termination, unless:

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- The pregnancy termination is medically necessary according to the medical judgment of an AHCCCS registered licensed physician, and/or
- The pregnancy was a result of rape or incest.

Having a Baby

As soon as you know that you are pregnant, you should set up your first visit with a provider that specializes in caring for pregnant women such as an obstetrician (OB) or a midwife. The sooner you see your provider, the more likely you will have a healthy pregnancy and baby.

AHCCCS wants to make sure that your baby has the best chance to be strong and healthy. Your provider will set up a visit plan for you, which will include a schedule of your prenatal visits.

The provider will talk about:

- Eating healthy foods, taking vitamins, and what to avoid during your pregnancy,
- What to expect as the baby grows inside of you and when it is born, and
- What tests you should have to make sure both you and the baby are healthy.

Hysterectomy Services

AIHP pays for medically necessary hysterectomies. This is covered only if there is a medical need, according to a medical provider.

Note: You and your provider must sign a hysterectomy consent form before this is done.

Dental Services

AIHP covers dental services provided by an AHCCCS registered dentist.

Covered Dental Services for **children** under 21 years of age include:

- Check-ups and sealants (prevention against cavities),
- Emergency dental services, and
- All medically necessary therapeutic dental services, including fillings.

AHCCCS covers medical and surgical services furnished by a dentist for **adults** 21 years of age and over only to the extent that such services:

- Are emergency dental services, up to \$1,000 annual limit, or

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- Are medically necessary treatments prior to a transplant, or
- Are medically necessary treatments prior to cancer treatments (cancer of the jaw, neck or head).

Medically necessary diagnostic, therapeutic and preventive dental services provided at IHS/638 facilities are not subject to \$1,000 limit.

Dialysis Services

When a person experiences kidney failure, a dialysis treatment may be needed to clean the blood. AIHP pays for dialysis at certain Medicare-certified hospitals and Medicare-certified end stage renal disease (ESRD) facilities. AHCCCS pays for all medically necessary services, supplies, and testing (including regular laboratory testing).

Podiatry Services

Podiatry services are covered for adults 21 years of age and older when ordered by the member's primary care provider and services are provided by a licensed podiatrist.

Rehabilitative Services

AHCCCS pays for physical, occupational, speech, and respiratory (breathing) therapy services as well as audiology (hearing testing). This must be:

- Ordered by a provider, and
- Provided by (or under the direct supervision of) a licensed therapist.

Occupational therapy and physical therapy sessions are limited to 30 sessions each per therapy type, per benefit year.

Limitations:

- Outpatient speech therapy services are only covered for children under 21 years of age, and
- AHCCCS does not pay for physical therapy if no improvement is expected.

Vision Services

AIHP covers eye care services provided by AHCCCS registered eye care professionals (ophthalmologists and optometrists). There are limits based on the member's age and eligibility:

Vision Services for children under 21 years of age:

- Routine eye exams and eyeglasses are covered, and
- Eyeglass replacement and repair.

Vision Services for **adults** 21 years of age and over:

- Treatment of medical conditions of the eye are covered,
- Routine eye examinations for prescription lenses are **not** covered, and
- Eyeglasses may be considered medically necessary for adults following cataract surgery.

Transportation for Medical & Behavioral Health Appointments

Non-Emergency Medical Transportation (NEMT)

AHCCCS covers non-emergency medical transportation (NEMT) to and from medically necessary medical and behavioral health covered services. This service is available for members who are unable to provide or pay for their own transportation, when free transportation services are not available.

AHCCCS covers NEMT to the **nearest** IHS/ 638 medical or behavioral health facility *or* to the **nearest** medical or behavioral health provider capable of meeting your needs.

Your health care provider may need to obtain approval (prior authorization) from AHCCCS before the transport occurs.

Transportation from a Hospital to another Facility

Round-trip ground ambulance transportation may be covered if you are hospitalized and need to be taken to the nearest appropriate facility for special services if:

- Use of any other type of transportation may be unsafe, or
- You cannot get the services needed at the hospital where you are staying.

Behavioral Health Services

AHCCCS covers behavioral health services provided at IHS/638 facilities, or at an AHCCCS registered provider who accepts Fee-for-Service. AHCCCS pays for mental health, substance (drug and alcohol) use treatment, and crisis services. You do not need a referral from your doctor for behavioral health services.

All AHCCCS members have access to behavioral health services, including:

- Persons designated with a serious mental illness (SMI), and
- Members who are eligible to receive services funded through federal block grants.

A member designated with a Serious Mental Illness (SMI) is a person 18 years or older with a mental, behavioral, or emotional disorder that severely and negatively affects their daily life. The member may not be able to remain in the community without treatment and/or services. A referral or request can be coordinated with the member's behavioral health provider or TRBHA to assess and determine if a member is eligible to receive SMI services. AIHP members designated with an SMI, may receive assistance with coordination of behavioral health services through either a TRBHA and/or an AHCCCS registered provider.

AHCCCS covers:

- Inpatient services in a hospital and other facilities,
- Partial care (supervised, treatment or medical day programs),
- Individual, group, and/or family counseling and therapy,
- Emergency/crisis services,
- Behavior management (behavioral health personal assistance, family, and peer support),
- Evaluation and diagnosis,
- Medicine and monitoring of medicine,
- Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching, and employment support),
- Laboratory and radiology services,
- Screening,
- Emergency transportation,
- Non-emergency transportation, and
- Respite care (with limits).

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Crisis Hotlines

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National 24-Hour Crisis Hotlines

- 988 Suicide & Crisis Lifeline:
[988](tel:988) (call or text)
- National Substance Use and Disorder Issues Referral and Treatment Hotline:
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- Text the word "HOME" to 741741

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- **Coconino, Gila, Mohave, Navajo, Yavapai:** Health Choice Arizona
[1-877-756-4090](tel:1-877-756-4090)
- **Maricopa County:** Mercy Care
[1-800-631-1314](tel:1-800-631-1314)
- **Ak-chin Indian Community, Gila River Indian Community**
[1-800-259-3449](tel:1-800-259-3449)
- **Salt River Pima Maricopa Indian Community:**
[1-855-331-6432](tel:1-855-331-6432)
- **Tohono O’odham Nation:**
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Especially for Teens

- Teen Life Line phone or text:
[602-248-TEEN \(8336\)](tel:602-248-TEEN)

Especially for Veterans

- Veterans Crisis Line:
[988](tel:988) (press 1)
- Be Connected:
[1-866-4AZ-VETS \(429-8387\)](tel:1-866-4AZ-VETS)

Medicines

AHCCCS covers medicines prescribed by your provider. There are three places you can go to get your medicines:

- IHS facilities,
- Tribal 638 facilities, or
- Pharmacies that are part of Optum Rx's network.
 - [AIHP FFS Pharmacy Network](#)

Please work with your physician, dentist, or other health care provider to get your prescriptions through the appropriate pharmacy. It is best to have your prescriptions filled at the same pharmacy each time. AHCCCS uses a list of preferred medicines. If your provider prescribes a medicine that is not on the preferred list, the pharmacy will work with your provider to change to a preferred medicine. If your provider disagrees with the change, your provider may need to request prior authorization for the non-preferred medicine in order for AHCCCS to pay for it.

Medicines filled outside of an IHS/638 pharmacy will have their scripts filled through Optum Rx, AHCCCS' Pharmacy Benefit Manager (PBM).

If you have questions about your prescription benefits, please call **1-855-577-6310**. You can get information about your prescription benefits 24 hours a day every day of the week. You may also visit our website at:

[AHCCCS Prescription Resource Site](#)

Tribal ALTCS - Arizona Long Term Care Services

The Arizona Long Term Care System (ALTCS) provides culturally competent care for disabled and elderly American Indians who are living on-reservation or who have lived on a reservation prior to admission into a nursing facility located outside of the reservation. ALTCS provides institutional care and home and community-based services to AHCCCS members who are at risk of institutionalization. A complete list of covered services can be found in the [ALTCS member handbook](#).

Members may receive ALTCS services through the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) who is the statewide ALTCS program contractor for persons with developmental disabilities.

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American Indians can choose the DDD Tribal Health Program (DDD THP) to receive their physical health services, behavioral health services and Children's Rehabilitative Services (if eligible) from any AHCCCS authorized fee for service provider statewide.

Advance Directives

There may be a time when you are unable to make medical decisions for yourself. An Advance Directive is a legal document that you sign to protect your right to refuse any health care that you do not want, and to receive any health care you do want.

The following are different types of Advance Directives:

- A *living will* tells providers what types of services you do or do not want if you become sick,
- A *medical power of attorney* lets you choose a person to make decisions about your health care when you cannot do it yourself, and
- A *pre-hospital medical care directive* tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room.

Other Insurance

Please be sure to tell your health care provider about all medical insurance that you have. Other insurance may pay for some or all of your medical care. This may affect what AHCCCS can pay for. If there are any changes to your medical insurance, please submit a change report via [Health-e-Arizona Plus \(HEAplus\)](#).

Fraud and Abuse

Fraud or abuse of any type is not allowed. If you suspect fraud or abuse, please contact the AHCCCS Office of Inspector General at 602-417-4193.

Fraud is when a person lies or misleads on purpose in order to receive benefits or services for themselves or another person that would not otherwise be covered.

Abuse means actions that result in unnecessary cost to AHCCCS.

Examples of fraud and abuse are:

AIHP/TRBHA Member Handbook

- Giving someone else your AHCCCS ID card so that they can get health care services, or
- Using someone else's ID card to get services, or
- Providing incorrect household composition information, or
- Hiding employment or self-employment information, or
- Misrepresenting medical condition/s or ethnicities.

For questions regarding your AHCCCS membership and covered healthcare services, visit AHCCCS online at <https://www.azahcccs.gov/> or contact AHCCCS Division of Member and Provider Services (DMPS).

AHCCCS Member Services

1-800-654-8713

[AHCCCS Member FAQs](#)

In Maricopa County, call

602-417-4000

Notice of Non-Discrimination

AHCCCS complies with applicable Federal civil rights laws, does not discriminate, and does not treat people differently on the basis of race, color, national origin, age, disability, or sex.

If you believe that AHCCCS, or an AHCCCS-registered contractor or provider, failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the AHCCCS Office of Administrative Legal Services.

You can file a grievance in person or by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

AIHP/TRBHA Member Handbook

Submit your grievance to:

General Counsel, AHCCCS Administration Office
of the General Counsel, MD 6200
801 E. Jefferson
Phoenix, AZ 85034
Fax: 602-253-9115
Email: EqualAccess@azahcccs.gov.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: [Complaint Portal Assistant](#)

Or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Or by phone at:

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at: [Filing With OCR](#).

Community Resources

AHCCCS Office of Individual and Family Affairs (OIFA)

OIFA's mission has been to ensure the voices of those who receive behavioral health services, and their families are heard at every level of Arizona's public behavioral health system

OIFA@azahcccs.gov

www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html

Arizona 2-1-1

Community Information and Referral is a call center that can help you find many community services.

Example of services:

- Food banks
- Clothes
- Shelters
- Assistance to pay rent and utilities
- Education programs

Dial 2-1-1 877-211-8661

Arizona Relay, callers: 7-1-1

<https://211arizona.org/>

ARIZONA@WORK

provides comprehensive statewide and locally based workforce solutions for job seekers and employers.

<https://arizonaatwork.com/>

Arizona Department of Health Services

150 N. 18th Ave. Phoenix, AZ 85007

602-542-1025

<https://www.azdhs.gov/>

24 Hour Breastfeeding Hotline: 1-800-833-4642

Arizona Department of Health Services –

Bureau of Women and Children's Health Office for

Children with Special Health Care Needs (OCSHCN)

602-542-1025 OCSHCN@azdhs.gov

<https://www.azdhs.gov/prevention/womens-childrens-health/ocshcn/index.php>

Arizona Early Intervention Program (AzEIP)

Helps families of children with disabilities or developmental delays age birth to three years old.

1789 W. Jefferson St., FI4NW

Phoenix, AZ 85007-3202

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602-532-9960 or 1-844-770-9500 (Option 5)

Referrals: 1-888-592-0140

<https://des.az.gov/services/disabilities/developmental-infant>

Opioid Assistance and Referral Line

Confidential advice and services available 24 hours a day, 7 days a week. Staffed by certified nurses and pharmacists.

1-888-688-4222

AZLINKS

AzLinks.gov offers assistance and information on aging and disability.

Use AzLinks.gov to plan for the future or handle an immediate need for seniors, people with disabilities, caregivers, friends and family members, and professionals assisting others.

602-542-4446

www.AzLinks.gov

Dump the Drugs AZ

Use this tool to find a convenient disposal location for Unneeded or expired prescriptions left in the home.

<https://azdhs.gov/gis/dump-the-drugs-az/>

Low Income Housing Services

The Housing authority of Maricopa County improves the quality of life of families and strengthen communities by developing and sustaining affordable housing programs

Maricopa Housing Authority

8910 N. 78th Ave., Building D Peoria, AZ 85345

602-744-4500 <https://maricopahousing.org/>

Vocational Rehabilitation

The Vocational Rehabilitation program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

<https://des.az.gov/vr>

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Family-Run Organizations Providing Children's Services

Family-run organizations employ parents who have real life experience in the behavioral, medical and/or Department of Child Safety (DCS) systems. They specialize in providing family support services and can provide one-on-one support to you.

<https://www.azahcccs.gov/AHCCCS/Downloads/FamilyRunOrganizationsFlyer.pdf>

Peer-Run Organizations

Peer-run organizations are service providers owned, operated and administrated by persons with lived experiences of mental health and/ or substance use disorders. These organizations are based in the community and provide support services.

<https://www.azahcccs.gov/AHCCCS/Downloads/PeerRunOrganizationsFlyer.pdf>

Women, Infants, and Children (WIC)

The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women; infants; and children under the age of five.

[\(800\) 252-5942](tel:8002525942)

<https://www.azdhs.gov/prevention/azwic/>

StrongHearts Native Helpline

is a 24/7 confidential and anonymous culturally appropriate domestic and sexual violence helpline for Native Americans.

1-844-762-8483

<https://strongheartshelpline.org/>

National Domestic Violence Hotline

1-800-799-SAFE (7233)

<https://www.thehotline.org/>

Office of Human Rights

Provides advocacy to individuals with a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the public behavioral health system in Arizona

Phoenix: 1-800-421-2124 Flagstaff: 1-877-744-2250 Tucson: 1-877-524-6882

<https://azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html>