

The logo for the Arizona Health Care Cost Containment System. The word "ARIZONA" is in a large, bold, white sans-serif font, with a stylized white mountain range silhouette integrated into the letter "O". Below "ARIZONA", the words "HEALTH CARE COST" and "CONTAINMENT SYSTEM" are stacked in a smaller, white, all-caps sans-serif font.

# ARIZONA

HEALTH CARE COST  
CONTAINMENT SYSTEM

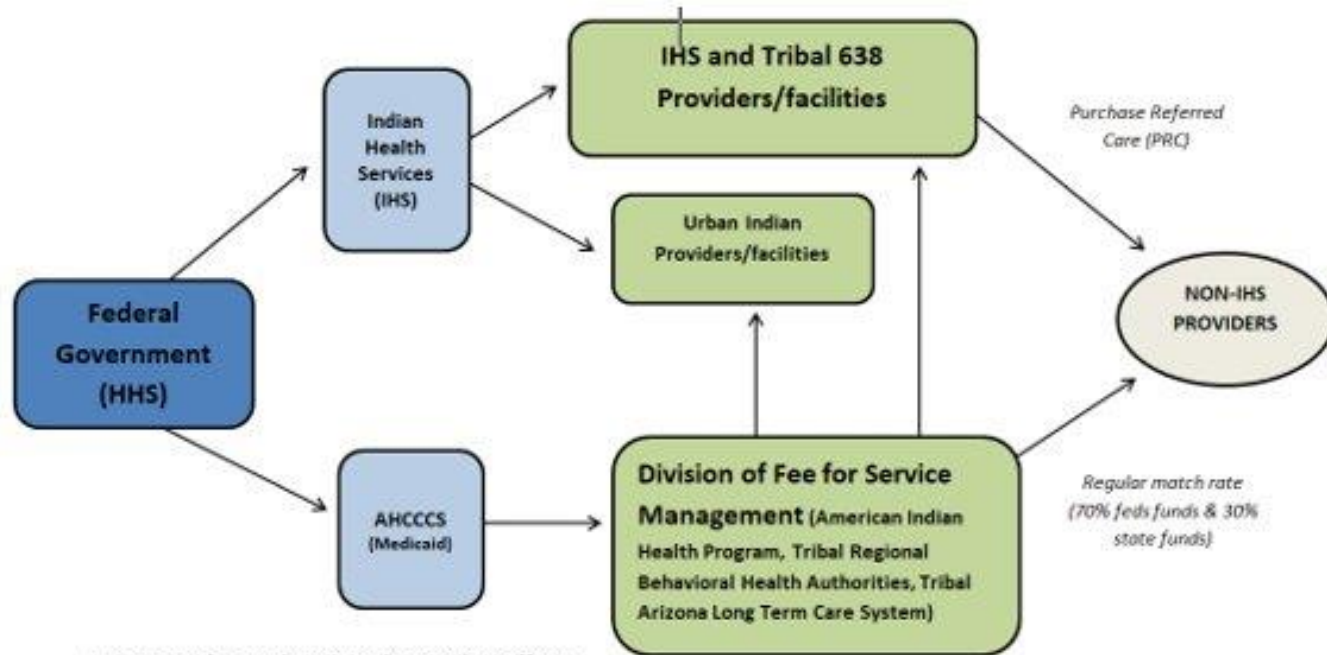
## Overview of Tribal Health Care and Arizona Medicaid

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

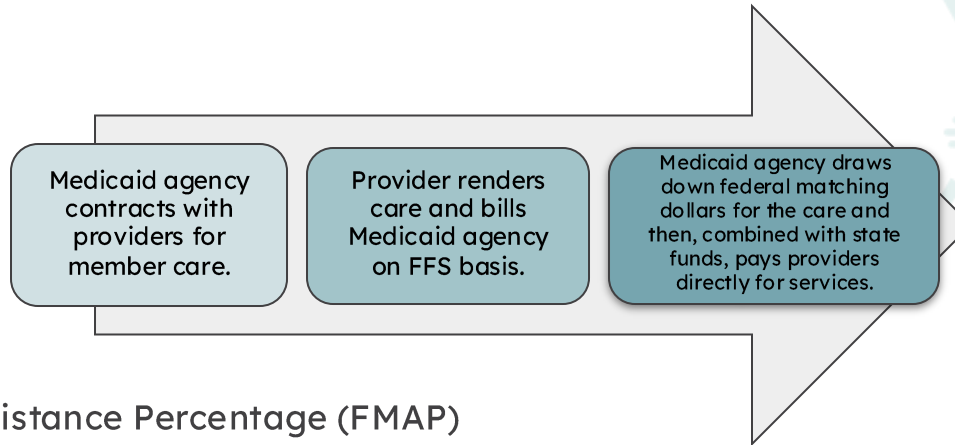


AHCCCS is the Medicaid Authority that offers:

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

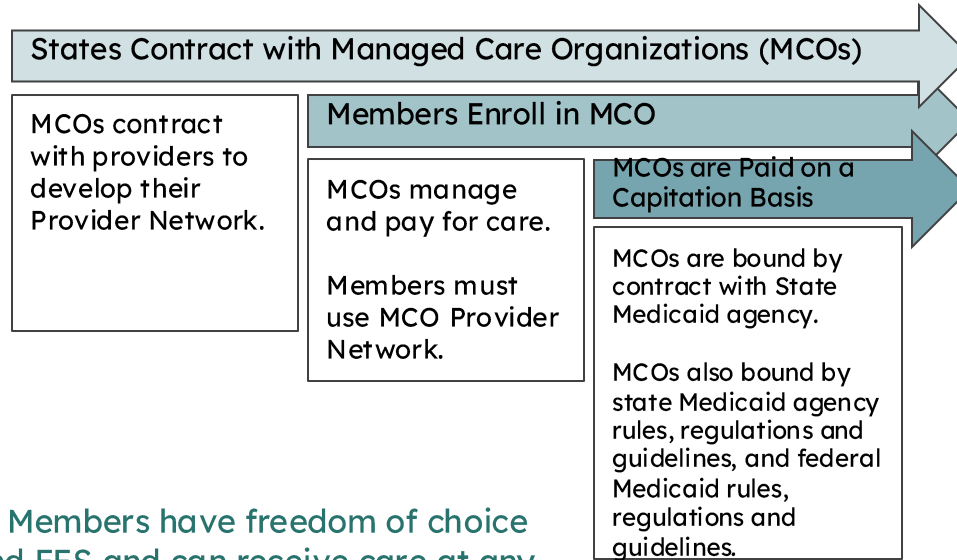
# Medicaid FFS Care Delivery System

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.

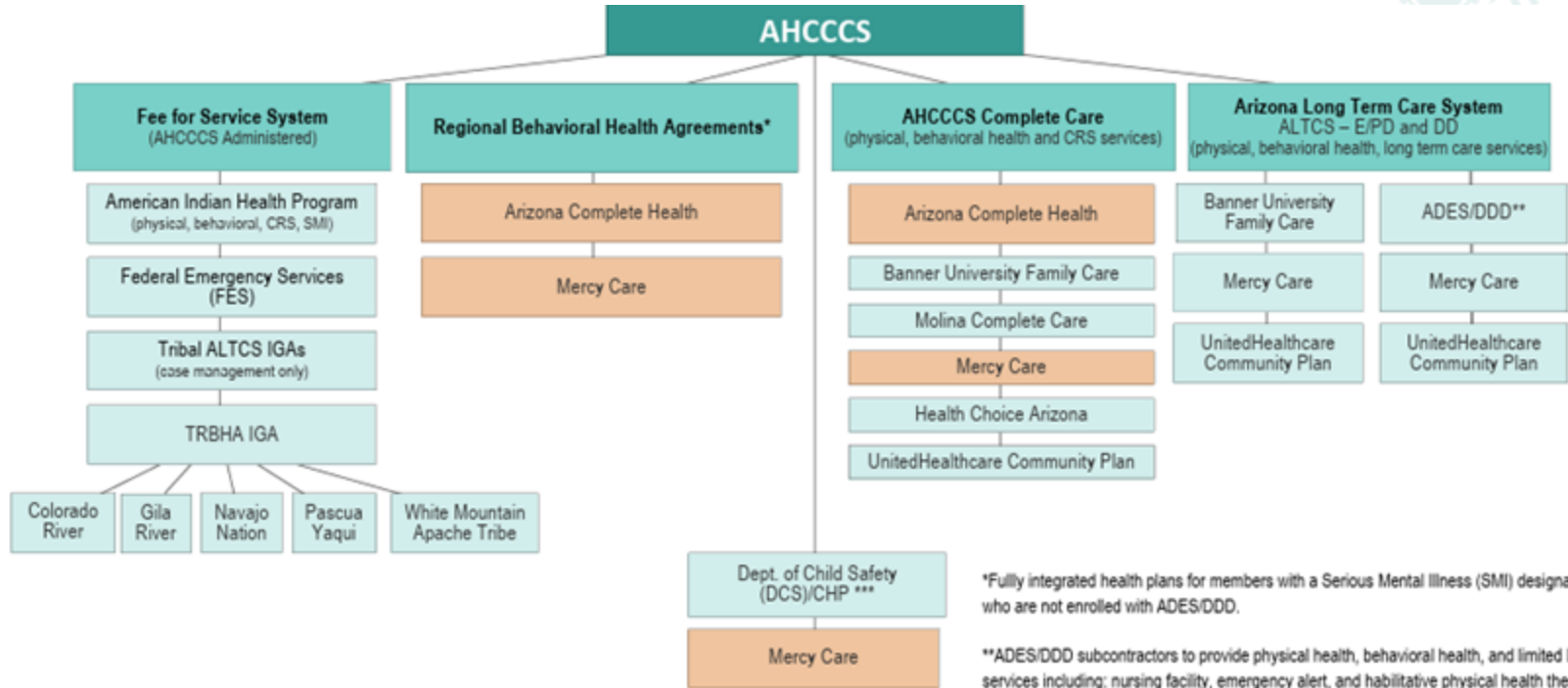
# Medicaid Managed Care Delivery



\*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



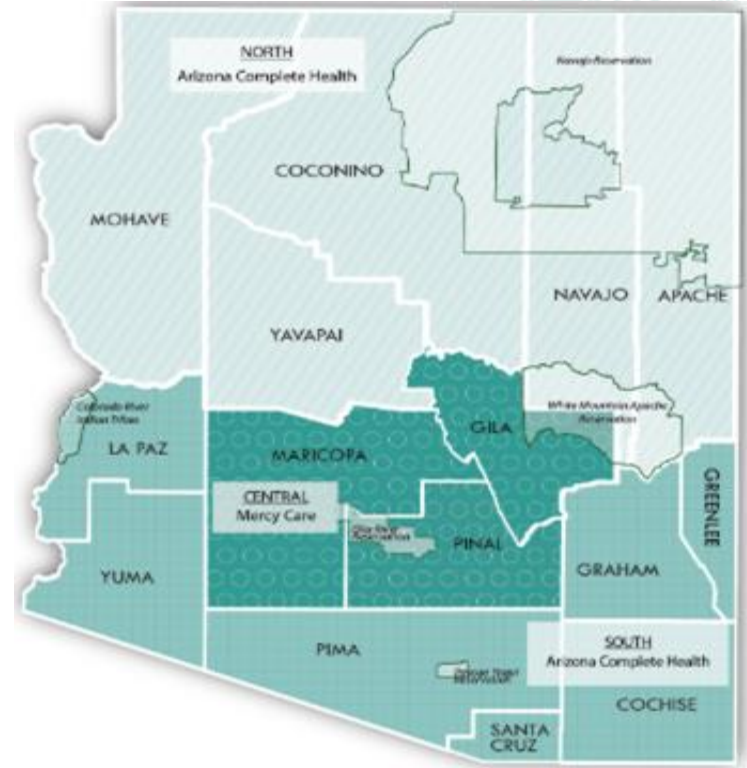
\*Fully integrated health plans for members with a Serious Mental Illness (SMI) designation who are not enrolled with ADES/DDD.

\*\*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 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

- 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.

## TRBHA - Tribal Regional Behavioral Health Authority

- 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

## IHS - Indian Health Services/Tribal 638 Facility

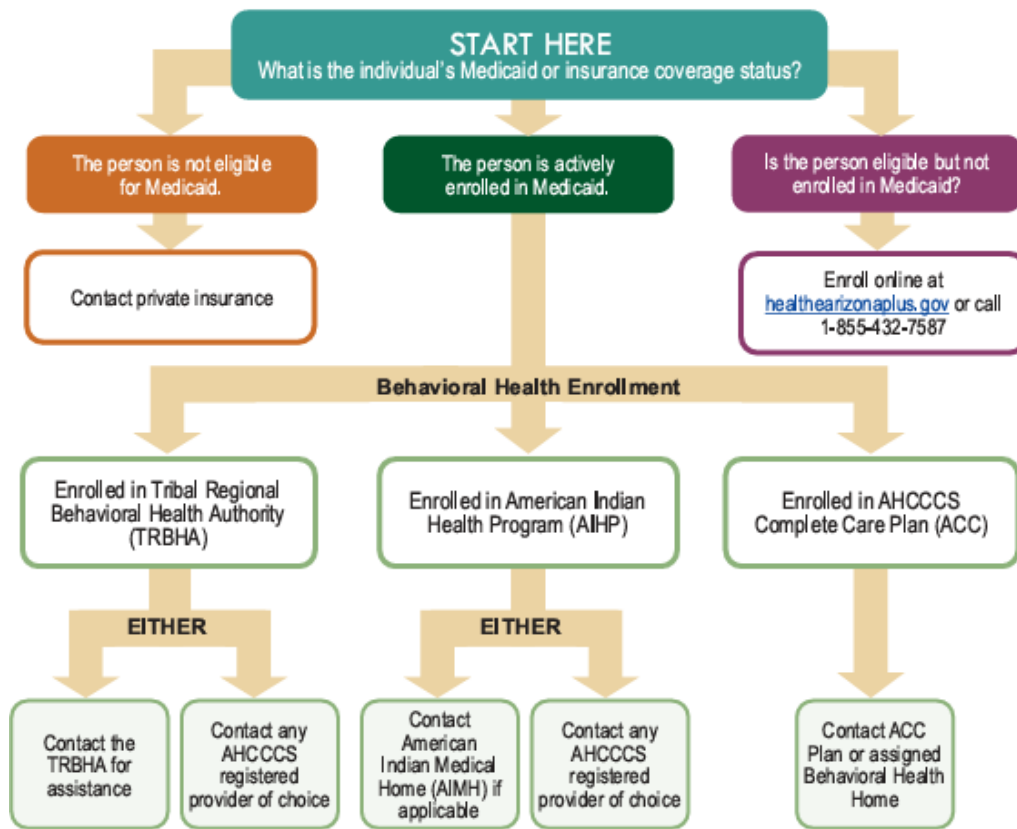
- The principal health care system/provider for federally recognized Tribes and AN in the United States; responsible for providing federal health services.
- AI/AN members may receive health care from IHS or Tribally-Operated 638 programs.



# Tribal Regional Behavioral Health Authority

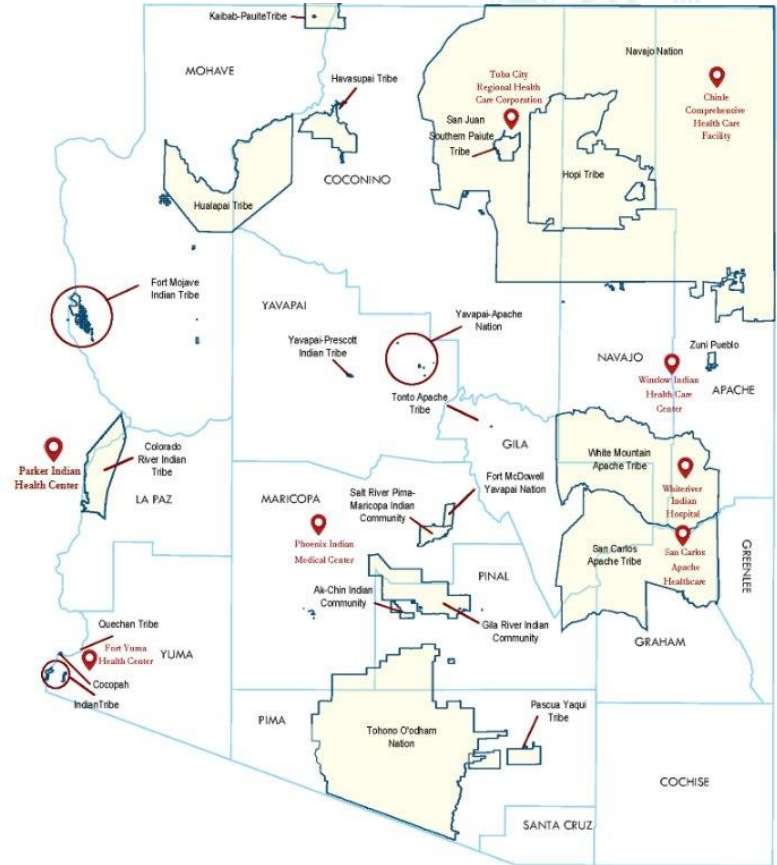
- TRBHAs are Tribal entities that have an Intergovernmental Agreement (IGA) with the AHCCCS Administration
- Coordinate the delivery of comprehensive mental health services to AI/AN members assigned to the Tribal entity
  - TRBHAs are responsible for coordinating care, while members may access any AHCCCS-registered 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
  - DFSSM 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**

### **Program and Member Eligibility**

Autumn Duffy Benefits and Eligibility Manager, Chinle  
Jolin Morgan Benefits and Eligibility Manager, Flagstaff  
Division of Member and Provider Services

# AHCCCS – Arizona Long Term Care System (ALTCS)

- 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.



# General Conditions of Eligibility

- Conditions of eligibility:
  - Valid Application
  - Resident of Arizona
  - Social Security Number
  - U.S. citizen or qualified noncitizen status
  - Assignment of rights to medical benefits and cooperation



# Financial & Medical Conditions of Eligibility for ALTCS

- Income requirements between 100%-250% FPL depending on the program
- Income Deductions vary by program
- To be medically eligible for ALTCS, an applicant must meet or exceed a combination of medical and functional needs as established by our Pre-Admission Screening process called PAS. The PAS Assessment is completed by looking at the customer's activities of daily living, communication skills, continence, behavioral issues and medical conditions in the last 30 days.

# Arizona Long Term Care System

Full ALTCS Service Package – 300% of the Federal Benefit Rate

Individual	Income Limit
1	\$2,982.00

Limited ALTCS Service Package – 100% of the Federal Benefit Rate

Individual	Income Limit
1	\$994.00

Resource Limit

Individual	Resource Limit
1	\$2,000.00

# ALTCS Enrollment

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><b>Exception:</b> 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.

# AHCCCS Medical Assistance Health Plans

- American Indians may choose to receive services by enrolling in an AHCCCS Complete Care Plan or through the American Indian Health Program (AIHP), available in all Arizona Counties
- AIHP is responsible for paying fee-for-service claims submitted for American Indians who have chosen not to enroll in an AHCCCS Complete Care plan. If the American Indian member does not choose a plan and lives within the bounds of a tribal nation, the member will be automatically enrolled in AIHP.

# Application Process

There are 5 ways in which AHCCCS receives applications:



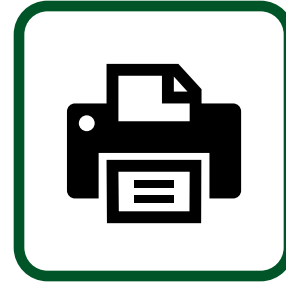
**Online**



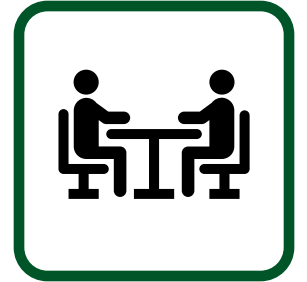
**Phone**



**Mail**



**Fax**



**In-Person**

# Ways to apply for ALTCS

- Online application can be registered at [www.healthearizona.gov](http://www.healthearizona.gov)
- Call our Customer Service Call (888) 621-6880 to apply.
- Mail application to: Box 16095 MD 15023 Mesa, AZ 85211
- Fax application to (888) 507-3313.
- Submit applications in-person at any Statewide ALTCS Office - addresses can be found on the AHCCCS Website.
- For your convenience, Northern region office sites:

Flagstaff ALTCS Office  
1701 N 4<sup>th</sup> St  
Flagstaff, AZ 86004  
(Located in DES building)

Chinle ALTCS Office  
Hwy 191, Tseyi Shopping Center  
Chinle, AZ 86503



The logo for the Arizona Health Care Cost Containment System is a circular emblem on the left side of the slide. It features a variety of white icons on a teal background, including a sun, a mountain, a tree, a flower, a hand, a gear, and a fish. The text "ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM" is centered on the right side of the slide in white, bold, sans-serif font. The word "ARIZONA" is the largest and most prominent, with a stylized mountain range integrated into the letter "O".

# ARIZONA

HEALTH CARE COST  
CONTAINMENT SYSTEM

## Arizona Long Term Care System - Financial Eligibility

Autumn Duffy Benefits and Eligibility Manager, Chinle  
Jolin Morgan Benefits and Eligibility Manager, Flagstaff



# The Financial Interview

The amount of time the financial interview will take can vary depending on the assets that the applicant owns.

The BES will ask about the following:


- Marital Status
- Student Status
- Where the customer has lived during the application period
- Whether the customer has any developmental disabilities

- Citizenship
- Income received by the customer and spouse
- Resources of the customer and spouse
- Other health insurance that the applicant has
- Expenses

- Any pending lawsuits that the applicant may be the beneficiary of
- Transfers within the past 5 years

# 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.	
<b>Request for Information</b>			
<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.

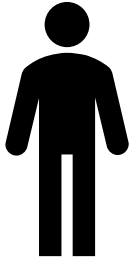
**\*NOTE:** The RFI will also include a medical release form (DE-202). This must be signed by the customer. If medical assessor is unable to receive medical records, the case may be Denied. It is ultimately the customers responsibility to send in medical records.

**DUE DATE**

# The Eligibility Determination



# Income Standards

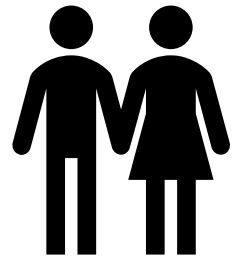


## Single Customers

- Countable income cannot be more than \$2,982.

## Community Spouse Rules

- Total income of customer and spouse divided by 2 cannot exceed \$2,982; OR
- The total income that is owned by the APPLICANT ONLY cannot be more than \$2,982.



# Income

Wages

Self-  
Employment

Social Security

Railroad  
Retirement

Veterans  
Administration

Pensions

Annuity  
Payments

Gifts/monetary  
Contributions

Inheritance

# Resource Standards

## Single Customers

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

## Community Spouse Rules

- Must be legally married.
- May be able to set aside some resources for the needs of the customer's spouse, as long as the spouse is not living in a medical facility.

# Definitions

Term	Definition
<b>Resources</b>	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."
<b>Current Market Value (CMV)</b>	The CMV of real property is the amount that property can be expected to sell for on the open market in the surrounding geographic area and under existing economic conditions.
<b>Home Property</b>	Property that serves as a person's principal place of residence, and includes the shelter in which the person lives, the land on which the shelter is located and related outbuildings. It can be real or personal property, fixed or mobile, and may be located on land or water.
<b>Gross Income</b>	Income before taxes or other deductions.
<b>Community Spouse</b>	The customer's spouse is considered to be residing in the community when he or she is living: <ul style="list-style-type: none"><li data-bbox="378 679 556 711">• At home;</li><li data-bbox="378 716 1139 749">• In an approved alternative residential setting;</li><li data-bbox="378 753 1232 786">• In a commercially operated, non-medical facility; or</li><li data-bbox="378 790 749 823">• In a penal institution.</li></ul>
<b>Transfer</b>	Giving legal ownership of a resource or income in whole or in part to someone else.

# Countable Resources



## Cash Related Resources

- Bank accounts – Checking, Savings, and Credit Union accounts
- Cash
- Stocks, bonds, mutual funds



## Property

- Any real property that is NOT home property (Land that is located within the bounds of a tribal nation is excluded.)
- Out of state property is a countable resource.



## Life Insurance

- The cash value of most life insurance policies is countable in the eligibility determination
- Policies that cannot be revoked or surrendered have no cash value

# Countable Resources



## Vehicles

- One is excluded if it is used to transport someone in the household
- Includes trucks, motorcycles, airplanes, recreational vehicles, boats



## Trusts

- The value of the assets in some trusts are counted toward resource eligibility
- Trusts may need to be reviewed by the Office of Eligibility Policy

**NOTE:** Burial plots, plans, and funds are also considered countable resources and may be asked about during the financial interview.

# 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.

# Eligibility Determination

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



# Share of Cost

- 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 countable 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

The logo for the Arizona Health Care Cost Containment System (ALTCSS) is a circular emblem on the left side of the slide. It features a variety of stylized symbols including a sun, a mountain range, a cactus, a fish, a hand, and various geometric shapes, all rendered in a light teal color against the darker teal background.

# ARIZONA

HEALTH CARE COST  
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## ALTCSS Preadmission Screening (PAS)

Autumn Duffy Benefits and Eligibility Manager, Chinle  
Jolin Morgan Benefits and Eligibility Manager, Flagstaff

# 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 and/or at nursing home level of care.

# Definitions

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 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, on the phone or virtually.
- All DD PAS assessments are mandatory virtual or in-person only.

# PAS Tools

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

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

EPD applicants are all those not eligible through 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.

# PAS- DD Applicants

## DD 0-5 PAS Tool

- This tool is used from birth through the 6th birthday.
- The tool is designed to assess gross motor skills, fine motor skills, communication, socialization, daily living skills, and behaviors at different ages, and therefore may show strengths and weaknesses within any section.
- We are not assessing whether the child performed these skills at the developmental age indicated, but rather how they are performing now.
- Some skills are precursor skills – the child may move past these skills.
- Some questions may be assessing more than one skill.

# PAS- DD Applicants

## DD 6-11 PAS Tool

- This tool is used from age 6 through the 12th birthday.
- This tool is designed to assess independent living skills, communication, and behavioral concerns. The amount and type of assistance received in these areas are used to assess the risk for institutionalization.
- Independent living skills include but are not limited to:
  - Ambulation
  - Dressing
  - Hygiene
  - Bathing
  - Toileting

# PAS-DD Applicants

## DD 12 and Older PAS Tool

- This tool is designed to assess Activities of Daily Living (ADLs), communication, and behavioral concerns. The amount and type of assistance received in these areas are used to assess the risk for institutionalization.

## EPD PAS Tool

- This tool is designed to assess ADLs. The amount and type of assistance received in these areas are used to assess the risk for institutionalization.

# What are Activities of Daily Living?

- Mobility – Purposeful movement within the applicant's residence
- Transfer – The ability to move between two surfaces i.e.: bed, wheelchair, chair
- Eating – Putting food and fluids into system
- Dressing – Putting on and removing articles of clothing

- Bathing – Washing, rinsing, drying body parts, transfer in and out of tub or shower
- Grooming – Tending to appearance
- Toileting – Managing elimination of urine and feces
- Contenance – Voluntarily controlling bladder and bowel functions

- Vision
- Orientation to person, place, and time
- Behavior patterns such as wandering, aggression, resistive, disruptive and self-injurious behavior

# Medical Records Needed for PAS

- Any medical records from a doctor, other specialist, and/or the latest hospital admission or emergency room visit.
- A list of ALL daily medications the customer is currently taking.
- (This includes all prescriptions as well as over the counter medications.)
- The customer must provide the names, addresses, and telephone numbers of medical providers and hospitals.
- **Types of records we need:**
  - Diagnoses/problem list
  - Last six months of progress notes
  - Latest medical history/physical
  - Hospital discharge summary
  - Emergency room sheet
  - Any therapy notes
- **For DD PAS's, we need:**
  - PCSP
  - Case notes
  - and Home Agency/Care Provider reports.
- **DE-202:** The Authorization to Disclose Protected Health Information Form must be signed by the customer, legal guardian or medical power of attorney. Guardianship and MPOA documents must be shared along with the DE-202.
- If the form is not returned with the RFI in time, the application could be denied for No Medical Records.
- It is ultimately the customers responsibility to send in medical records.

# 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.

# Resources



# Reference Material

Eligibility Policy Manual (EPM)

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

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 and Provider Services

150 N. 18th Ave

MD 2600

Phoenix AZ 85007

[DMS-PolicyClarificationRequest@azahcccs.gov](mailto:DMS-PolicyClarificationRequest@azahcccs.gov)



# 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](#)
- [SMI Designation & Services](#)
- [Provider Listings](#)



# 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 regarding claims: [dfsmclaimsassistance@azahcccs.gov](mailto:dfsmclaimsassistance@azahcccs.gov)





# Questions?

**Thank You.**

