

DATE: November 28, 2018
To: Holders of the AHCCCS Medical Policy Manual
FROM: DHCM Contracts and Policy
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

[AHCCCS MEDICAL POLICY MANUAL \(AMPM\)](#)

During the month of September AHCCCS will be transitioning the Policies from the *Approved Not Yet Effective* section of the AMPM webpage to the AMPM final publishing section. Some Policies may have additional changes since the date they were first posted to the *Approved Not Yet Effective* section. In the event additional changes were made, those revisions are indicated below. Policies that had no additional changes are then listed after. The transitioned policies have a 10/01/18 effective date.

EXHIBIT 300-1, AHCCCS COVERED SERVICES WITH SPECIAL CIRCUMSTANCES

Exhibit 300-1 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and minor for formatting and general overview. Exhibit revised Post-Tribal Consultation Notification/Public Comment to include several covered services for which the associated policy has been reserved. Also removed services which have their own stand-alone policy and services were alphabetized. Exhibit 300-1 was revised Post-Tribal Consultation Notification/Public Comment as follows:

- To include Neuropsychological Testing.

POLICY 310-A, RESERVED

Policy 310-A, Audiology was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-C, BREAST RECONSTRUCTION AFTER MASTECTOMY

Policy 310-C was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview.

POLICY 310-E, RESERVED

Policy 310-E, Dialysis was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-G, RESERVED

Policy 310-G, Eye Examinations-Optometry Services was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-H, RESERVED

Policy 310-H, Health Risk Assessment and Screening Tests was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-II, GENETIC TESTING

Policy 310-II was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting.

POLICY 310-L, HYSTERECTOMY

Policy 310-L was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview. Additionally, policy updated to include the following Federal requirements: The individual must be at least 21 years old at the time consent is obtained; and the individual is not a mentally incompetent individual or an institutionalized individual and definitions to clarify. Policy 310-L was revised Post-Tribal Consultation Notification/Public Comment as follows:

- To include ‘member’s representative’ in section C., #3, #4.
 3. Inform the member and **member’s** representative, if any, both orally and in writing that the hysterectomy will render the member incapable of reproducing (i.e. result in sterility), and
 4. Obtain from the member or **member’s** representative, if any, a signed dated written acknowledgment stating that the information above has been received and that the member has been informed and understands that the hysterectomy will result in sterility. This documentation must be kept in the member’s medical record. A copy must also be kept in the member’s medical record maintained by the PCP if enrolled with a Contractor.
- Added language to section D., #1.
 1. The member was already sterile before the hysterectomy. In this instance the physician must certify in writing that the member was already sterile at the time of the hysterectomy and specify the cause of sterility. ***If the cause of sterility is unknown, specify tests run to determine sterility and test results.***

POLICY 310-M, IMMUNIZATIONS

Policy 310-M was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview.

POLICY 310-O, RESERVED

Policy 310-O, Maternal and Child Health Services was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-T, RESERVED

Policy 310-T, Physician Services was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-W, RESERVED

Policy 310-W, Radiology and Medical Imaging was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-Y, RESERVED

Policy 310-Y, Respiratory Therapy was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-AA, RESERVED

Policy 310-AA, Total Parenteral Nutrition was reserved and all pertinent information has been merged into AMPM Policy 310-GG, Nutritional Therapy, Metabolic Foods and Total Parenteral Nutrition.

POLICY 310-CC, RESERVED

Policy 310-CC, Triage-Screening and Evaluation of Emergency Medical Conditions was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 310-FF, MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION

Policy 310-FF was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview. Policy 310-FF was revised Post-Tribal Consultation Notification/Public Comment as follows:

- Deleted ‘and/or single prescriber’ in first sentence; added language to clarify assignment to an exclusive pharmacy in the second sentence.
 1. Assignment of members who meet any of the evaluation parameters in Table 1 to an exclusive pharmacy ~~and/or single prescriber~~, in accordance with 42 CFR 431.54, for up to a 12-month period except for the following members. ***Contractors may assign members who meet these parameters to a single prescriber in addition to the assignment to an exclusive***

pharmacy. Members with one or more of the following conditions shall not be subject to the intervention requirements described in B 1-4

- a. Members in treatment for an active oncology diagnosis,
- b. Members receiving hospice care, or
- c. Members residing in a skilled nursing facility.

- **ATTACHMENT A, NOTICE OF PROVIDER RESTRICTION**

Attachment revised to clarify how a member may obtain medications in emergency situations.

POLICY 310-GG, NUTRITIONAL THERAPY, METABOLIC FOODS, AND TOTAL PARENTERAL NUTRITION

Policy 310-GG was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview. AMPM Policy 310-AA and 320-H have been merged into Policy 310-GG. Policy 310-GG was revised Post-Tribal Consultation Notification/Public Comment as follows:

- Deleted 'DCS/CMDP' from purpose statement.
- Definitions for Commercial Oral Supplemental Nutrition and Enteral Nutrition were revised for clarity.

**COMMERCIAL ORAL
SUPPLEMENTAL NUTRITION**

Nourishment available without a prescription that serves as sole caloric intake or additional caloric intake ~~to~~.

ENTERAL NUTRITION

Liquid nourishment provided directly to the digestive tract of a member who cannot ingest an appropriate amount of calories to maintain an acceptable nutritional status. Enteral nutrition is commonly provided by Jejunostomy Tube (J-Tube), Gastrostomy Tube (G-Tube) or Nasogastric N/G Tube).

- **ATTACHMENT A, AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS FOR MEMBERS 21 YEARS OF AGE AND OLDER -INITIAL OR ONGOING REQUESTS**

Attachment A revised for minor formatting and general overview.

POLICY 320-A, RESERVED

Policy 320-A, Affiliated Practice Dental Hygienist was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 320-F, RESERVED

Policy 320-F, HIV-AIDS Treatment Services was reserved as the service will be incorporated into AMPM Exhibit 300-1.

POLICY 320-H, RESERVED

Policy 320-H, Metabolic Medical Foods was reserved and all pertinent information has been merged into AMPM Policy 310-GG, Nutritional Therapy, Metabolic Foods and Total Parenteral Nutrition.

POLICY 320-K, RESERVED

Policy 320-K, Tobacco Cessation Product was reserved as the service will be incorporated into AMPM Exhibit 300-1.

- **EXHIBIT 320-K-1, PRIOR AUTHORIZATION PROTOCOL THERAPEUTIC CLASS SMOKING CESSATION AIDS**
Exhibit 320-K-1 was reserved.

POLICY 680, FEDERALLY MANDATED PROGRAMS FOR NURSING FACILITIES

Policy revised for general overview and minor formatting. AMPM Policy 680 was moved from Chapter 1200, Policy 1220.

POLICY 680-A, RESIDENT ASSESSMENT

Policy revised for general overview, reformatting, alignment with Arizona Administrative Code and the Centers of Medicare and Medicaid Services (CMS) regulations. AMPM Policy 680-A was moved from Chapter 1200, Policy 1220-A. Policy 680 was revised Post-Tribal Consultation Notification/Public Comment as follows:

- Revised definition of Resident Assessment Instrument (RAI) to remove the statement ‘A resident assessment to be completed by a registered nurse within 14 days of admission’.
- Revised Section A to align with 42 CFR 483.20 ‘A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) as outlined in 42 CFR 483.20.’
- Revised the following to align with CMS guidance:
 - The Minimum Data Set (MDS) is a core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid.
 - The Care Area Assessment (CAA) Process is designed to assist the assessor to systematically interpret the information recorded on the MDS. The CAA process helps the clinician to focus on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the

resident. Specific components of the CAA process as outlined in the Long-Term Care Facility Resident Assessment Instrument User's Manual include:

- i. Care Area Triggers (CATs)
 - ii. Care Area Assessment
 - iii. CAA Summary (Section V of the MDS 3.0)
- The Utilization Guidelines provide instructions for when and how to use the RAI. These include instructions for completion of the RAI as well as structured frameworks for synthesizing MDS and other clinical information.
- Moved this statement up from below 'Assessment shall be conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team. Information regarding problem areas is then used to develop the member's individualized care plan'.
 - Revised the following to align with updated CFR:
 - Assessment shall be conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team. Information regarding problem areas is then used to develop the member's individualized care plan.
 - a. A registered nurse shall sign and certify that the assessment is completed.
 - Each individual who completes a portion of the assessment shall sign and certify the accuracy of that portion of the assessment.
 - A facility shall conduct a comprehensive assessment of a resident within the following timeframes as specified in 42 CFR 413.343(b):
 - a. A facility shall complete a resident assessment for each resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this policy, "readmission" refers to a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)
 - b. A facility shall complete a resident assessment within 14 calendar days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purposes of this policy, a "significant change" refers to a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)
 - c. A resident assessment shall be completed no less than once every 12 months.
 - d. A resident's comprehensive assessment shall be reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.

- A facility shall coordinate assessments with the preadmission screening and resident review (PASARR) program to avoid duplicative testing and effort.

POLICY 680-B, NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM

Policy revised for general overview and minor formatting. AMPM Policy 680-B was moved from Chapter 1200, Policy 1220-B.

POLICY 680-C, PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

Policy revised for general overview, reformatting, and clarification of Level I and Level II PASRR description and requirements. AMPM Policy 680-C was moved from Chapter 1200, Policy 1220-C.

ATTACHMENT A, PASRR LEVEL I SCREENING TOOL

Attachment A revised to remove the SS # field, as it is not being utilized.

ATTACHMENT B, LEVEL II PASRR PSYCHIATRIC EVALUATION

No changes.

ATTACHMENT C, PRE-ADMISSION SCREENING, AND RESIDENT REVIEW INVOICE

No changes.

POLICY 910, QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

Policy 910 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview.

ATTACHMENT A, AHCCCS CONTRACTOR SERVICES/SITE MONITORING

No changes.

ATTACHMENT B, CONTRACTOR MONITORING OF DIRECT CARE WORKER (DCW) TRAINING AND TESTING STANDARDS

No changes.

POLICY 1220, RESERVED

Policy 1220, Federally Mandated Programs for Nursing Facilities was moved to Chapter 600 and is listed as AMPM Policy 680.

POLICY 1220-A, RESERVED

Policy 1220-A, Resident Assessment was moved to Chapter 600 and is listed as AMPM Policy 680-A.

POLICY 1220-B, RESERVED

Policy 1220-B, Nurse Aide Training and Competency Evaluation Program was moved to Chapter 600 and is listed as AMPM Policy 680-B.

POLICY 1220-C, RESERVED

Policy 1220-C, Pre-Admission Screening and Resident Review (PASRR) was moved to Chapter 600 and is listed as AMPM Policy 680-C.

- **ATTACHMENT A, RESERVED**
Attachment A was moved to Chapter 600 and is listed as AMPM 680-C, Attachment A.
- **ATTACHMENT B, RESERVED**
Attachment B was moved to Chapter 600 and is listed as AMPM 680-C, Attachment B.
- **ATTACHMENT C, RESERVED**
Attachment C was moved to Chapter 600 and is listed as AMPM 680-C, Attachment C.

POLICY 1620-O, ABUSE, NEGLECT, AND EXPLOITATION REPORTING STANDARD

Policy 1620-O was revised to align with the ALTCS E/PD (RFP YH18-0001) and for minor formatting and general overview. Policy 1620-O was revised Post-Tribal Consultation Notification/Public Comment as follows:

- Revised definition of Adult Protective Services (APS) to provide a better description of APS' role.
- Added definitions of: Exploitation (of a Vulnerable Adult), Neglect (of a Vulnerable Adult), and Self-Neglect
- Revised citation in Vulnerable Adult definition from A.R.S. §14-5101 to A.R.S. §46-451 (A)(9).
- Revised Section A to clarify APS' jurisdiction on Tribal lands.

APPENDIX A, EPSDT AND ADULT QUARTERLY MONITORING REPORT INSTRUCTIONS AND TEMPLATES

The following performance measures template and specific reporting instructions were revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for minor formatting and general overview.

- CYE 2019 ACC EPSDT and Adult Quarterly Monitoring Report
- CYE 2019 ACC Specific Reporting Instructions
- CYE 2019 ALTCS EPSDT and Adult Quarterly Monitoring Report
- CYE 2019 ALTCS Specific Reporting Instructions
- CYE 2019 CMDP EPSDT and Adult Quarterly Monitoring Report
- CYE 2019 CMDP Specific Reporting Instructions

- CYE 2019 DDD EPSDT and Adult Quarterly Monitoring Report
- CYE 2019 DDD Specific Reporting Instructions
- CYE2019 RBHA EPSDT and Adult Quarterly Monitoring Report
- CYE 2019 RBHA Specific Reporting Instructions

APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

POLICY 961-C, COMMUNITY SERVICE AGENCIES