



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

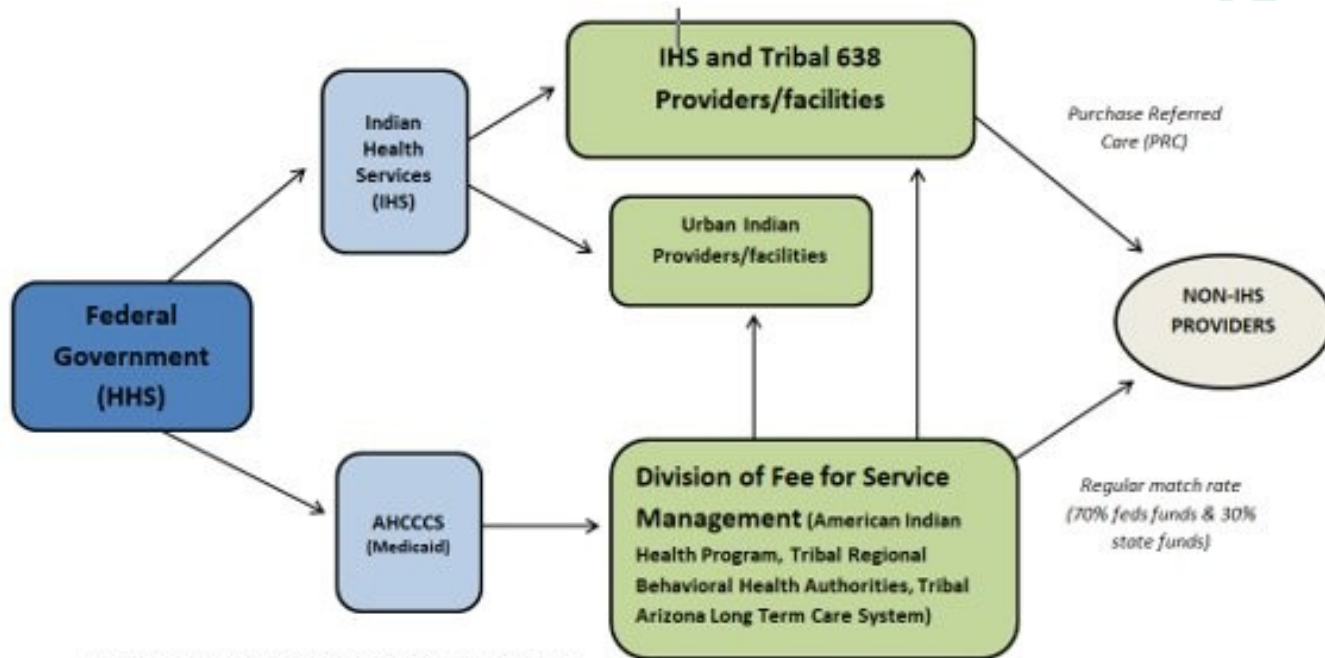
Overview of Tribal Health Care and Arizona Medicaid

Leslie Short, Deputy Assistant Director
Division of Fee-for-Service Management

Basis For Federal Health Benefits for American Indians: Authorities

- Treaties exchanged native lands for federal trust responsibilities and benefits
- Snyder Act authorized health services for American Indians (1921)
- Transfer Act placed Indian health programs in the Public Health Service (1955)
- Indian Self-Determination and Education Assistance Act (1975)
- Indian Health Care Improvement Act and Amendments (1976)

AHCCCS & the Tribal Health Care Delivery System: Financing

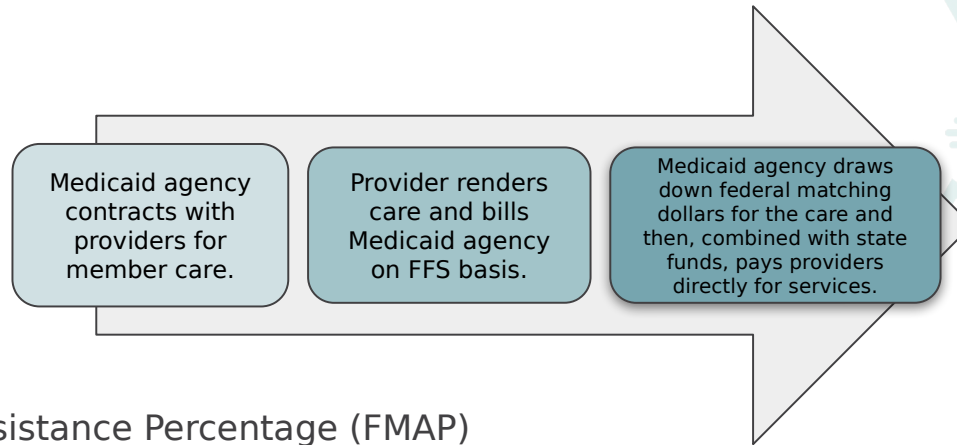


AHCCCS is the Medicaid Authority that offers:

- Comprehensive coverage for low-income Native Americans
- Revenues for Tribal health providers

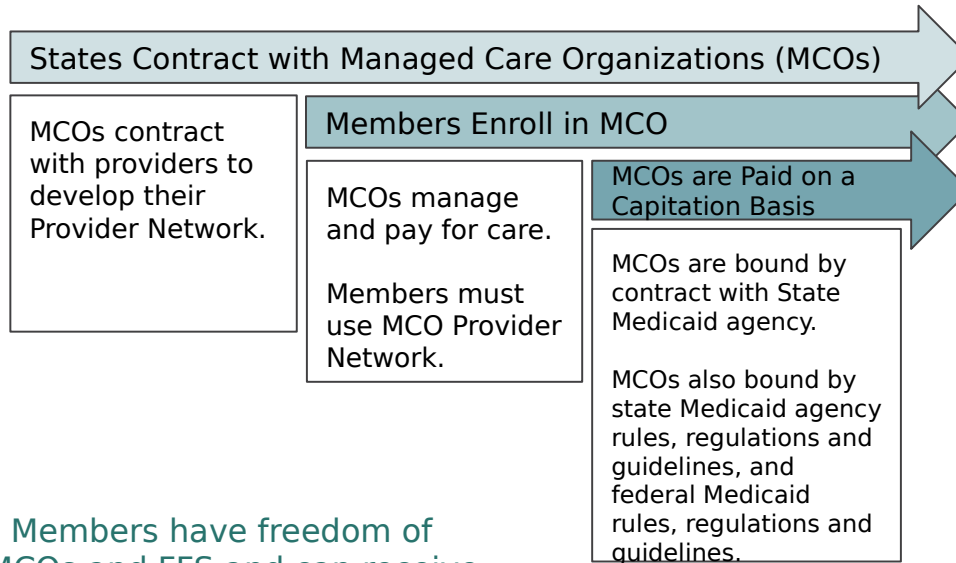
Medicaid FFS Care Delivery System

Traditionally, Medicaid has been administered on a “fee-for-service” basis:



Federal Medical Assistance Percentage (FMAP) for Arizona is ~70%. These are the “federal matching dollars.” IHS/638 facilities primarily receive 100% FMAP.

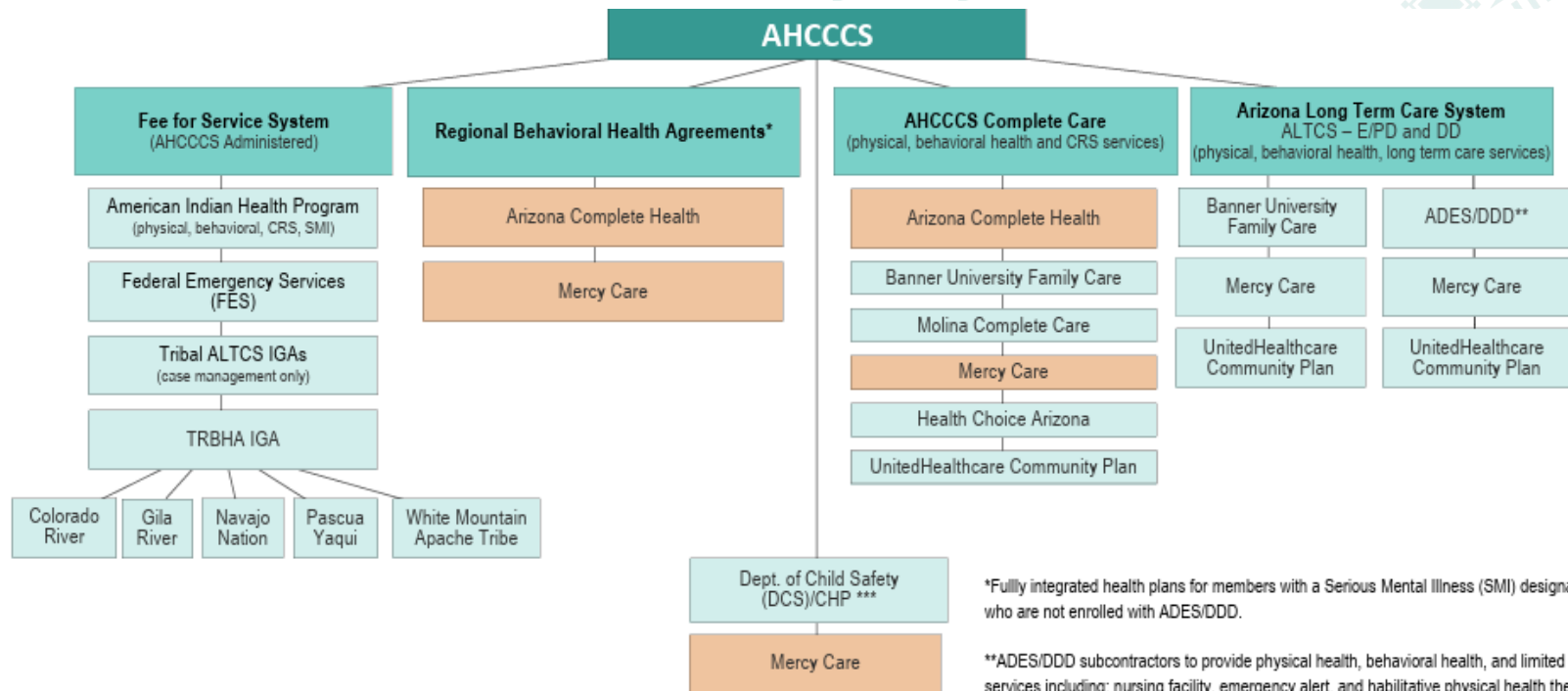
Medicaid Managed Care Delivery



*American Indian Members have freedom of choice between MCOs and FFS and can receive care at any IHS/Tribal 638 facility at any time regardless of health plan.



AHCCCS Care Delivery System



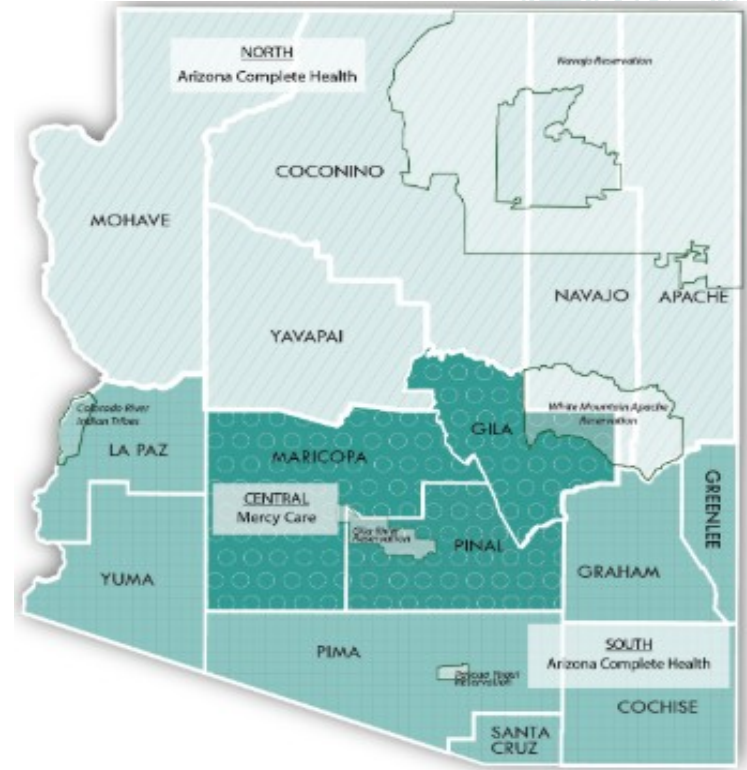
*Fully integrated health plans for members with a Serious Mental Illness (SMI) designation who are not enrolled with ADES/DDD.

**ADES/DDD subcontractors to provide physical health, behavioral health, and limited LTSS services including: nursing facility, emergency alert, and rehabilitative physical health therapy for members age 21 and over. ADES/DDD to provide all other LTSS and coordinate with AHCCCS' Division of Fee for Service Management to provide services for the Tribal Health Program for American Indian members.

***DCS/Comprehensive Health Plan (CHP) statewide subcontractor to provide physical and behavioral health services.

AHCCCS Complete Care (ACC) Health Plans

- Integrated health plans that include physical and behavioral healthcare service providers, including Children's Rehabilitative Services (CRS)
- Manage the provider network for all healthcare services
- Provide comprehensive managed care for the whole person
- ACC-Regional Behavioral Health Authorities (RBHAs)
- Members are established with a PCP and case management is provided as an administrative service.



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Behavioral Health Services

- Most members receive all behavioral health services through their chosen ACC Plan
- Services include, but are not limited to:
 - Mental health counseling
 - Psychiatric and psychologist services, and
 - Opioid Use Disorder treatment
- Individuals determined to have a Serious Mental Illness (SMI) are served through an ACC-RBHA or TRBHA



Division of Fee-for-Service Management (DFSM)

- DFSM is the is the division within AHCCCS which serves as the health plan for Fee-For-Service (FFS) Medicaid members and reimburses claims for other persons not enrolled with a contractor.
- DFSM is responsible for the clinical, administrative and claims functions of FFS populations of approximately 250,000 members, including:
 - American Indians enrolled in the American Indian Health Program (AIHP)
 - Members enrolled with the Tribal Regional Behavioral Health Authorities (TRBHAs) for behavioral health services,
 - Tribal Arizona Long Term Care Services (ALTCS), and
 - Individuals in the Federal Emergency Services Program (FESP)

American Indian Health Program (AIHP)

- AI/AN who are eligible and enrolled in AHCCCS may choose to receive coverage through AIHP or an ACC plan.
- Provides medically necessary services, including preventative and behavioral health care services, including Children's Rehabilitative Services (CRS) and AIHP members with an SMI designation.
- Members may receive services from any Indian Health Services (IHS) provider, Tribal 638 provider, or any AHCCCS registered non-IHS provider
 - Per the Provider Participation Agreement all AHCCCS registered providers are required to accept AIHP.
- AI/AN members can switch their enrollment between AIHP and an ACC plan at any time.

AIHP, TRBHA and IHS/Tribal 638 Facilities

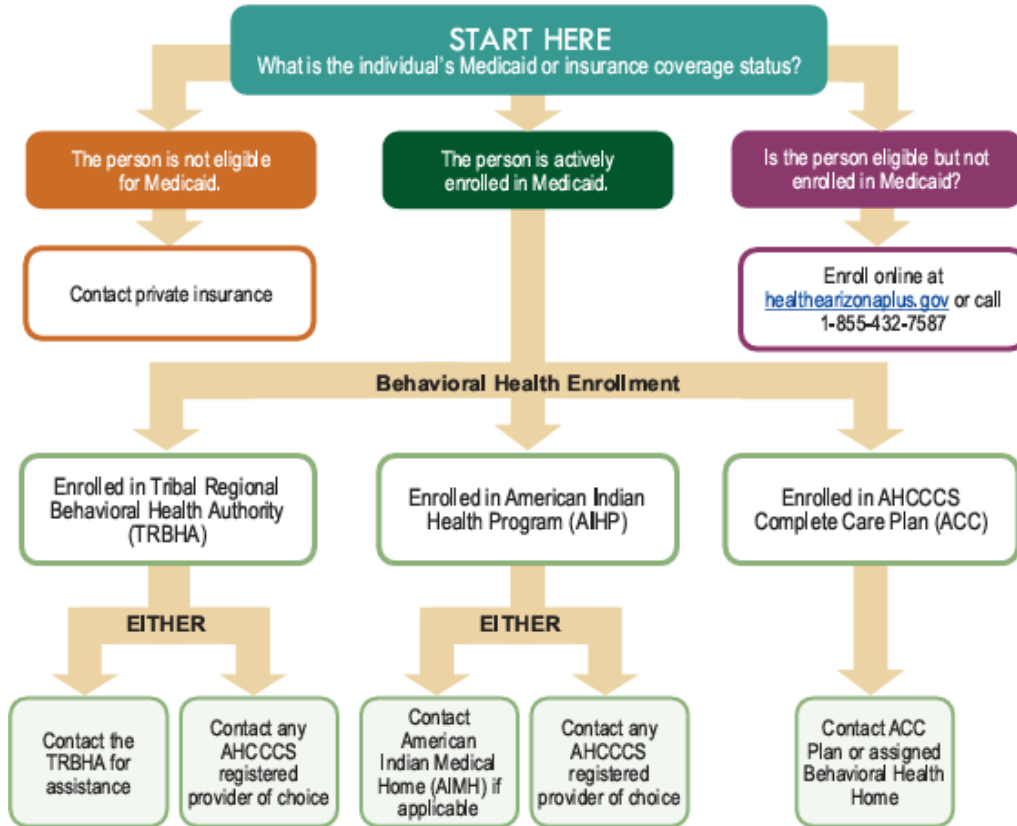
AIHP - American Indian Health Program	TRBHA - Tribal Regional Behavioral Health Authority	IHS - Indian Health Services/Tribal 638 Facility
<ul style="list-style-type: none">● Provides medically necessary services for AHCCCS enrolled American Indians/Alaskan Natives (AI/AN) members, including preventative and behavioral health care services.● AI/AN members can switch their enrollment between AIHP and an ACC plan at any time.	<ul style="list-style-type: none">● Tribal entities that have an IGA with the AHCCCS administration for the provision of behavioral health services to AI/AN members.● Coordinate the delivery of comprehensive mental health services.● AI/AN members	<ul style="list-style-type: none">● The principal health care system/provider for federally recognized Tribes and AN in the United States; responsible for providing federal health services.● AI/AN members may receive health care from IHS or Tribally-Operated 638 programs.



Tribal Regional Behavioral Health Authority

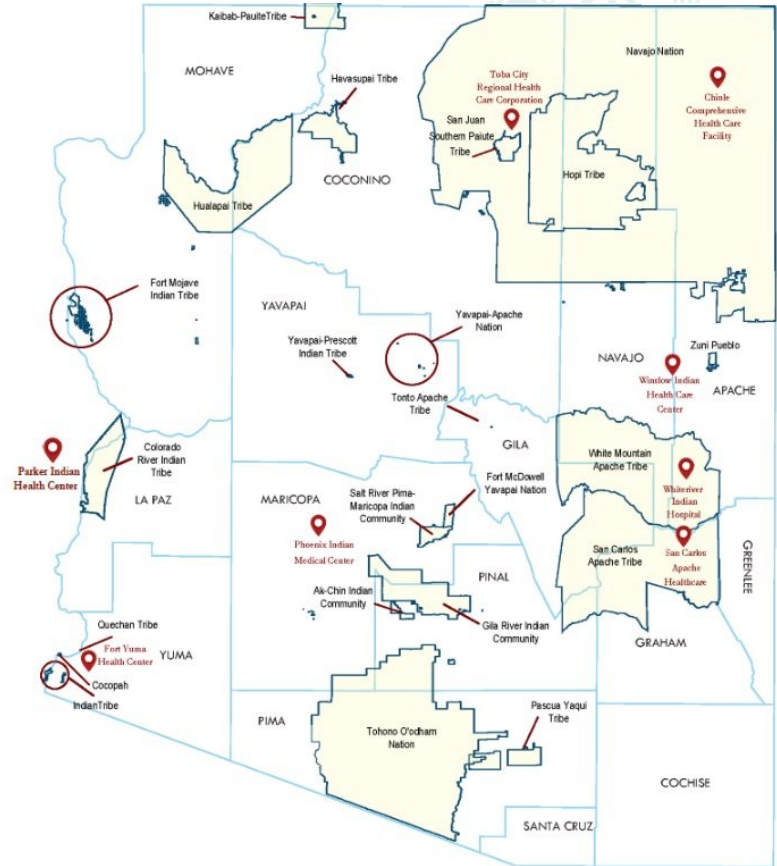
- TRBHAs are Tribal entities that have an Intergovernmental Agreement (IGA) with the AHCCCS Administration
- Coordinate the delivery of comprehensive mental health services to AI/AN members assigned to the Tribal entity
 - TRBHAs are responsible for coordinating care, while members may access any AHCCCS-registered provider for behavioral health care
- There are four TRBHAs across the state:
 - Gila River Tribe
 - Navajo Nation
 - Pascua Yaqui Tribe
 - White Mountain Apache Tribe
 - Colorado River Indian Tribes (IGA is for the providing crisis response services only)

How to Access Behavioral Health Services for AI/AN Individuals



American Indian Medical Home (AIMH)

- Care management model that puts AHCCCS' American Indian Health Program (AIHP) members at the forefront of care.
- Aims to address health disparities between American Indians and other populations in Arizona by:
 - Using Primary Care Case Managers (PCCM) to enhance case management and care coordination
 - Providing 24-hour access to the care team,
 - Offering accredited diabetes education programs,
 - Participating in the state Health Information Exchange
- Number of AIMHs: **nine (9)**
- Number of AIHP members with an AIMH: **~43,00**
- Percent of AIHP members with an AIMH: **~44%**



Tribal Arizona Long Term Care Services (Tribal ALTCS)

- Provides Medicaid services to elderly and/or physically disabled American Indians determined eligible for ALTCS
- An integrated health plan that covers acute medical and behavioral health services, and long term care services
- Members are enrolled with Tribal ALTCS if they live, or have lived, on a reservation prior to admission into an off-reservation facility
- AHCCCS works in partnership with seven Tribes and one Urban Indian Health Center, thru IGAs or a contract, to provide long term care case management services to respective tribal members

Tribal ALTCS IGAs

- The goal of Tribal ALTCS is to provide culturally competent, compassionate care to enrolled members of each American Indian Tribe.



Gila River Indian Community



The Hopi Tribe



Navajo Nation



Pascua Yaqui Tribe



San Carlos Apache Tribe



Tohono O'odham Nation



White Mountain Apache Tribe

Care Coordination

- For MCO enrolled members:
 - Member with an ACC plan should work with their health plan for an assigned health home and case manager
- For Fee-for-Service enrolled members:
 - Care coordination is done at the provided level, including coordination with the TRBHAs, Tribal ALTCS, and American Indian Medical Homes
 - DFMSM staff do not have direct member contact/caseloads but work primarily with AHCCCS registered providers

DFSM Care Management (CM) Team

- Serves as a provider resource to support AHCCCS registered providers with continuity of care and verification.
 - Assist with complex or unusual cases
 - Assist with linking the member or the provider to the covered service
 - Provide technical assistance
 - Assist the treatment team with discharge planning resources
 - Assist with travel related covered services
 - Provides notifications (e.g. crisis, Admit/Discharge) to TRBHA or medical homes
 - Assist with follow-up on ALTCS referrals



Traditional Healing Services

Traditional Healing Program Overview

- Medicaid reimbursement for Traditional Healing went live October 1, 2025
- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
- Traditional Healing practices are covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.
- AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an HIS/Tribal 638 facility.
- Traditional healers employed by or contracted with an UIO may provide reimbursable services through a care coordination agreement with an HIS/Tribal 638 facility.
- DFSM Providing Training will continue to provide trainings on TH, including guidance on claims submission.

Resources



Reporting Quality of Care and/or Fraud, Waste, Abuse

- AHCCCS is committed to ensuring members receive quality health care and are able to access services.
 - Report Quality of Care Concerns that include (but not limited to): inability to receive health care services; concerns about the quality of care received; issues with healthcare providers or health plans; or timely access to services.
- The Office of Inspector General (OIG) investigates reports of suspected fraud, waste, and abuse of AHCCCS programs
 - Report member, provider or contractor suspected fraud or abuse

Member Resources

- [Covered Medical Services](#)
- [Accessing Behavioral Health Services](#)
- [How to Access Behavioral Health Services for AI/AN Individuals](#)
- [SMI Designation & Services](#)
- [Provider Listings](#)
- [American Indian Health Program Member Handbook](#)



Provider Resources

- [AHCCCS Online Provider Portal](#)
- [AHCCCS Medical Policy Manual \(AMPM\)](#)
- [Fee-for-Service Provider Billing Manual](#)
- [IHS/Tribal Provider Billing Manual](#)
- [Provider Training Resources](#)
- [Subscribe to DFSM Email Notifications/Updates](#)





Questions?



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

Arizona Long Term Care System Overview

Arielle Acuna and Crystal Lopez 5/19/26

Introductions



Agenda

- An introduction to the Arizona Long Term Care System (ALTCS)
- ALTCS basics
- The ALTCS eligibility process
- Financial criteria
- Medical criteria
- Next steps - After the eligibility decision is made

AHCCCS - ALTCS

- The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to Arizona residents.
- ALTCS is for people who need ongoing services at a nursing facility level of care
- Customers may live in:
 - Their own homes while receiving needed in-home services;
 - An assisted living facility; or
 - A skilled nursing facility
- Must be both financially and medically eligible.

ALTCS Covered Services

Prescription Medication	Behavioral Health Care	Doctors Office Visits
Immunizations (Shots)	Hospital Services	Emergency Medical Care
Dialysis	Medically Necessary Transportation	Medically Necessary Specialist Care
Medical Supplies	Laboratory Tests and X-Rays	Chemotherapy
Rehabilitation Services	Nursing Home Care	Assisted Living
Home Health Nursing	Attendant Care	Habilitation
Respite Care	Adult Day Care	Home Health Aids
Personal Care	Home Delivered Meals	Homemaker Services
Hospice Care		

Application Process

There are 5 ways in which AHCCCS receives applications:



Online



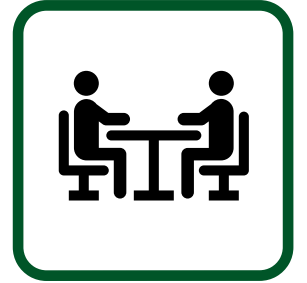
Phone



Mail



Fax



In-Person

Application Process



Application Process

1. Application is registered
2. Case is assigned to a Benefits and Eligibility Specialist (BES)
3. BES calls the applicant or representative to complete the interview or schedule an appointment for a later date. Most financial interviews are completed via phone.
4. Financial interview is conducted with the applicant or authorized representative.
5. A request for information (RFI) is sent out with a 15-day due date.

The Financial Interview

Some of the items that the BES will ask about during the financial interview include (but are not limited to):

- The customer's current address and other places the customer has lived during the application period
- Marital status
- Citizenship or Qualified Noncitizen status
- Resources owned by the customer and his or her spouse
- Income received by the customer and his or her spouse
- Health insurance that the customer already has

Resources

Resources are items of real or personal property, including cash, which may be used to meet the customer's needs for shelter. Resources are sometimes called "assets."

Some examples of resources are:

- Checking, savings and credit union accounts
- Real property
- Cash value of some life insurance policies
- Cash, stocks, bonds, certificates of deposit (CDs)
- Vehicles

Resource Limits

- Single Customers

- Countable resources cannot be more than \$2,000.

- Community Spouse Rules

- If the customer is legally married, they may be able to set aside some of their resources for the needs of their spouse, as long as their spouse is not living in a medical facility.

Excluded Resources

Some resources are not counted in the eligibility determination.

Examples of resources that are not counted include:

- The customer's home that they live in, unless held in a trust
- Burial plots and irrevocable burial plans
- Designated burial accounts up to \$1,500
- Household and personal belongings
- One vehicle used to transport the applicant
- Certain types of trusts

Income

- The ALTCS gross monthly income limit is \$2,982.00 (effective 1/1/26) for an individual.
- Income that we count includes (but is not limited to):
 - Wages;
 - Social Security retirement and disability;
 - VA pensions;
 - Supplemental Security Income (SSI); and
 - Retirement and disability pensions.

Transfers


CAUTION!

When a customer reduces resources to become eligible for ALTCS, ***the BES will investigate how the money was spent.***

When the customer does not receive compensation of equal or greater value in return for their resources, eligibility may be impacted by a transfer penalty.

What's Next?

After the initial financial interview is complete, AHCCCS sends a Request for Information (RFI) to the customer and representative.

			
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS)			
CUSTOMER:	DATE: 12/04/2017	HEAPLUS PERSON ID: #####	APPLICATION ID: #####
(REPRESENTATIVE) 1234 E 5 AVE MESA AZ 85204-6169		Call your eligibility worker EW NAME at 602 ### ## or email EW@azahcccs.gov if you have any questions or need help.	
Request for Information			
<hr/>			
Dear Representative			
We need the information listed below to decide if CUSTOMER can qualify for Arizona Long Term Care System (ALTCS). Contact us if you have trouble getting the information we are requesting. We may be able to help.			
You must give us this information or complete the actions requested no later than 12/19/2017 . There are several ways you can give us information:			

The customer and the representative **MUST** be mindful of the following information on the RFI:

- 1. RFI DUE DATE** – This is #1 because it is the MOST important item on the document. If the requested documentation is not submitted by this date, the application may be DENIED.
- 2. What is being requested** – Specific information is requested on the RFI and ALL information is needed to determine eligibility.

***NOTE:** The RFI will also include a medical release form (DE-202). This must be signed by the customer. If medical assessor is unable to receive medical records, the case may be **denied**. It is ultimately the customers responsibility to send in medical records.

DUE DATE

PAS Assessment- Who and Where



- The PAS interview is conducted with the applicant and their caregiver (if any).
- The interview can be either in person, at the applicant's residence, or on the phone.

ALTCS Medical Eligibility Pre-Admission Screening (PAS)

The purpose of the Pre-Admission Screening (PAS) is to identify whether or not Applicants meet criteria for the Title XIX Medicaid funding for long term care services (ALTCS).

The applicant must have a medical need for long term care services and is at risk of institutionalization.

Definitions

Definition

An applicant at risk of institutionalization needs long-term care at a level of care comparable to that provided in a Nursing Facility or an Intermediate Care Facility for Individuals with Intellectual / Cognitive Disabilities.

An institutional level of care is below that of an acute care setting (such as hospitalization or intense rehabilitation) and above that of a supervisory / personal care setting (intermittent outpatient medical care or benevolent oversight).

PAS Tools

Applicants are assessed using either the DD (developmentally disabled) or EPD (elderly and/or physically disabled) tools.



EPD applicants are all those not eligible through DDD.

DD applicants are those individuals who are receiving services through the Division of Developmental Disabilities (DDD).

DD and EPD Tool Explanations

- Functional section - Assess the applicant's ability to manage activities of daily living
- Medical conditions - The assessor will verify medical conditions and determine whether these conditions impact activities of daily living and if medical or nursing services and treatments are required

Note: A customer must have a non-psychiatric medical condition which, by itself or in combination with other medical conditions or developmental disabilities, requires the level of care which is provided in a nursing facility or immediate care facility.

Scoring and Eligibility

A combination of weighted functional and medical factors are evaluated and assigned a numerical value, then added together to reach a total score. The threshold score, or point at which a customer becomes eligible, is determined by a formula utilizing those scores.

- The threshold score for eligibility using the DD tool is 40 points.
- The threshold score for eligibility using the EPD tool is 60 points.

Eligibility Determination

If they are found to be eligible both FINANCIALLY & MEDICALLY then they are...



Eligibility Determination

- When a customer **does not** qualify medically or financially, the ALTCS application is denied.
- The customer is then screened for eligibility in other Medicaid programs.
- The customer can reapply for ALTCS at any time but may have to start over from the beginning.

Enrollment

- Approved customers are enrolled with a program contractor and assigned to a case manager.
- If the customer lives in a county with more than one program contractor, the customer may choose a program contractor to provide their medical services.
- The ALTCS Health Plan will assign a case manager to meet with the customer and representative to develop a service plan.

ALTCS Enrollment For American Indian and Alaska Native Customers

If the customer...	Then the customer is enrolled with...
Has a developmental disability	The Department of Economic Security/Division of Developmental Disabilities, regardless of where they live
Lives within the bounds of a tribal nation or lived within the bounds of a tribal nation before entering an off-tribal land nursing facility	<p>The tribe that serves that tribal land. The customer does not have to be a member of the contracting tribe. For example, a Hopi customer living on the Navajo Nation is enrolled with the Navajo Nation.</p> <p>Exception: Customers who live on tribal lands, but do not have any tribal membership are enrolled with an Elderly or Physically Disabled (EPD) program contractor.</p>
Does not live within the bounds of a tribal nation	An EPD program contractor based on the customer's county of fiscal responsibility.

Share of Cost (SOC)

- The Share of Cost (SOC) is the amount a customer has to pay toward the cost of their medical care.
- Not all customers have a SOC.
- The SOC amount is based on the customer's income and where the customer is living.

Share of Cost Deductions

Personal needs allowance (PNA)

Community Spouse allowance for needs of the customer's spouse still living in the home

Family allowance for any dependents living in the home

Home maintenance allowance if the customer is in a nursing home but will go home within 6 months of the date of admission into the nursing facility

Customer's medical health insurance premiums

Medical expenses that ALTCS does not pay for, such as hearing aids, eyeglasses and dental care

Reference Material

Eligibility Policy Manual (EPM)

<https://epm.azahcccs.gov/EligibilityPolicyManual>

The AHCCCS Medical Policy Manual (AMPM)

<https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Arizona Revised Statutes, Title 36 - Public Health and Safety

<http://www.azleg.gov/arsDetail/?title=36>

Code of Federal Regulations

<https://www.ecfr.gov/cgi-bin/ECFR?page=browse>

AHCCCS Contact Information

Policy Clarification Requests

Office of Eligibility Policy

Division of Member Services

150 N. 18th Ave., 2nd Floor, MD 15017, Phoenix, AZ 85007

DMS-PolicyClarificationRequest@azahcccs.gov

Questions?



Thank You.

