100 – AHCCCS MEDICAL POLICY MANUAL OVERVIEW

EFFECTIVE DATES: 02/14/96, 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, 03/15/17, 10/01/18, 11/01/19, 10/01/21

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, 08/10/21

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 Health Plan (DCS/CHP), 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 delineated in each policy. Each policy found within the manuals will indicate in the purpose section which Line of Business/Program that policy is applicable to. The Manual Overview outlines the structure of both the ACOM and AMPM and includes a summary of the process for policy development, review, and revision.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

A. SYSTEM VALUES AND GUIDING PRINCIPLES

AHCCCS is Arizona's Title XIX Medicaid program operating under a Section 1115 Demonstration Waiver and Title XXI program operating under Title XXI Arizona State Plan authority. The FFS Programs operate primarily under the State Plan Amendment (SPA).

The AHCCCS mission and vision are to reach across Arizona to provide comprehensive quality healthcare to those in need while shaping tomorrow's managed health care from today's experience, quality, and innovation. AHCCCS is dedicated to continuously improving the efficiency and effectiveness of the Medicaid program while supporting member choice in the delivery of the highest quality care to its customers.

The AHCCCS System of Care (SOC) is a spectrum of effective community-based services and supports for members and their families who live with, or who are at risk

for, physical and/or behavioral health challenges. The SOC is organized into a coordinated network, builds meaningful partnerships with families and members, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.

The Contractor and FFS Programs shall administer and ensure delivery of services consistent with AHCCCS 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 disease/chronic care 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 12 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. Maintenance, rather than delegation of, key operational functions to ensure integrated service delivery.

16. Commitment to system transformation,

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, and

18. Integration of the delivery of physical and behavioral health care as an essential part of improving the overall health of members.

B. 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 personal 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 individual where they are without judgment, with great patience and compassion.

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

An individual 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. Individuals 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

An individual 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**

An individual 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**

An individual 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**

An individual 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. **INDIVIDUALS IN RECOVERY DEFINE THEIR OWN SUCCESS**

An individual 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. Individuals 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**

An individual in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual 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**

An individual 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. An individual in recovery is held as boundless in potential and possibility.

C. 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 individuals 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 Arizona Department of Health Services (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

ACOM and AMPM policies are incorporated by reference in the Medicaid Managed Care Organization (MCO) Contracts. FFS Programs incorporate AMPM policies by reference by the Provider Participation Agreement as well as Intergovernmental Agreements (IGAs). Both the ACOM and AMPM are developed to provide detailed information regarding requirements and expectations.

The purpose of the ACOM is to consolidate and provide ease of access to the Administrative, Claims, Financial, and Operational Policies of AHCCCS. The ACOM Manual provides information to Contractors and subcontractors who have delegated responsibilities under a contract.

The ACOM should be referenced in conjunction with State and Federal regulations, other Agency manuals, and applicable contracts.
 The purpose of the AMPM is to provide information to Contractors and Providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other Agency manuals (e.g. ACOM and the AHCCCS Fee-for-Service Billing Manual), and applicable contracts.

1. New or revised policies can stem from a variety of sources including, but not limited to:
   a. Federal or state legislation,
   b. Contractual requirements,
   c. Internal operational changes,
   d. Governor Executive Orders,
   e. Arizona State Plan or Section 1115 Demonstration Waiver, and
   f. Requests for written guidelines in a particular area.

2. Both manuals maintain a consistent, uniform approach to ensure:
   a. Regular review.
   b. Timely communication of updates.
   c. Standardized language.
   d. Reduction of duplication and inconsistencies.

Policy revisions are assessed for a financial impact and when appropriate, input/comments from external parties (e.g., health plans, state agencies, stakeholders, tribal members, Centers for Medicare and Medicaid Services [CMS]) are solicited.

A. ACOM MANUAL CONTENT

The ACOM consists of four chapters. Each chapter contains individual policies and corresponding policy attachment(s) when applicable. The policy attachments are considered an extension to the policy requirements and are provided in the appropriate format (e.g., Microsoft Word, Microsoft Excel).

The Manual Chapters include:

Chapter 100   Administration
Chapter 200   Claims
Chapter 300   Financial
Chapter 400   Operations

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 policies therein. Upon adoption by AHCCCS, updates to the ACOM notifications are distributed to any stakeholder or tribal member that has signed up for AHCCCS Policy Update Notifications and are also made available on the AHCCCS website.

B. AMPM MANUAL CONTENT

The AMPM consists of 14 chapters. Each chapter contains policies and corresponding policy attachment(s) and/or stand-alone exhibits. The policy attachments are considered an extension to the policy and are provided in the appropriate format (e.g., Microsoft Word, Microsoft Excel).

Chapter 200 Behavioral Health Practice Tools (BHPTs) is a new Chapter that has been incorporated into the AMPM. The BHPTs were previously made available as stand-alone documents on the Resource page of the AHCCCS website. The intent of moving the BHPTs to the AMPM is to ensure that Contractors and providers are utilizing the tools as directed by AHCCCS. The BHPTs remain optional for the FFS programs.

The Manual Chapters include:

Chapter 100   Manual Overview
Chapter 200   Behavioral Health Practice Tools
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

The Contractor, 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 policies. Upon adoption by AHCCCS, update notifications to the AMPM are distributed to any stakeholder or tribal member that has signed up for AHCCCS Policy Update Notifications and are made available on the AHCCCS website.

C. POLICY LAYOUT

Policies within ACOM and AMPM follow the below layout:

Policy Number and Title
Effective Date
Approval Date

Section I   Purpose
Section II   Definitions
Section III   Policy

D. AHCCCS POLICY COMMITTEE

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

1. The approved organizations providing APC representation include:

   a. Arizona National Alliance on Mental Illness (NAMI),
   b. The Arizona Council of Human Service Providers,
   c. Arizona Alliance for Community Health Centers, and
   d. ALTCS Advisory Committee.

2. Tribal representatives that participate in APC for each of the following entities:
   a. TRBHA,
   b. Tribal leadership,
   c. Tribal provider, and
   d. Arizona Advisory Council on Indian Health Care.

APC reviews and approves new policies and substantive modifications to existing policies within the ACOM and the AMPM

E. AHCCCS POLICY UPDATE NOTIFICATIONS

AHCCCS maintains a distribution list used when providing communication regarding when policies are available for Tribal Consultation Notification and Public Comment (TCN/PC) and/or when policies are published to the web. To subscribe and receive AHCCCS Policy Update Notifications, stakeholders are encouraged to subscribe by selecting 'Sign Up for Notifications' at the top of the page on both manual home pages.

F. TRIBAL CONSULTATION NOTIFICATION AND PUBLIC COMMENT

Upon APC approval, and depending on the impact of changes (i.e., if the changes are determined to be substantial or have a potential for high impact), the policy and attachment(s) or exhibit(s) may be made available for TCN/PC on the AHCCCS Website. The Tribal Consultation and Public Comment (TCN/PC) 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 a maximum of 45 days; however, in certain circumstances an expedited comment period of 14-day time period may be utilized. The final date for comments is noted on each document as a watermark . Comments shall be limited only to changes found within the posted policies, attachments, or exhibits and shall be submitted via the platform indicated.

At the conclusion of the TCN/PC period, all comments are reviewed, and further determinations are made. AHCCCS will review all comments submitted; however, will not provide responses directly to individuals submitting comments.

G. PUBLISHED POLICIES

Policies are finalized and published to the AHCCCS website. A corresponding Revision Memo is developed for each publishing to provide a summary of the policy changes. In the event further changes are made stemming from the TCN/PC review process, an additional note is included in the Revision Memo advising that additional revisions were made. All Revision Memos, including current and past Revision Memos, are provided on the AHCCCS ACOM and AMPM web pages.

H. OTHER AHCCCS GUIDES AND MANUALS

The ACOM and AMPM may provide references to other AHCCCS manuals, documents, or legal references to provide more detailed information; these can be found on the Guides and Manuals section of the AHCCCS Website under 'Resources'.