



STATE OF ARIZONA
Department of Economic Security
Division of Developmental Disabilities

Arizona Long Term Care System (ALTCS)

Member Handbook

2024-2025

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The information in this document is continually updated. Covered services are funded under contract with AHCCCS. For the latest revisions, please visit the Member Resources page on the Division of Developmental Disabilities' website at <https://des.az.gov/ddd>



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Important Information

My Support Coordinator _____

My Support Coordinator's Phone Number My DDD Health Plan _____

My DDD Health Plan's Phone Number My Doctor (PCP) _____

My Doctor's Address Phone _____

My Dentist _____

My Dentist's Address Phone _____

My Pharmacy _____

My Pharmacy's Address Phone _____

Other Important Numbers _____

Notice of Non-Discrimination

The Arizona Department of Economic Security (ADES) Division of Developmental Disabilities (DDD) complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

DDD does not discriminate on the basis of health status or need for healthcare services, race, color, national origin, age, disability, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, ancestry, age, military service or veteran status, marital status, or disability. DDD does not exclude people or treat them differently due to one of the protected classes listed above.

DDD provides no cost aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, oral interpretation services and alternate communication formats are available for members who are deaf or hard of hearing or are blind or have low vision (large print, audio, accessible electronic formats, and other formats). DDD provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact your DDD Support Coordinator and they will arrange services for you. If you cannot reach your Support Coordinator, contact the DDD Customer Service Center at 1-844-770- 9500 option 1 (TTY/TDD 711). Address: DES Division of Developmental Disabilities MD 2HA1, 1789 W. Jefferson St., Phoenix, AZ 85007.

If you believe that DDD failed to provide these services or discriminated in another way on the basis of one of the protected classes listed above, you can file a grievance with the Division. You can file a grievance by mail or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. Submit your grievance to: DES Division of Developmental Disabilities, PO Box 6123, 1789 W. Jefferson St., Phoenix, AZ 85007 Email: DDDCustomerServiceCenter@azdes.gov. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 770-9500 ext. 1 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee aká'ánída'áwo'deę', t'áá jiik'eh, éí ná hólǫ, koji' hódíílnih (844) 770-9500 ext. 1 (TTY: 711)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (844) 770-9500 ext. 1 (TTY: 711) 。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (844) 770-9500 ext. 1 (TTY:711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (844) 770-9500 ext. 1 (TTY:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 770-9500 ext. 1 (TTY: 711) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (844) 770-9500 ext. 1 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (844) 770-9500 ext. 1 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (844) 770-9500 ext. 1 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。(844) 770-9500 ext. 1 (TTY: 711) まで、お電話にてご連絡ください。

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (844) 770-9500 ext. 1 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ಕನ್ನಡ: ಕನ್ನಡ ಭಾಷೆಯಲ್ಲಿ ಮಾತನಾಡುವವರು, ಭಾಷಾ ಸಹಾಯ ಸೇವೆಯನ್ನು ಉಚಿತವಾಗಿ ಪಡೆಯಬಹುದು. (844) 770-9500 ext. 1 (TTY: 711)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (844) 770-9500 ext. 1 (TTY:711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (844) 770-9500 ext. 1 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 770-9500 (الرقم الداخلي: 1) رقم هاتف الصم و البكم 711



DDD Mission

The Division of Developmental Disabilities (DDD) empowers individuals with developmental disabilities to lead self-directed, healthy and meaningful lives. DDD provides supports and services for eligible Arizonans with developmental disabilities.

ALTCS Eligibility

The Arizona Long Term Care System (ALTCS) provides health care, behavioral health, and long-term care services, also called Home and Community Based Services (HCBS), to eligible Arizona residents. The Division provides ALTCS services to eligible individuals with developmental disabilities.

Covered services are funded under contract with AHCCCS. All supports and services provided by DDD and its subcontractors are voluntary. Eligible members can refuse services or disenroll from the program unless they are under court order to participate.

When you become eligible, you will be assigned to a DDD Health Plan. You may change your DDD Health Plan. See “DDD Health Plans” on pages 24-25 for more information. You will also need to pick a doctor. We can help you pick a DDD Health Plan and a doctor. DDD will assign one to you if you do not choose a doctor within 10 calendar days. See “How to Obtain a Primary Care Provider (PCP)” on page 31 for more information. You will meet with us at your home to develop a plan and answer questions.

Your Protected Health Information (PHI)

Confidentiality practices

The Arizona Health Care Cost Containment System (AHCCCS), the Division of Developmental Disabilities (DDD) and your DDD Health Plan will work hard to keep your protected health information (PHI) private. This notice outlines how and when DDD will use, share and protect your PHI. Your DDD Health Plan and each of your doctors or other health care providers will send you a similar document telling you how they use, share and protect your information.

Use and Protection of Your Protected Health Information

DDD can only use or share your PHI in the course of providing you services, when we share your information with the DDD Health Plan providers, so you get the care you need, and to make sure your providers are paid. When we share your PHI, the companies we share it with must keep it private. We will ask for, use and share your PHI to decide whether we will pay for your care and to see if you are getting the right care.

DDD will use and share your PHI to:

- Decide what to pay your DDD Health Plan.
- Pay your DDD Health Plan and your health care providers.
- Coordinate payment for your care.
- Coordinate your care.
- Evaluate quality of care.

DDD may disclose your PHI:

- If you are the victim of abuse, neglect or domestic violence, to law enforcement or other government agencies.
- To public health agencies for activities such as stopping the spread of diseases and reporting problems with drugs or medical items.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- When we are required by the law to do so.
- To prevent a serious threat to a person's or the public's health and safety.
- To a correctional facility or law enforcement, if you are held in jail or prison.



HIPAA Complaints

You may file a Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) complaint if you believe any of the following has occurred:

- You/your child's PHI was disclosed by Department of Economic Security (DES) workforce, or a business associate of DES, without your written authorization and no exception exists under the Privacy Rules (e.g., disclosure for treatment purposes);
- You were entitled to a Notice of Privacy Practices from a DES-covered component and were not provided with one;
- Your request to DES or a Business Associate of DES to access PHI was denied or was not provided in the time frame required by the Privacy Rules;
- A DES covered component failed to provide a required accounting of disclosures within the time frame required by the Privacy Rules;
- Your request to DES or a Business Associate of DES to amend PHI that DES/the Business Associate created was denied;
- Your request to DES or a Business Associate of DES to restrict PHI was denied;
- Your request to DES or a Business Associate of DES for communication in an alternative format or alternate location was denied;
- Any other Privacy violation.

HIPAA violations can be reported online using the following link: <https://des.az.gov/file-hipaa-complaint-protected-health-information-phi>.

Member Rights to Access Records

The Division of Developmental Disabilities is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA).

Member Medical Records are defined in A.R.S. § 12- 2291 as all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of evaluation or treatment, including records that are prepared by a health care provider or by other providers. Medical records are not public information.

Records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities and are protected from disclosure pursuant to A.R.S. § 36-2917(B). Authorizations to release DDD member records must comply with 45 C.F.R. § 164.508 and A.R.S. § 36-568.01.

HIPAA gives members important rights to access their medical record and to keep that information private. More information is available on the U.S. Department of Health and Human Services Health Information Privacy/HIPAA for Individuals web page.

Members can request a copy of their health care records as outlined in (45 CFR § 164.524). This means members can ask for their medical records. You have a right to see your health care records at any time and they must be given to you within 30 calendar days or you must get

a letter saying you cannot get a copy. The letter will tell you why your request was denied. It will also tell you how you can appeal the denial. You have a right to ask for your health care records to be changed or corrected.

Only the member or their health care decision maker has the right to access their records.

Health Care Decision Maker (HCDM): An individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or an individual lawfully authorized to make health care treatment decisions as specified in A.R.S. §§ Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8- 514.05, 36-3221, 36-3231 or 36-3281.

Members may write, fax, or email a request for their records to:

Division of Developmental Disabilities

Attn: Records Management Unit

1002 S 63rd Ave Unit 102/2HE6 Phoenix, AZ 85043 Fax: (602) 807-5001

Email: DDDRecordsrequest@azdes.gov

The request should include the following information:

- The member's personal information including: First Name, Middle Initial, Last Name, and Date of Birth.
- The starting date and ending date of the record.
- The specific information requested.
- The email or physical address where the records should be sent.
- The member's signature and date.

Guardians or legal representatives will need to also submit a copy of the legal document and the relationship to the member.

General Information

Member Services

Member Services is able to help members who have questions regarding their DDD Health Plans including who their provider is, issues with coverage, issues with their provider, changing their DDD Health Plans. DDD Member Services can be reached at 1-844-770-9500 option 7 (TTY/TDD 711).

Medical Management

Members with questions about the health services they are receiving from their DDD Health Plan should contact their DDD Health Plan's Medical Management unit. See pages 23-24 for DDD Health Plan contact information. Members enrolled in the DDD Tribal Health Program (THP) can contact the DDD Medical Management unit with questions regarding the services

they are receiving. They will help the member understand their options and the importance of the services they are receiving, so they can remain healthy. DDD Medical Management also ensures the services members receive are delivered timely and effectively. DDD THP members can contact Medical Management at 1-844-770-9500 option 7 (TTY/TDD 711) or 602-771-8080.

How to Get Information About DDD Health Plans

You can get information on how DDD and the DDD Health Plans are organized by visiting their website, links can be found on the DDD website <https://des.az.gov/ddd-health-plans-info>, or by calling your DDD Health Plan's member services unit. This number is on your ID card.

- Mercy Care - 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan - 1-800-348-4058
- DDD THP - 1-844-770-9500 option 7 TTY/TDD 711

DDD Customer Service Center

The DDD Customer Service Center supports activities and practices for members and their families that include medical management, Division issues, services, providers and assistance to members to file a complaint about the Division, and the care members are getting. Call 1-844-770-9500 option 1 (TTY/TDD 711) or email DDDCustomerServiceCenter@azdes.gov.

Call Customer Service:

- To report a change in your medical condition
- To report a change in your medical insurance
- If you are thinking about moving
- If you would like at no cost a copy of a provider directory for your area
- If you need more information about services including physical health, behavioral health, Children's Rehabilitative Services (CRS), and Home and Community Based Services
- If you are asking for a change in your DDD Health Plan
- If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided or why
- To make changes in contact information
- You can also call us anytime if you have any questions, concerns or need help.

Applicants for services and/or program participants have a right to file complaints and to appeal according to rules by notifying:

Arizona Department of Economic Security
Director's Office of Equal Opportunity
1789 W. Jefferson St., 4th Floor SE
Phoenix, AZ 85007
Voice: 602-364-3976 or TTY/TDD 711



Nurse Line

You can call your health plan Nurse Line 7 days a week/24 hours per day to answer general medical questions.

Mercy Care: 1-800-624-3879 ext. 2 TTY/TDD 711
UnitedHealthcare: 1-877-440-0255 TTY/TDD 711
DDD THP: 1-480-267-7267

Support Coordination

The Division provides Support Coordination as a service or process that establishes a relationship with an individual or family to enhance their functioning and/or integration into the community. Each person supported by the Division will work with a Support Coordinator.

Support Coordinators follow person-centered principles to support individuals. Person-centered principles and the person-centered service plan (PCSP) process provide the individual with the ability to make choices that allow them to exert control over their life. It also allows them to reach the goals they have set and take part fully in the world around them. Person-centered principles provide an individual the freedom to take charge of their life, choosing where to live, who to spend their time with, and how to spend their time. These choices are documented in the individual's PCSP. The individual can choose to have a team assist with creating their PCSP. The team can include whoever the individual would like.

Support Coordinators ensure appropriate services and/or benefits are:

- Identified
- Discussed
- Planned
- Obtained
- Provided
- Recorded
- Monitored
- Modified when necessary
- Terminated when necessary

This includes:

- Assessment to determine their needs and eligibility when applying for/receiving services
- Assistance in finding necessary resources in addition to covered services to meet basic needs
- Assistance in obtaining entitlements
- Communication
- Coordination of care
- Follow-up of crisis contacts or missed appointments.

How and Why to Contact Your Support Coordinator

Your Support Coordinator will work with you to decide which services meet your needs.

Your Support Coordinator will help you get services and help you find community resources. They will also keep track of the services. They will work with you and your providers, if there is a need to change anything about the services you get. You can also call your Support Coordinator when you have questions or need help even in between Person-Centered Service Plan (PCSP) meetings with you.

You can contact your Support Coordinator anytime. If it is after 5:00 p.m., on the weekend, or on a holiday and they do not answer, leave them a message. They will call you back.

Your Support Coordinator's phone number is written on page 7 of this handbook. Call DDD Customer Service at 1-844-770-9500 option 1 if you need help contacting your Support Coordinator.

You have the right to request a new Support Coordinator if you choose. Contact your current Support Coordinator's supervisor or the Area Program Manager or call the DDD Customer Service Center at 1-844-770-9500 option 1 to request a new Support Coordinator.

How to Find After Hour Care (Urgent Care)

If you need care right away but are not in danger of lasting harm or losing your life, you can go to an urgent care center. If your doctor cannot see you right away and you have an urgent problem go to an urgent care center. Urgent care is also called after hours care.

Examples of urgent problems include:

- A cut that needs stitches
- Sore throat
- The flu

You can find the closest urgent care center on your DDD Health Plan's provider list. If it is late at night or on the weekends, your doctor has an answering service that will get a message to your doctor. A doctor will call you back and tell you what to do.

American Indian/Alaska Natives can visit any Indian Health Services facility, Urban Indian Health Program or tribally owned 638 facility for urgent care.

Behavioral Health Crisis Services

If you, a family member, or a friend have a mental health emergency, it is important that you seek help right away. Trained crisis staff are available 24 hours a day, seven days a week to help over the phone. The Crisis lines are free, confidential, and open to anyone who needs help. For medical, police and fire emergency situations, always call 911.

Crisis lines are available 24 hours a day, 7 days a week, 365 days a year. A trained crisis specialist will answer your call.

Dial the Statewide Crisis Line at 1-844-534-HOPE (4673) if you or someone you know is having a mental health emergency.

National 24-Hour Crisis Hotlines

Phone

- 988 Suicide & Crisis Lifeline: 988
- National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357)

Text

- Text the word "HOME" to 741741
- Send a text to 988



Chat

- Chat link for 988: <https://988lifeline.org/chat>

Videophone

- Visit the 988 website and look towards the bottom of the page where it states “ASL NOW”

For TTY Users

- Use your preferred relay service or dial 711 then 988

For those who are Deaf, hard of hearing, DeafBlind, and late-deafened, and their families

- Contact DeafLEAD at <https://deaflead.org/contact>, which provides 24-hour videophone access to crisis interpreters and crisis intervention services
 - Voice Phone: (573) 445-5005
 - Video Phone: (573) 303-5604
 - Toll-Free Phone: (800) 380-DEAF
 - Text: HAND to 839863

Arizona Statewide Crisis Hotline

- Phone: 1-844-534-HOPE (4673)
- Text: 4HOPE (44673)
- Chat: Chat with a Crisis Specialist at <https://crisis.solari-inc.org/start-a-chat>

Suicide and Crisis Hotlines by County

- Apache County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Cochise County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Coconino County: 1-877-756-4090
- Gila County: Mercy Care, 1-800-631-1314
- Graham County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Greenlee County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- La Paz County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Navajo County: 1-877-756-4090
- Maricopa County: Mercy Care, 1-800-631-1314
- Mohave: 1-877-756-4090
- Pima County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Pinal County: Mercy Care, 1-800-631-1314
- Santa Cruz County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Yuma County: Arizona Complete Health - Complete Care Plan, 1-866-495-6735
- Yavapai County: 1-877-756-4090
- Ak-Chin Indian Community: 1-800-259-3449

- Gila River Indian Community: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Tohono O’odham Nation: 1-844-423-8759

Especially for Teens

- Teen Lifeline phone or text: 602-248-TEEN (8336)

Especially for Veterans

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

Additional crisis services include 24/7 mobile teams staffed by behavioral health professionals who travel to the individual experiencing a crisis and provide assessment, stabilization and may triage the individual to a higher level of care, as appropriate.

Facility-based crisis stabilization centers are also available that offer crisis stabilization and observation, including access to Medication Assisted Treatment (MAT) and drug detoxification.

How to Access Substance Use Disorder Services and Opioid Information

You do not need a referral from your PCP to begin substance use services. Any behavioral health provider can assist with you with opioid use disorder or treatment information. Visit your DDD Health Plan’s website, call their Member Services unit to locate a provider near you, or ask your Support Coordinator for assistance. See pages 23-25 for DDD Health Plan contact information. You can also contact the National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357).

You can access Naloxone, commonly known as Narcan, to treat opioid overdoses at a pharmacy. In Arizona, customers may access Narcan over the counter. This means you don’t need a prescription. Your DDD Health Plan should cover Narcan. You should not have to pay a co-pay for the medicine. Ask your local pharmacy if it’s in stock.

How to Get Materials in Other Languages and Formats

You have the right to:

- Materials that recognize your need for empathy, courtesy and respect of culture.
- Have a provider who speaks a language you understand.
- Get information, including this handbook, in another language or format that is easier to read at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDY 711).
- Get interpreter services at no cost by calling your Support Coordinator or the DDD Customer Service Center at 1-844-770-9500 option 1 (TTY/TDD 711).

How to Get Auxiliary Aids

Auxiliary Aids are services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in and enjoy the benefits of programs or activities conducted by the agency.

Auxiliary aids useful for persons with impaired vision include:

- Readers
- Brailled materials
- Audio recordings
- Other similar services and devices.

Auxiliary aids useful for persons with impaired hearing include:

- Telephone handset amplifiers
- Telephones compatible with hearing aids
- Telecommunication devices for deaf persons (TDD's)
- Interpreters
- Note takers
- Written materials
- Other similar services and devices.

You can get auxiliary aids, which are services or devices to help you if you are having vision, speech or hearing problems. Auxiliary aids and services are available at no cost to members. These aids allow you to be active in and enjoy the programs and activities offered by the Division of Developmental Disabilities. You can contact your Support Coordinator for help to get these services and devices.

How to Find Non-English Speaking Providers

We can also help you find an HCBS provider who speaks a language other than English who can accommodate members with disabilities. You can get a list of HCBS providers from our website. This list is available on the Member Resources page, <https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources>, then click "Search for a DDD Provider."

Let your HCBS provider know you need an interpreter. Your provider is responsible for having an interpreter available. If you have questions, call us at 1-844-770-9500 option 1.

Please contact your DDD Health Plan if you need an interpreter for a medical appointment.

Provider Directory

You can get a list of physical and behavioral health providers from your DDD Health Plan's website. The DDD website, <https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources>, has a directory of Home and Community Based Services providers

at no cost to you. Just click the button, “Search for a DDD Provider.” The directories include information that will tell you if their offices accommodate you if you have a disability. This includes things like:

- Languages Spoken
- Adaptive Transportation Vehicles
- Changing Areas
- Wheelchair Access
- Patient Lift Assisted Devices
- Widened Doorways

When we can, you will be given a choice of providers. For some services, you may also be able to have a friend, neighbor, or relative become your provider. There is no cost for a copy of the HCBS provider directory. Call DDD Customer Service at 1-844-770-9500 option 1 if you would like a copy of the HCBS provider directory for your area.

Members having issues getting support from their providers should contact their Support Coordinator. The Support Coordinator can help in getting a response from the provider. The Support Coordinator can also escalate issues to the DDD Health Plans or Tribal Health Program. A Support Coordinator can also request a Care Manager if they are unable to resolve the issue. Members with severe health care needs or who frequently have to see multiple doctors can also speak to their Support Coordinator about getting a Care Manager.

The Care Manager will be a part of the planning team for a short time. They will help navigate the provider network.

DDD Health Plan provider directories include details identifying network provider sites offices that accommodate members with disabilities. For many services, there may be more than one provider in your area who can accommodate members with disabilities.

Below are the links to Mercy Care’s and United Healthcare’s provider directories:

- Mercy Care: <https://www.mercycareaz.org/find-a-provider>
- United Healthcare: <https://connect.werally.com/partner-login>

If you go to a physical or behavioral health care provider for non-emergency services and they inform you that they are not in your DDD Health Plan’s network, please consult with your DDD Health Plan, as services may not be covered. Please contact your DDD Health Plan’s Member Services department to locate a provider in their network. Member Services phone numbers can be found on pages 23-24 of this handbook.

If you need emergency care, call 911 or go to the nearest hospital emergency room even if it is outside your DDD Health Plan’s network. You do not need an approval for emergency care.

DDD Health Plans

DDD contracts with managed care organizations (MCOs), called “DDD Health Plans”. These DDD Health Plans provide ALTCS-eligible members physical and behavioral health services, Children’s Rehabilitative Services* (CRS) and limited long-term services and supports (LTSS).

These limited long term services and supports include:

- Nursing facilities
- Emergency alert system services
- Habilitative physical therapy for members aged twenty-one (21) and older
- Augmentative and Alternative Communication (AAC) Devices

Members can use their DDD Health Plans’ provider network to obtain health care services. DDD Health Plans are available statewide. Contact information for DDD Health Plans is listed below.

Mercy Care

602-263-3000 or 1-800-624-3879

Nurse Triage Line: 1-800-624-3879 TTY/TDD 711

<https://www.mercycareaz.org/dd/index.html.html>

UnitedHealthcare Community Plan

1-800-348-4058

Nurse Triage Line: 1-877-440-0255 TTY/TDD 711

<https://www.uhc.com/communityplan/arizona/plans/medicaid/developmental-disabilities>

American Indian/Alaska Native Members

American Indian and Alaska Native (AI/AN) members can choose to receive services through a DDD Health Plan or the fee-for-service DDD Tribal Health Program (THP).

- Option 1, AI/AN members can choose a DDD Health Plan that provides physical health services, behavioral health services and Children’s Rehabilitative Services (if eligible) from providers in their DDD Health Plan’s network.
- Option 2, AI/AN members can choose a DDD Health Plan and receive their physical health services and Children’s Rehabilitative Services (if eligible) from providers in their DDD Health Plan’s network and behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).
- Option 3, AI/AN members can choose the DDD THP and receive their physical health services, behavioral health services and Children’s Rehabilitative Services (if eligible) from any AHCCCS authorized fee for service provider statewide.
- Option 4, AI/AN members can choose the DDD THP and receive their physical health services and Children’s Rehabilitative Services (if eligible) from any AHCCCS authorized fee for service provider statewide and behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).



AI/AN members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

DDD THP

1-844-770-9500 option 7 TTY/TDD 711

Nurse Triage Line: 480-267-7267

Find a provider at <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

Members can change DDD Health Plans every 12 months. You will receive notification regarding annual enrollment choice 60 days before your annual enrollment choice date. Contact your Support Coordinator if you have questions about changing your DDD Health Plan. American Indian/Alaska Native members can change between a DDD Health Plan and the Tribal Health Program (THP) at any time.

** Available to members with CRS designation.*

Managed Care

Managed care is a system that manages health care delivery to control costs. A managed care organization is also called a health plan. We are your health plan. We are responsible for your long-term care and your health care. The Support Coordinator is the gatekeeper, the person to help you get the quality long-term care services that you need. DDD subcontracts with health plans for your physical health care, behavioral health care and Children's Rehabilitative Services (CRS). Your DDD Health Plan will also provide these limited long term services and supports if necessary: emergency alert systems, skilled nursing, physical therapy for members over 21 years of age , and augmentative and alternative communication devices. Your Primary Care Provider (PCP) will request all of the health care and services you may need. The health care and services you get must be from a provider who contracts with your DDD Health Plan.

Health Insurance Card/ID Card

If you have an Arizona driver's license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation/Motor Vehicle Division (MVD). When your health care providers check to see if you are eligible with AHCCCS, they will see your picture (if available) with your coverage. This will help us to know that no one else is using your ID card or benefits.

Your health insurance card and ID number are for your use only. It is your responsibility to protect your ID card. **Selling, loaning, or letting someone else use your card is fraud. You could lose your services and benefits.** Legal action could also be taken against you. It is very important to always keep your card and not discard it.

Member's Responsibilities

All individuals supported by the Division of Developmental Disabilities have the responsibility to:

1. Be as active a participant as possible in their person-centered service plan (PCSP) meetings;
2. Notify their Support Coordinator in advance if they are unable to attend their scheduled person-centered service planning meetings;
3. Follow the mutually agreed-upon, person-centered service plan or notify their Support Coordinator if they cannot follow the plan;
4. Notify their Support Coordinator and their usual care provider(s) if they disenroll from DDD;
5. Provide DDD with accurate and timely information necessary to deliver services;
6. Participate in the DDD redetermination process at ages 6 and 18 or at any time deemed appropriate by the Division's Assistant Director;
7. Participate in the Arizona Long Term Care System (ALTCS) eligibility process, including providing documentation when requested;
8. Keep scheduled doctors and therapy appointments or cancel them at least 24 hours ahead of time;
9. Go to their doctor during office hours if possible instead of using urgent care or the emergency room;
10. Provide accurate and honest information to health care providers;
11. Notify the Division of changes in private/commercial health insurance coverage, including Medicare or TRICARE, or other qualifying life events;
12. Follow instructions provided by health care providers and ask questions if they do not understand the instructions.

Changes in Family Size or Demographics

Tell your Support Coordinator if your finances or family size change, if you have any private health insurance, and if your address, email, or phone number change.

When You Move

Moving Out of the United States

If you move out of the United States, you will no longer be eligible for ALTCS or the Division of Developmental Disabilities (the Division). If you are thinking about moving out of the United States, call your Support Coordinator.

Moving Out of Arizona

If you move out of Arizona, you will no longer be eligible for ALTCS or the Division of Developmental Disabilities (the Division). If you are thinking about moving out of Arizona, call your Support Coordinator. We can help you find services and community help.

Temporarily Out of Arizona

When you are out of Arizona, you may only get emergency care for physical and behavioral health services. With prior approval from your Support Coordinator, you may also receive HCBS. Before your trip, call your DDD Health Plan's member services or your Support Coordinator. Your DDD Health Plan's contact information is listed on pages 24-25 of this handbook. They will tell you what to do if an emergency happens. It is a good idea to make sure you have enough medication before you leave on your trip or vacation. No services are covered outside the United States.

Moving Within Arizona

Tell your Support Coordinator as soon as possible if you plan to move. We will tell AHCCCS. Your file will also be sent to an office close to where you are moving. You may be able to stay with the same provider for your services.

Family Members as Decision-Makers In Treatment Planning

You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as:

- Changing DDD Health Plans
- Scheduling meetings
- Choosing providers
- Searching for placements

You need to provide this information in writing to your DDD Health Plan to make sure they know your choice. This includes DDD and its contracted health plans, United Healthcare and Mercy Care.

ALTCS Transitional Program

The ALTCS Transitional Program is available for members (both institutional and HCBS) who, at the time of medical reassessment, have improved either medically, functionally or both to the extent that they no longer need institutional care, but who still need significant long term services and supports. Members in the ALTCS Transitional Program living in an intermediate care facility or nursing facility are eligible to receive services for up to 90 consecutive days.

Members in need of institutional care past those 90 days must reapply for ALTCS. Members living in the community are eligible to continue to receive assessed home and community based services while in the ALTCS Transitional Program. The members planning team will develop a plan to transition them from the facility and back to their community home as quickly as possible. The member can continue to receive the home and community-based services they have been assessed for once they return to their community home.

Member Transitions

The Division identifies and facilitates transition of care for all members to ensure continued access to services. For members who need to transition from one DDD Health Plan to another DDD Health Plan, or to a Fee-For-Service (FFS) Program, the Division will send the member's relevant information to the new plan or FFS Program. In the case of a member with special circumstances, the Division will use the Enrollment Transition Information (ETI) Form for this process. The Division will also facilitate transitions from the Elderly and Physically Disabled (EPD) ALTCS to DDD ALTCS or from an AHCCCS Complete Care with Regional Behavioral Health Authority (ACC-RBHA) to DDD.



DDD Health Plans are required to ensure a smooth transition for members. They are not allowed to discontinue a member's service plan for 90 days after the transition, regardless of the network status of a provider. The only exception to this rule is if the member or Responsible Party agreed to something different prior to the transition.

DDD/ALTCS members can change their DDD Health Plan once a year. American Indian/Alaska Native members can change between a DDD Health Plan and the Tribal Health Program (THP) at any time. A member's Support Coordinator will help them pick a new PCP or identify providers that can assist them in either their chosen DDD Health Plan or in the fee for service THP option. The Division also coordinates transition services for all members when they are no longer ALTCS eligible.

When a member is no longer DDD eligible but still is ALTCS eligible, the member will be transferred to an ALTCS provider under the Elderly and Physically Disabled (EPD) Program. The Support Coordinator will provide information and assist in this transition by making sure the current services received are transitioned to the new ALTCS provider.

When a member is no longer ALTCS eligible but is DDD only eligible, the Support Coordinator will meet with member to discuss services available.

When a member is no longer DDD eligible but has been enrolled into an AHCCCS Complete Care Plan, the Support Coordinator will meet with the family and discuss services available.

Emergency Services

An emergency is a sudden condition that puts your life in danger or can cause harm to you if not treated fast. Examples are:

- Very bad bleeding
- Seizures
- Broken bones
- Trouble breathing

You can get emergency care 24 hours a day, 7 days a week. If you need emergency care, call 911 or go to the nearest hospital emergency room, even if it is outside your DDD Health Plan's network. You do not need prior authorization for emergency care. Hospital emergency rooms should not take the place of a doctor's office.

If you're ALTCS-eligible and are assessed as needing for Direct Care Services, you can get Attendent Care and Personal Care while in the emergency room.

If you need care right away but are not in danger of lasting harm or losing your life, you should go to an urgent care center. See page 17 for more information about Urgent Care.

Emergency and Medically Necessary Transportation

Rides are only for covered health care visits. If you need a ride to an appointment, ask a relative, friend or neighbor first. If you cannot get a ride, call your DDD Health Plan's or DDD Tribal Health Program's member services unit (listed on pages 24-25 of this handbook). They will help you set up transportation.

Here are some general tips if you need a ride:

- Call at least 3 calendar days before your health care visit.
- If you have an urgent need to see your doctor, try to call Member Services three hours before your visit. If you do not call ahead of time, the DDD Health Plan may not have enough time to arrange transportation.
- If you have an emergency, call 911 or the emergency number in your area. You do not need to give advance notice.
- Let member services know of any special needs you have such as a car seat or wheelchair.
- Know the address of your health care provider.
- After your health care visit, call for a ride home.
- Be specific about where you want to be picked up.
- If you cancel your health care visit, call Member Services to cancel your ride.

Transportation is for you and your caregiver, if you need help during your health care visit. Parents should make other care arrangements for other children.

Covered Services

Decisions About Your Health Care

You have the right to participate in decisions about your care. This includes refusing care or getting information about what could happen if you get, or do not get, care. You have the right to have someone help you make decisions when you are unable to do so. Your health care providers want to help and support you. You should treat them as you want to be treated.

You may allow a family member or some other person to participate in your treatment planning process and to represent you in decisions such as changing health plans, scheduling meetings, choosing providers, or searching for placements. You need to provide this information in writing to your DDD Health Plan to make sure the health plan knows your choice.

Covered Health Services

All medically necessary physical and behavioral health services are covered by one of the DDD Health Plans or Tribal Health Services. It is important that you review your DDD Health Plan's member handbook. It contains more information and limits that may apply.

- Allergy testing/immunotherapy, limitations apply

- Ambulatory surgery
- Anti-hemophilic agents and related services
- Audiology (hearing aids and cochlear implants are only covered for specific members under age 21)
- Behavioral Health
- Chiropractic services, may have annual limit
- Dental services
- Diabetes self management training, specific requirements and limitations apply
- Dialysis, limitations apply for site of service
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for members younger than age 21
- Early detection health risk assessment, screening, treatment, and primary prevention
- Emergency services
- Eye examinations/optometry, covered for younger than age 21
- Family planning services and supplies for all genders
- Foot and ankle services
- High frequency chest wall oscillation therapy
- HIV/AIDS antiretroviral therapy
- Hospital services
- Immunizations per child and adult schedules
- Incontinence supplies, for medical necessity with quantity limitations
- Laboratory
- Lens post cataract surgery, limitations apply for medical necessity
- Maternity care services
- Medical foods based upon medical necessity
- Medical supplies, Durable Medical Equipment (DME), orthotic, and prosthetic devices
- Medically-necessary pregnancy termination
- Moderate sedation, limitations apply
- Neuropsychological testing, limitations apply
- Negative pressure wound therapy
- Nutrition
- Oral health
- Physician services
- Post-stabilization care services
- Prenatal HIV testing and counseling
- Prescription medications
- Primary Care Provider (PCP) services
- Private duty nursing



- Radiology and medical imaging
- Rehabilitation therapy
- Respiratory therapy
- Sleep studies
- Tobacco cessation
- Transplantation of organs, tissue, and related prescriptions
- Transportation, emergent and non-emergent
- Triage/Screening and evaluation
- Vision Services/Ophthalmology/Optometry, limitations apply
- Well visits
- Women's preventive care services

Receiving Services That Require Electronic Visit Verification (EVV)

Some services on your service plan may help you with bathing, dressing, toileting, eating, getting to and from your bed or wheelchair, and other things you do every day. These services require Electronic Visit Verification (EVV). EVV is a federal requirement. EVV helps us know when and where you get these types of services. EVV applies to all EVV providers including paid family direct care workers and all members who receive EVV services. You have the right to develop a back-up plan for Attendant Care, Homemaker, Habilitation (hourly), Nursing, Home Health Aide, Licensed Health Aid, and Respite you get in your home. You will create this plan with each HCBS provider that provides these services. This plan will list who to call if your service is short, late, or missed. You have the right to get a replacement caregiver as outlined in your back-up plan.

Home and Community Based Services (HCBS)

Home and Community Based Services are provided by DDD Qualified Vendors and in some cases, Independent Providers. Qualified Vendors and Independent Providers are contracted by the Division to provide these services.

These services are assessed by your Support Coordinator with input from your planning team. Based on your needs, you may get one or more of the following services with no cost sharing responsibilities:

Attendant Care: Provides a trained direct care worker (DCW) to assist a member to create or maintain safe and healthy living conditions. The DCW also assists with maintaining personal cleanliness and activities of daily living. These workers receive training and are tested to ensure their ability to provide essential services.

Day Treatment: This service provides:

- Sensory-motor

- Cognitive
- Communicative
- Behavioral training
- Supervision
- As appropriate, counseling, to promote skill development in independent living, self-care, communication and social relationships.

Direct Care Services: Services that include attendant care, personal care, and homemaker services. These services are meant for ALTCS members who need extra help to meet their needs while living in their own homes. Direct Care Services are provided by Direct Care Workers, including Family Members as Paid Caregivers.

Employment Services: Services that enable members to gain the skills necessary to obtain and retain employment. These include Individual Supported Employment, Employment Support Aide, Transition to Employment, Group Supported Employment and Center-Based Employment. Learn more at <http://bit.ly/dddemployment>.

Habilitation: Services that provide a variety of interventions designed to maximize the functioning of members. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

Home Health Aide: The Home Health Aide provides medically necessary health maintenance, continued treatment, or monitoring of health conditions in the member's home. Services may include help with activities of daily living. A Home Health Aide serves as an assistant to the primary caregiver. The aide works under the supervision of a registered nurse and follows a prescribed plan of care that is based on the member's medical condition.

Home Health Nurse: Skilled nursing services provided in the member's home. Services may include care related to a specific condition or coordination of health services. It may also include accessing other health services. Education about medical needs and supports may be provided.

Homemaker: This service provides help in the performance of activities related to routine household upkeep at a member's residence. The goal of this service is to increase or maintain a safe, sanitary, and/or healthy environment for eligible members.

Home Modification: Members may receive some types of home modifications that remove barriers, making it easier to be more independent in their homes. This service covers only modifications to an existing structure. It does not cover additions to the home. Modifications can be made to individually-owned or family-owned homes where the member lives. If the home is rented, the owner must give written consent to modify the home. The owner may require that the renter restore the premises to the condition that existed before the modification.

Licensed Health Aide: A service that provides limited skilled interventions and nursing assistant services including monitoring of a member's medical condition, health maintenance or continued treatment services, and activities of daily living under the direction and supervision of a registered nurse ("RN") at an individual's place of residence or in the community.

Respite (*Up to 600 hours per year based on assessed needs*): Services are provided as a planned or unplanned non-routine interval of rest and/or relief to a family member or other unpaid person who resides with and provides ongoing care for a member.

Residential Services: See Home and Community Based Services Residential Options on page 68 for more information.

Respiratory Therapy: This service offers medically ordered treatments to restore, maintain or improve breathing and respiratory functions and to promote independence in daily activities for Members who need support with respiratory functions.

Support Coordination: The Division provides Support Coordination as a service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Support Coordinators also ensure appropriate services and/or benefits are:

- Identified
- Planned
- Obtained
- Provided
- Recorded
- Monitored
- Modified when necessary
- Terminated when necessary

This includes:

- Assessment to determine their needs and eligibility when applying for/receiving services
- Assistance in finding necessary resources in addition to covered services to meet basic needs
- Assistance in obtaining entitlements
- Communication
- Coordination of care
- Follow-up of crisis contacts or missed appointments

Therapies: Occupational, Physical, and Speech

- Occupational Therapy (OT): Medically ordered treatments to:
 - Improve or restore functions which have been impaired by illness or injury, or which have been permanently lost, or reduced by illness or injury

- Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.

OT is intended to improve the member's ability to perform those tasks required for independent functioning.

- Physical Therapy (PT): Medically ordered treatments to:
 - Restore, maintain and improve muscle tone, joint mobility or physical function
 - Attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired
 - Physical Therapy for members 21 years and older is provided by a member's DDD Health Plan and must not exceed 15 visits for developmental/restorative, maintenance, and rehabilitative therapy for the benefit year.
- Speech Therapy (ST): Diagnostic and treatment services that include:
 - Evaluation
 - Program recommendations for treatment and/or training in receptive and expressive language
 - Voice
 - Articulation
 - Fluency
 - Rehabilitation
 - Medical issues dealing with swallowing

Transportation: This service provides scheduled transportation to and from an HCBS as authorized by the Division when transportation is not already required by the service specification.

There are two (2) types of transportation: 1) scheduled, and 2) on demand. Scheduled transportation is authorized when the Division member needs regular transportation to a day program service or an employment-related service. On demand transportation is authorized when the member needs intermittent transportation to obtain an authorized service or to fulfill a mandatory obligation in the member's planning document.

Non-Covered Health Services

Not all services are covered. This includes, but is not limited to:

- Medical marijuana
- Care that is not medically necessary
- Care provided by a person who is not properly licensed or certified
- Cosmetic services or items
- Drugs and supplies without a prescription

Non-Covered Services for Adults

The following services are not covered for adults 21 years and older. If you have other insurance, you may be covered.

Benefit/Service	Service Description
<p>Percussive Vests</p>	<p>This vest is placed on a person's chest and shakes to loosen mucous.</p> <p>Service excluded from payment: AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest) and repair of the vest will be paid for.</p>
<p>Bone-Anchored Hearing Aid</p>	<p>A hearing aid that is put on a person's bone near the ear by surgery. This is to carry sound.</p> <p>Service excluded from payment: AHCCCS will not pay for Bone-Anchored Hearing AID (BAHA). Supplies, equipment maintenance (care of the hearing aid) and repair of any parts will be paid for.</p>
<p>Cochlear Implant</p>	<p>A small device that is put in a person's ear by surgery to help you hear better.</p> <p>Service excluded from payment: AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</p>
<p>Lower limb microprocessor controlled joint/ Prosthetic</p>	<p>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</p> <p>Service excluded from payment: AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</p>

Benefit/Service	Service Description
<p>Medical Equipment</p>	<p>Medical equipment may be purchased or rented only when there are no reasonable alternative resources from which the medically necessary medical equipment can be obtained at no cost. Additionally, the total expense of rental cannot exceed the purchase price of the item. Rental fees must terminate no later than the end of the month in which the member no longer needs the medical equipment, or when the member is no longer eligible or enrolled with a Contractor, except during transitions as specified by the AHCCCS Chief Medical Officer or designee.</p> <p>Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21 to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. The component will be replaced, if at the time authorization is sought, documentation is provided to establish that the component is not operating effectively.</p> <p>Maintenance and repair of parts will still be paid for.</p>
<p>Emergency Dental Service for members older than age 21</p>	<p>Emergency services are when you have a need for care immediately, like a bad infection in your mouth, or pain in your teeth or jaw.</p> <p>Service excluded from payment:</p> <p>AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Members 21 and over have an annual dental benefit of \$1000. See page 55 for more details. Members 21 years of age and older may receive emergency dental services up to \$1,000 for each 12-month period.</p> <p>Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck, or head is also covered.</p>

Receiving Information on Available Treatment Options

You have a right to get information about your health care options in a way that you can understand.

Accessing Non-Title XIX/XXI Services

Some members may qualify for Non-Title XIX/XXI services like:

- Room and board which may include housing costs, services for food and food preparation, personal laundry, and housekeeping
- Mental health services (formerly known as traditional healing) to treat mental health or substance use problems and are provided by qualified traditional healers.
- Auricular acupuncture which is the application of auricular acupuncture needles to specific areas of the body to treat alcoholism, substance use, or chemical dependency.
- Supportive housing services are provided by behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals to assist members or families obtain and maintain housing in an independent community setting.

These services are available to members through a referral to an AHCCCS Complete Care Contractor with Regional Behavioral Health Agreement (ACC-RBHA). Contact the behavioral health provider who assessed your need about non-Title XIX/XXI services. Be sure to ask the provider for support in connecting with the ACC-RBHA provider network that could support the need or service:

Counties Served	AAC-RBHA	Phone Number
Maricopa, Pinal, and Gila	Mercy Care	1-800-564-5465
La Paz, Yuma, Graham, Greenlee, Pima, Santa Cruz, Cochise, Mohave, Coconino, Yavapai, Navajo, Apache	Arizona Complete Health	1-888-788-4408

Member Housing

DDD has Affordable Housing Programs available to members who qualify. Affordable Housing means that households pay no more than 30% of their income towards rent.

Qualified members need to:

- Be eligible for DDD. Some programs are only available to members who are Arizona Long Term Care System (ALTCS) eligible.
- Be between the ages of 18-62
- Have a current Person-Centered Service Plan (PCSP)
- Meet financial eligibility and Housing and Urban Development (HUD) requirements

Members can contact their Support Coordinator for more details and to be referred for these opportunities. Referral for these programs requires Planning Team agreement. Members can also call the Customer Service Center at 1-844-770-9500 option 1 and ask to speak with a Housing Coordinator. Questions can also be emailed to the Affordable Housing Unit at DDDHousingGeneralInfo@azdes.gov.

Some members may be eligible for the AHCCCS Housing and Health Opportunities (H2O) Program. The goal of H2O is to help individuals on AHCCCS who are homeless or at risk of becoming homeless. For more information on H2O, please visit: <https://www.azahcccs.gov/Resources/Federal/HousingWaiverRequest.html>.

The United States Department of Housing and Urban Development (HUD) has information on HUD rental programs. This includes Housing Choice Vouchers. Learn more at <https://www.hud.gov/states/arizona>. HUD in Arizona can be contacted by:

- Phone: 1-800-955-2232
- Email: HUD-PIHRC@tngusa.net

HUD also oversees the Continuum of Care (CoC) Program. The CoC Program is designed to assist individuals and families experiencing homelessness. The program provides the services needed to help such individuals move into transitional and permanent housing. There are three Continuum of Care (CoC) systems in Arizona that work together to address homelessness in our communities.

It is important tell your Support Coordinator if you are homeless or at risk of homelessness. Assistance may be available to members who complete a housing assessment and participate in the coordinated entry system. These services are based on the county you live in. Maricopa and Pima County each have their own system, the rest of Arizona is served by the Arizona

Department of Housing. Call 2-1-1 if you are homeless or at-risk of homelessness to see how the coordinated entry system in your area works.

Additional Resources for the CoC Program

Maricopa County

Resource Name	Address	Phone Number
Brian Garcia Welcome Center (Adults)	206 S. 12th Ave. Phoenix, AZ 85007	602-229-5155
Family Housing Hub (Families with Children)	3307 E. Van Buren #108 Phoenix, AZ 85008	602-595-8700
East Valley Men's Center	2345 N. Country Club Dr. Mesa, AZ 85201	480-610-6722
Halle Center Women's Shelter	3424 W Van Buren St. Phoenix, AZ 85008	602-362-5833
One*n*ten (LGBTQ)	1101 N. Central Ave., #202 Phoenix, AZ 85004	602-400-2601
Native American Connections	337 E Virginia building B Phoenix, AZ 85004	602-424-2060

Pima County

Resource Name	Phone Number
La Frontera	520-882-8422
Old Pueblo Community Services	520-546-0122
Our Family Services	520-323-1708
Primavera	520-623-5111
La Frontera Center - Magnotto House	520-624-5518

All Other Counties

The Arizona Department of Housing website has information for housing resources in other counties throughout Arizona. <https://housing.az.gov/general-public/homeless-assistance>.

The Project for Assistance to Transition from Homelessness (PATH) provides grant funding dollars to contractors who serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills for individuals in order to reduce homelessness. Visit the AHCCCS website, <https://www.azahcccs.gov/Resources/Grants/PATH/PATH.html>, for more information.

AHCCCS provides several permanent supportive housing programs throughout Arizona alongside supportive health services to help members in need. Their housing programs are provided to members with a designation of Serious Mental Illness (SMI) and some services are provided for members with a General Mental Health and/or Substance Use Disorder (GMHSUD). More information about AHCCCS housing programs is available on their website at <https://www.azahcccs.gov/AHCCCS/Initiatives/AHP/>.

Employment Services

Did You Know?

- Working may be an important part of a person's life. It gives structure and routine while boosting self-esteem and improving independence.
- Even if you collect public benefits, like Social Security, you may be able to earn more money and keep your medical benefits.
- Vocational Rehabilitation is an important resource to help people with intellectual and/or developmental disabilities reach their job goals.



ALTCS Employment Services

Your Support Coordinator may assess for employment services. This includes both pre- and post-employment services to help you get and keep a job. Examples of employment services include:

- Career/Educational counseling;
- Benefits planning and education;
- Connection to Vocational Rehabilitation and/or community resources;
- Job skills training;
- Résumé preparation/job interview skills;
- Assistance in finding a job;
- Job support (job coaching).

Ask your Support Coordinator or contact Customer Service at 1-844-770-9500 option 1 to learn more about employment services and supports.

How to Connect to Employment Services

The Division has employment specialists ready to assist you, your Support Coordinator, and your planning team with employment resources. Your Support Coordinator can connect you with employment services and supports that meet your needs. They will work with you to determine the best services based on your job goal.

Other Employment Resources

Vocational Rehabilitation (VR)

VR is a program within the Arizona Department of Economic Security (ADES) designed to assist eligible individuals who have disabilities prepare for, get, and keep a job.

You may be eligible for VR services if you meet the following requirements:

- You have a physical or mental disability.
- Your physical or mental disability results in a significant barrier to employment.
- You require VR services to prepare for, get, keep, or regain employment.
- You can benefit from VR services in terms of achieving an employment outcome.
- Once you apply for the VR program and are determined eligible, you will work with the VR Counselor to develop a plan for employment. Plan development includes identifying a competitive employment goal and will address any disability-related barriers to employment. Ask your Support Coordinator about a referral to VR.

Your Support Coordinator can refer you to VR for services. During your planning meeting, tell your Support Coordinator you're interested in finding a job. Your Support Coordinator can then make the referral to VR.

The referral packet contains information on your disability and other supporting documents that will help VR determine eligibility. The referral packet goes to the DDD Employment team, which makes sure the packet is complete and accurate. After review, the Employment Team sends it to the VR office closest to you.

For more information and to locate the nearest VR office to you, visit <https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>.

ARIZONA@WORK

This statewide job center offers a wide array of workforce services at no cost to connect Arizona job seekers to gainful employment. Through ARIZONA@WORK, you can connect with local employers who have immediate job openings on Arizona's largest employment database, the Arizona Job Connection website.

ARIZONA@WORK can connect you to their partners for expert advice and guidance on everything from childcare, basic needs, Vocational Rehabilitation for job seekers with disabilities, and educational opportunities.

For more information and to locate the nearest ARIZONA@WORK office, visit <https://arizonaatwork.com/>.

Benefits Planning & Education

There are myths related to work and benefits. There are plenty of people living with disabilities who are on benefits and work. Having a disability does not mean you cannot work. Talk with your Support Coordinator or employment specialist for more information on the following resources:

- Arizona Disability Benefits 101 (DB101) – This no-cost, user-friendly online tool helps people understand the myths and confusion of Social Security benefits, healthcare, and employment. DB101 supports people to make informed decisions when thinking about getting a job by learning how job income and benefits go together. Visit <http://az.db101.org/> to access this valuable tool.
- ABILITY360 – ABILITY360 offers a program called Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA) that can help you understand how job income will affect your benefits through a benefits analysis. Call the B2W WIPA program at 602-443-0720 or 1-866-304-WORK (9675), or email at b2w@ability360.org, to reach an Intake Specialist, and see if you might qualify for this no-cost service.

Home and Community Based Services Residential Options

Residential options include:

- Adult Developmental Home: A family home that gives care for up to three people 18 and older.
- Child Developmental Home: A family home that gives care for up to 3 children birth to 17 years of age.

- Group Home: A home in the community for up to 6 people.

When you live in one of these settings listed, room and board is not covered by Medicaid. You will be billed by the Division for the actual costs of room and board, not to exceed 70% of your benefits (i.e. SSI) or income.

- Assisted Living Centers: Gives supervision and necessary care to more than 10 individuals. People living here are usually 60 years of age and older. This setting includes a living and sleeping space, kitchen area, and storage area. Members residing in an Assisted Living Center must be provided the choice of single occupancy.
- Assisted Living Home: Provides care and supervision for up to 10 people in a family setting. People who live here are usually 60 years of age or older.

When you live in an Assisted Living Center or Home, room and board is not covered. The facility will communicate any associated costs to you and your family. You will be responsible for paying the facility those fees directly.

Additional options include:

- Nursing Facility: Inpatient room and board and nursing services to people who need these services all the time, but who do not need to be in a hospital or direct daily care from a doctor.
- Intermediate Care Facility (ICF) for Individuals with Intellectual Disabilities: health care, services to teach and help people get better for those who need services all the time.

When you live in one of the settings listed above, room and board is covered. If you have any benefits or income, you will receive a monthly bill for your Share of Cost. For more information about Share of Cost, please see page 73 of this handbook.

In addition to the residential options, we can assist with you with identifying your independent living goals and provide you with information about local resources that may help you transition to greater self-sufficiency in housing, education, and employment.

Contact your Support Coordinator for more information.

End of Life Care

End of Life (EOL) care is a member centered approach with the goal of keeping the member's rights and dignity while getting any other medically necessary Medicaid covered services.

EOL care includes:

- How to keep healthy.
- Giving more flexibility in picking what treatment will be no matter your age or the stage of illness.
- Advance Care Planning which allows you to decide what healthcare you want to receive if you are facing a medical crisis.

- Palliative care focuses on providing symptom and stress relief for people living with a serious illness. Part of this care includes affirming life and helping the individual and family recognize that dying is a normal process.
- Supportive care focuses on providing symptom and stress relief for people living with a serious illness. The focus is to improve quality of life for the individual and family.
- Hospice services provide compassionate care for individuals in the last phases of incurable disease. The goal is to make the individual as comfortable as possible and to allow them to live as fully as possible.



Members can contact their DDD Health Plan or the DDD Tribal Health Program for assistance getting end of life services. See pages 23-24 for contact details.

Advance Directive Options

There may be a time when you are so ill that you cannot make decisions about your health care. If this happens, advance directives are documents that protect your right to refuse health care you do not want or to request care you do want. You have the right to be given information on how to create an Advance Directive. Ask your Support Coordinator for more information when the time comes.

There are four kinds of Advance Directives:

- Living Will: A paper that tells your doctor the care you do or do not want if you become ill and may die. It can say if you want to be fed through tubes or kept alive with machines.
- Medical Power of Attorney: A paper that lets you pick a person you trust to make medical decisions when you cannot.
- Mental Health Power of Attorney: Names a person to make mental health decisions if you are unable to do so.
- Pre-Hospital Medical Care Directive: States your wishes about not wanting certain lifesaving care given outside a hospital or in an emergency room. You must fill out a special orange form.

Keep a copy of your Advance Directive. Give a copy to your doctor. You can change what is in your Advance Directive anytime you want. Tell your doctor or family if you make changes. Talk to an attorney to learn more about these options. The Arizona Developmental Disabilities Planning Council has prepared a Legal Options Manual that describes available options for people over the age of 18. The Council can be reached at <https://addpc.az.gov/> or by calling 877-665-3176.

Referrals and Self-Referrals

Your doctor oversees all your covered health care. Your doctor may have you go to another doctor to get special care. If you have an urgent care need for a specialty provider

appointment, you will get one no later than 2 business days from your request. If you have a routine care need for a specialty provider appointment, you will get one within 45 days of your referral.

There are times when a referral from your doctor is not needed, and you can self-refer:

- If you have a medical emergency.
- If you need behavioral health services, call your DDD Health Plan or see page 18 for the behavioral health crisis services near you.
- If you need transportation to a medical appointment, see page 29 for more information about transportation.
- If you need an obstetrician and gynecologist.

Your dental home will manage all dental services and referrals to dental specialists. See page 56 of this handbook.

Augmentative and Alternative Communication (AAC)

Augmentative and Alternative Communications (AAC) systems are used to establish communication when natural speech is insufficient to achieve and meet daily communication goals and needs. More information regarding the AAC process and evaluations is included on the DDD website at <https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services/ddd-health-plans-info>.

Your DDD Health Plan can evaluate your need for an augmentative and alternative communication device. You can request an evaluation by contacting your DDD Health Plan's Member Services or Member Liaisons. Contact information is available on the DDD website at <https://des.az.gov/ddd/ddd-health-plans>.

How to Get Services When a Provider's Moral or Religious Objections Prevent You From Getting a Covered Service

If a provider does not cover a service, including counseling or referral services due to moral or religious objections, contact your Support Coordinator. They will help you find a different provider. You can also call:

- DDD Customer Service Number: (844) 770-9500 option 1 (TTY 711)
- Mercy Care: 1 (800) 624-3879 (TTY 711)
- United Healthcare: 1 (800) 348-4058 (TTY 711)

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

How to Obtain a Primary Care Provider (PCP)

Your primary care provider (PCP) is the “gatekeeper” for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed. The PCP will order services such as therapy, medications, durable medical equipment, and home health nursing. You choose your PCP from your DDD Health Plan’s provider network.

PCPs are an important partner in the delivery of care. The AHCCCS program requires members be assigned to PCPs. We encourage members to develop a relationship with a PCP who can maintain all their medical records and provide overall medical management. These relationships help coordinate care and provide the member a “medical home.” The PCP plays a vital role as a care manager in the system by improving health care delivery in four critical areas:

- Access
- Coordination
- Continuity
- Prevention

As such, the PCP manages initial and basic care to members, makes recommendations for specialty and ancillary care, and coordinates all primary care services delivered to members. The PCP must provide coverage and backup coverage when they are not available 24 hours a day, 7 days a week.

How to Change a PCP

You can change your doctor. However, you will need to choose another doctor from your DDD Health Plan’s provider network. You can change your doctor by contacting your DDD Health Plan’s member services (listed on pages 24-25 of this handbook). You can also ask the DDD Health Plan’s member services for a list of providers. There is no cost for this list. This information is also available on the DDD Health Plan’s website.

Your DDD Health Plan will let you know if your doctor is no longer in their network. The DDD Health Plan will also let you know if a specialist you see regularly leaves their network. Your DDD Health Plan will help you change your doctor or specialist.

PCP Appointments and Other Provider Appointments

- Call your doctor's office to make an appointment.
- Make your appointments during office hours (so you do not have to use urgent or emergency care).
- Keep your appointments.
- Go to your appointments on time.
- Call your doctor's office ahead of time when you cannot keep your appointments.
- Call your DDD Health Plan's or the DDD Tribal Health Program's (THP) member services if you need help choosing a PCP, scheduling an appointment or need transportation.

Appointment Availability

1. For Primary Care Provider Appointments:
 - a. Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than 2 business days of the request, and
 - b. Routine care appointments within 21 calendar days of the request.
2. For Specialty Physician Appointments, including Dental Specialists:
 - a. Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than 2 business days from the request, and
 - b. Routine care appointments within 45 calendar days of referral.
3. For Dental Provider Appointments:
 - a. Urgent appointments as expeditiously as the member's health condition requires, but no later than 3 business days of request, and
 - b. Routine care appointments within 45 calendar days of request.
4. For Maternity Care Provider Appointments, initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
 - a. First trimester – within 14 calendar days of request,
 - b. Second trimester – within 7 calendar days of request,
 - c. Third trimester – within 3 days business of request, and
 - d. High risk pregnancies as expeditiously as the member's health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.
5. For Psychotropic Medications:
 - a. Assess the urgency of the need immediately, and
 - b. Provide an appointment, if clinically indicated, with a practitioner who can subscribe psychotropic medications within a time frame that ensures the member:
 - i. Does not run out of needed medications, or
 - ii. Does not decline in his/her behavioral health condition prior to starting medication,

- iii. But no later than 30 calendar days from the identification of need.
6. For Behavioral Health Provider Appointments:
 - a. Urgent need appointments as expeditiously as the member's health condition requires, but no later than 24 hours from identification of the need.
 - b. Initial assessment within 7 calendar days after the initial referral or request for behavioral health services,
 - c. Initial appointment, within timeframes indicated by clinical need.
 - i. For members aged 18 years or older, no later than 23 calendar days after the initial assessment,
 - ii. For members under the age of 18 years old, no later than 21 days after the initial assessment, and
 - d. Subsequent behavioral health services, within the timeframes according to the needs of the person, but no later than 45 calendar days from identification of the need.
 7. If a member is in legal custody of the Department of Child Safety (DCS) or is an adopted child in accordance with A.R.S. §-512-01:
 - a. Rapid response when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by the Arizona Department of Child Safety (DCS) that a child has been or will be removed from their home.
 - b. Initial assessment within 7 calendar days after the initial referral or request for behavioral health services.
 - c. Initial appointment within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation.
 - d. Subsequent Behavioral Health Services, within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of the need.

Well Visits

Well visits (well exams) are covered for members. Most well visits (also called checkup or physical) include a:

- Medical history
- Physical exam
- Health screenings
- Health counseling
- Medically necessary immunizations

Well visits (well exams) are covered for members under the age of 21 through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations.

Women's Preventive Care Services

Female members, or members assigned female at birth, have direct access to preventive and well care services from a PCP, OB/GYN or other maternity care provider within the Contractor's network without a referral from a primary care provider.

Covered services included as part of a well-woman preventive care visit include:

- a. A physical exam (well exam) that assesses overall health
- b. Clinical breast exam
- c. Pelvic exam (as necessary, according to current recommendations and best standards of practice)
- d. Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors
- e. Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
 - i. Proper nutrition
 - ii. Physical activity
 - iii. Elevated BMI indicative of obesity
 - iv. Tobacco/substance use, abuse, and/or dependency
 - v. Depression screening
 - vi. Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/ past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems,
 - vii. Sexually transmitted infections
 - viii. Human Immunodeficiency Virus (HIV)
 - ix. Family Planning Services and Supplies
 - x. Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
 - a) Reproductive history and sexual practices
 - b) Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - c) Physical activity or exercise
 - d) Oral health care
 - e) Chronic disease management
 - f) Emotional wellness
 - g) Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use, and
 - h) Recommended intervals between pregnancies

- f. Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified
- g. Immunizations including HPV

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the name of the Medicaid benefit that ensures AHCCCS members under the age of 21 receive comprehensive health care through prevention, early intervention, diagnosis, correction, amelioration (improvement), and treatment for physical and behavioral health conditions. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist EPSDT-aged members and their parents or guardians in effectively utilizing these resources. Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, replacement and repair of eyeglasses, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

This means that services covered under EPSDT include all categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

Some additional examples of services covered under EPSDT include, but are not limited to, well-child (preventive) visits, inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, therapy services, behavioral health services, medical equipment, appliances and supplies, orthotics, prosthetic devices, transportation to medical appointments, family planning services and supplies, and maternity services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT does not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions. Well-child visits for EPSDT-aged members, even when they are healthy, are important because they include all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules and can identify problems early.

Maternity Care Services

Maternity Care Services available to members of childbearing age include:

- Medically necessary preconception counseling
- Identification of pregnancy
- Medically necessary education and prenatal services for the care of pregnancy
- The treatment of pregnancy-related conditions

- Doula services, if provided by a certified doula acting within their scope of practice. Doula services are meant to complement existing maternity services, not replace them
- Group prenatal care, in certain circumstances
- Labor and delivery services
- Postpartum care
- Related services such as outreach and family planning services

Breastfeeding or feeding your baby expressed (pumped) breast milk is a healthy choice. Breast milk is the best nutrition. It has everything your baby needs to grow and develop. Breastfeeding lowers your risk for depression after you have your baby. Ask your doctor or support coordinator how to get a breast pump.



Pregnancy Services

If you are or think you may be pregnant, call your DDD Health Plan's or DDD Tribal Health Program's member services on pages 24-25 and your PCP. They can help you choose a maternity care provider as soon as possible and assist with scheduling appointments. Newly assigned pregnant members and those currently under the care of an out-of-network provider can change health plans to ensure continuity of prenatal care. Members may request a health plan change either through the HEAplus system healthearizonaplus.gov or by contacting AHCCCS at (602) 417-7100 or 1-(800)-334-5283. Members who transition to a new DDD Health Plan or become enrolled during their third trimester can complete maternity care with their current AHCCCS registered provider to ensure continuity of care even if they are out-of-network.

Maternity care providers may be:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
2. Physician Assistants.
3. Nurse Practitioners.
4. Certified Nurse Midwives.
5. Licensed Midwives.

Once you choose a maternity care provider, make an appointment right away. It is important to have early and regular prenatal visits during your pregnancy.

You can go directly to your maternity care provider for care. Your PCP will manage your non-OB/GYN care and your maternity care provider will manage your pregnancy care. You can also choose to have a maternity care provider as your PCP while you are pregnant. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

Your DDD Health Plan or DDD Tribal Health Program will send you information about family planning services and supplies by the end of your second trimester if you are pregnant. This will include information about Long-Acting Reversible Contraceptives (LARC) and Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC).

Appointments During Your Pregnancy

Your appointments are important to your health and the health of your baby. You should see your maternity care provider during pregnancy even if you feel good. Initial prenatal care appointments for enrolled pregnant members are:

- First trimester within 14 calendar days of the member's request.
- Second trimester within 7 calendar days of the member's request.
- Third trimester within 3 business days of the member's request.
- High-risk pregnancies as quickly as the member's health condition requires and no later than 3 business days of identification of high-risk by maternity care provider, or immediately if an emergency arises.

Your pregnancy may be called "high-risk" if you or your baby has an increased chance of a health problem. All pregnant DDD members are considered high-risk and have maternity

care coordination services available. Each pregnant member has a Maternity Team including their assigned Support Coordinator, a Complex Care Nurse, and the RN Care Manager assigned by their health plan. The Maternity Team can also assist with scheduling appointments and transportation.

Many things can put you at high risk such as having diabetes, cancer or epilepsy. Smoking or drinking while you are pregnant may also put you at a higher risk. Being called "high-risk"

helps your maternity care provider make sure you get special attention during your pregnancy. Your maternity care provider will watch you closely during your pregnancy to find any problems early. You may also have more tests to make sure your baby is doing well.

Some ways to help you and your baby while you are pregnant include:

- Your maternity care provider will manage your pregnancy care before and after your baby is born. It is important that you keep all appointments while you are pregnant.
- If you are taking any medicine, tell your maternity care provider.
- It is important that you do not smoke, drink, or take drugs while pregnant. If you have a problem with any of these, talk with your maternity care provider.
- It is important for you and your baby that you eat right and exercise. Talk to your maternity care provider if you need information about good nutrition or exercise while

you are pregnant.

- Your maternity care provider will explain childbirth options. Labor induction and cesarean sections are only performed when they are medically necessary. Your maternity care provider can also help you find childbirth classes. For more information, see the “Maternity Care Service Definitions” section on page 117.

Postpartum Care

It is important that you keep all your follow-up visits after you have your baby. You should see your maternity care provider within three weeks after your baby’s birth, or sooner if you had complications. Additional visits should occur as needed, with a full checkup no later than 12 weeks after giving birth. You can also get help with family planning choices after your baby’s birth.

You will also need to choose a PCP for your new baby. It is important that you keep all your well-child checkups for your baby. Bring the shot record to every appointment.

We can help you get information about parenting classes and the Women, Infants, and Children Program (WIC). You can also call WIC at 1-800-252-5942.

HIV/AIDS Testing

Prenatal HIV/AIDS Testing

Your doctor or gynecologist will do a prenatal Human Immunodeficiency Virus (HIV) test. If you test positive, counseling and treatment services are available to you. Treatment will be provided to both the member and infant. The earlier HIV is diagnosed and treated, the more effective HIV medicines, called antiretroviral therapy or ART, can be at preventing transmission and improving the health outcomes of both member and child.

Testing for HIV/AIDS is available to all members. If you test positive, you can get specialty treatment and counseling. Talk to your doctor or contact your local Health Department for testing.

Family Planning Services and Supplies

Family planning helps you voluntarily delay or prevent pregnancy. All members of reproductive age, regardless of gender, are eligible. You can get these services and supplies from your PCP or any appropriate family planning service provider. They do not have to be in your DDD Health Plan’s network. Members can get these services and supplies from their OB/GYN too.

Prior authorization is not needed and there is no cost for these services. A referral is not required for family planning services and supplies even if the provider is out-of-network.

Covered family planning services and supplies include:

- Pregnancy screening
- Medication when associated with medical conditions related to family planning or other medical conditions.
- Accurate information and counseling about family planning methods available
- Medication and/or supplies, such as:
 - Oral and injectable contraceptives (birth control pills or shots)
 - Contraceptive devices (intrauterine devices [IUDs] or subdermal [under the skin] implantable birth control)
 - Diaphragms
 - Condoms
 - Foams and suppositories
- Medical and lab exams and radiological procedures Including ultrasounds (related to family planning)
- Treating problems from birth control (including emergencies)
- Natural family planning education
- Referral to qualified health professionals
- Emergency oral contraception within 72 hours after unprotected sexual intercourse
- Screening and treatment for Sexually Transmitted Infections (STI)
- Sterilization services (if requirements are met) including hysteroscopic tubal sterilizations and vasectomies

For more information, see your DDD Health Plan member handbook. DDD THP members can obtain family planning services and supplies from any appropriate AHCCCS-registered provider. This includes Indian Health Facilities (the Indian Health Service, tribally-operated “638” health programs, urban Indian health clinics) and other Fee-for-Service providers.

Medically Necessary Pregnancy Terminations

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

1. The pregnant member suffers from a physical disorder, physical injury or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.

4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:
 - i. Creating a serious physical or behavioral health problem for the pregnant member,
 - ii. Seriously impairing a bodily function of the pregnant member,
 - iii. Causing dysfunction of a bodily organ or part of the pregnant member,
 - iv. Exacerbating a health problem of the pregnant member, or
 - v. Preventing the pregnant member from obtaining treatment for a health problem.

Dental Care

To keep teeth healthy, it is important that you brush at least 2 times a day. It is also important that you see the dentist twice a year. Your DDD Health Plan will cover 2 routine and preventive dental visits a year. The first visit should occur by the child's first birthday. There is no copayment or other charges for dental services for members under age 21. For members who are 21 years of age and older, dental services are limited to a total of \$1000 for emergency services and \$1000 for routine services for each 12-month period.

Dental services include:

- Preventive dental services
 - Dental exams
 - Dental hygiene assessment
 - Dental hygiene treatment planning
 - Fillings for cavities
 - Dental cleanings
 - X-rays to screen for dental problems
 - Application of topical fluoride
 - Dental sealants
 - Fluoride applications
 - 4 times per year for members who are six months of age with at least one tooth until their fifth birthday during their EPSDT visit / well visit.
 - Every 6 months during a dental visit for members up to 21 years of age.
- Emergency Dental Services and Therapeutic Dental Services are covered when medically necessary and cost effective. Emergency Dental Services include:
 - Treatment for pain, infection, swelling, and/or injury
 - Pulling teeth
 - Sleep Dentistry
- Therapeutic Dental Services may be subject to prior authorization include:

- Gum procedures
- Crowns
- Root Canal Services
- Removable dental partials or dentures
- Orthodontic services and related surgery when medically necessary
- Treatment for infection or fracture or pain in the jaws
- Exam with problem and treatment of the mouth
- Required x-rays
- Oral surgical procedures
- Appropriate numbing
- Prescriptions of pain medications and antibiotics
- Preventive extraction of teeth in preparation for radiation treatment of cancers of the jaw, neck, or head
- Other dental services, including dentures



American Indian/Alaska Natives can receive medically necessary diagnostic, therapeutic, and preventative dental services at any Indian Health Services (IHS) or tribally owned/operated facility. There is no monetary benefit limit for American Indian/Alaska Natives who are aged 21 years and older receiving dental services at an IHS/638 facility. There is no monetary benefit limit for members residing in an ICF.

Dental Home

This is a relationship between you and your dentist. The dental home will manage all dental services and referrals to dental specialists for members under age 21. You will have a dental home assigned no later than 6 months of age or upon enrollment. You can change dental homes by calling your health plan's member services unit. You can find this number on your ID card. You may change your assigned dentist (Dental Home) at any time.

You do not need a referral from your PCP to see a dentist. If you need help finding a dentist who can take care of your special needs, contact your health plan's member services unit. Your Support Coordinator can also help you find a dentist.

Call your dentist's office if you need an appointment. Contact your health plan's member services unit if you need help making an appointment. Urgent appointments will be made as quickly as the member's health condition requires, but no later than 3 business days of request. If you are calling for a routine care appointment, your dentist will make your

appointment within 45 calendar days of your request. Call your dentist's office ahead of time when you cannot keep your appointments. Contact your health plan's member services unit if you need transportation to your dental appointment. Be sure to notify your transportation if you make any changes to your appointment, or cancel it.

Please contact DDD Customer Service at 1-844-770-9500 option 1 if you are unsure how to contact your assigned dentist for assistance.

Pharmacy Services

Your DDD Health Plan has a list of covered medications. If you want a copy of the list, call your DDD Health Plan's member services or go to their website (listed on pages 23-24).

All medications must be filled at a pharmacy in your DDD Health Plan's network. Many pharmacies are open 24 hours, seven days a week. Check your DDD Health Plan's member handbook for the process to get your medications after hours, on holidays, or on weekends. You can get a list of pharmacies from your DDD Health Plan or the DDD Tribal Health Program.

- Mercy Care 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan 1-800-348-4058
- DDD Tribal Health Program 1-800-356-3477

DDD THP members can find a list of pharmacies at and a list of covered medications at <https://azahcccs.gov/AmericanIndians/Pharmacy/>.

If you are denied prescriptions at a pharmacy point of sale, call your primary care provider, the doctor who prescribed the medication or your DDD Health Plan/THP member services department who will help you. See pages 23-24 for contact details. Remember to get refills before you run out of medicine.

Exclusive Pharmacy Evaluation Criteria

A member will be assigned to an exclusive pharmacy, chosen by the member or assigned by the DDD Health Plan, to provide all medically necessary federally reimbursable drugs to the member when the following criteria are met. Members assigned to an Exclusive Pharmacy will be notified via mail. Members have the right to appeal the assignment of an Exclusive Pharmacy with their DDD Health Plan or THP.



Evaluation Parameter	Minimum Criteria for Initiating Interventions
Over-utilization	<p>Member utilized the following in a 3-month time period:</p> <ul style="list-style-type: none"> ● 4 prescribers; and ● 4 different abuse potential drugs; and ● 4 Pharmacies <p>OR</p> <p>Member has received 12 or more prescriptions of the following medications in the past three months:</p> <ul style="list-style-type: none"> ● Atypical Antipsychotics, ● Benzodiazepines, ● Hypnotics, ● Muscle Relaxants, ● Opioids, and ● Stimulants.
Fraud	Member has presented a forged or altered prescription to the pharmacy.

Behavioral Health Services

Behavioral health services are provided through DDD Health Plan providers. They assist, support, and encourage each eligible person to achieve and maintain the highest level of health and self-sufficiency. Services are available to treat both mental health and substance use disorders. It is important you review your DDD Health Plans' member handbook. It contains more information and limits that may apply. You do not need a referral from your doctor for behavioral health services. Your Support Coordinator or your DDD Health Plan's member services can help you pick a provider. You can also request services by calling a provider from the provider directory.

To reach your DDD Health Plan, call:

- Mercy Care – 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan – 1-800-348-4058
- DDD THP – 1-844-770-9500 option 7 TTY/TDD 711

Covered Behavioral Health Services

The following Behavioral Health Services are covered:

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

- Outpatient Treatment Services
 - Assessment, Evaluation and Screening Services
 - Behavioral Health Counseling, Therapy and Psychotherapy
 - Behavior Analysis Services
 - Partial Hospitalization Programs (PHPs)
 - Psychiatric Collaborative Care Model (CoCM)
- Intensive Outpatient Programs (IOP)
 - Intensive Outpatient Psychiatric Services
 - Intensive Outpatient Alcohol and/or Drug Services
- Behavioral Health Day Programs
 - Supervised Behavioral Health Day Programs
 - Therapeutic Behavioral Health Services and Day Programs General
 - Community Psychiatric Supportive Treatment and Medical Day Programs
 - Rehabilitation Services
 - Skills Training and Development
 - Psychosocial Rehabilitation
 - Cognitive Rehabilitation
 - Health Promotion
 - Psychoeducational Services and Ongoing Support to Maintain Employment
- Medical Services
 - Medication Services
 - Laboratory, Radiology and Medical Imaging
 - Medical Management
 - Transcranial Magnetic Stimulation (TMS)
- Support Services
 - Case Management
 - Personal Care Services
 - Home Care Training to Home Care Family (Family Support)
 - Self-Help/Peer Services (Peer Support)
 - Unskilled Respite Care
 - Transportation
 - Housing Support Services

- Crisis Intervention Services
- Outpatient Residential Treatment
 - Behavioral Health Residential Facility Services (BHRF)
 - Adult Behavioral Health Therapeutic Homes (ABHTH)
 - Therapeutic Foster Care (TFC)
- Inpatient Services
 - Hospital
 - Subacute Facilities
 - Residential Treatment Centers (RTC)

If your services are denied, you may file an appeal. You can call us for help.

Special Assistance for Members with Serious Mental Illness (SMI)

The AHCCCS Office of Human Rights (OHR) provides support to members with a Serious Mental Illness (SMI) and Special Assistance designation. DDD works with the OHR to ensure members meeting Special Assistance criteria are identified. OHR can help you understand, protect and exercise your rights. They can also facilitate self-advocacy through education and help obtain access to behavioral health services in Arizona’s public behavioral health system. They can help with writing services plans, creating the Inpatient Treatment, and Discharge Plan (ITDP), and with the grievance and/or appeal process.

AHCCCS Office of Human Rights contact information:

AHCCCS Office of Human Rights
 Mail: 801 East Jefferson Street
 Phoenix, AZ 85034 MD 1900
 Toll Free: 1-800-421-2124
 Email: OHR@azahcccs.gov

How to Access Covered Behavioral Health Services

Behavioral Health Services are covered by your DDD Health Plan. The DDD Health Plan will work with you to determine which services will best help you.

- Mercy Care – 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan – 1-800-348-4058
- DDD THP – 1-844-770-9500 option 7 TTY/TDD 711

If you have an urgent care need for a behavioral health care appointment, your DDD Health Plan will make one for you no later than 24 hours from when your need was identified. You do not need a referral from your PCP.

If you are making a regular behavioral health care appointment:

- There will be an initial assessment within 7 calendar days of your referral or request for service.
- Your initial appointment, following the assessment, will be scheduled, within timeframes indicated by your clinical need.
 - a. For members age 18 years or older, the appointment will be no later than 23 calendar days after the initial assessment,
 - b. For members under the age of 18 years old, the appointment will be no later than 21 days after the initial assessment, and
- All your behavioral health services to follow, as quickly as your health condition requires but no later than 45 days from when your need was identified.

If you need psychotropic medications, you will be immediately assessed and provided an appointment, if clinically indicated, with a practitioner who can prescribe psychotropic medications. The appointment will be no later than 30 days from the identification of your need, or sooner so that you:

- Do not run out of your needed medications, or
- Do not decline in your behavioral health condition before starting medication.

If a member is in legal custody of the Department of Child Safety (DCS) or is an adopted child in accordance with A.R.S. §8-512-01:

- Rapid response will be scheduled when a child enters an out-of-home placement, within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.
- Initial assessment will be scheduled within 7 calendar days after referral or request for behavioral health services.
- Initial appointment will be scheduled within timeframes indicated, by clinical need, but no later than 21 calendar days after the initial evaluation.
- Subsequent Behavioral Health Services will be scheduled, within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of the need.

Serious Emotional Disturbance (SED) Designation

A serious emotional disturbance (SED) designation is for individuals from birth up to age 18 who currently, or at any time during the past year, have had a diagnosable mental or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of the Diagnostic and Statistical Manual of Mental Disorders. It needs to have resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

All individuals from birth to 18 years of age shall be evaluated for SED eligibility by a qualified clinician. An SED eligibility determination made by the determining entity if the individual or their Health Care Decision Maker (HCDM) makes such a request.

An SED determination requires both a qualifying SED diagnosis and functional impairment because of the qualifying diagnosis. Qualifying SED diagnoses include:

- Anxiety, dissociative, stress-related, somatoform and other non-psychotic mental disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- Disorders of behavior
- Mood [affective] disorders
- Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders

An individual must have dysfunction in at least one of the following four domains, for most of the past six months, or for most of the past three months with an expected continued duration of at least three months:

1. Seriously disruptive to family and/or community.
2. Dysfunction in role performance.
3. Child and Adolescent Level of Care Utilization System (CALOCUS) recommended level of care 4, 5, or 6, or
4. Risk of deterioration:
 - a. A qualifying diagnosis with probable chronic, relapsing, and remitting course,
 - b. Co-morbidities,
 - c. Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors, or
 - d. Other factors as outlined in policy.

Serious Mental Illness (SMI) Designation

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that is severe and persistent. A Serious Mental Illness (SMI) eligibility evaluation can be obtained at any qualifying AHCCCS behavioral health intake provider. Members must be at least 17.5 years or older to be assessed for SMI eligibility. Once an assessment is requested, the provider must assess the member within 7 business days.

An SMI determination requires both a qualifying SMI diagnosis and functional impairment because of the qualifying diagnosis. Qualifying SMI diagnoses include:

- Anxiety Disorders
- Bipolar Disorders
- Dissociative Disorder
- Depressive Disorders
- Obsessive-Compulsive Disorders
- Other Mood Disorder

- Personality Disorders
- Post-Traumatic Stress Disorders
- Psychotic Disorders

Functional impairments as a result of the qualifying diagnosis include:

- Inability to live in an independent or family setting without supervision.
- A risk of serious harm to self or others.
- Dysfunction in role performance.
- Risk of deterioration.

SED or SMI Eligibility Determination

The behavioral health intake provider will complete the SED or SMI assessment. They will submit the assessment information to Solari who will make the SED or SMI determination. Solari has 3 days after receiving the packet to make a determination based on the information received. Members can choose to give Solari more time to make a decision. The time can be extended to 20 days or if the member is suffering from drug or alcohol abuse, up to 90 days.

Solari will send you a letter by mail to let you know the final decision on your SED or SMI determination. This letter is called a Notice of Decision. If Solari finds that you are not eligible for SED or SMI services, the letter will tell you why. To file an appeal, you can call Solari at 1-855-832-2866 within 60 calendar days from the date on the Notice of Decision letter.

Individuals with an SED or SMI designation or a member of their clinical team may request removal of the designation from Solari. This can be requested if the individual no longer meets the functional and/or diagnostic criteria or has not received behavioral health services within the previous 6 months. The individual will receive a written notice with an effective date of 30 calendar days after the notice is issued if the request is approved.

Arizona's Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports administration of a behavioral health delivery system that is consistent with AHCCCS values, principles, and goals:

1. Timely access to care,
2. Culturally competent and linguistically appropriate,
3. Promotion of evidence-based practices through innovation,
4. Expectation for continuous quality improvement,
5. Engagement of member and family members at all system levels, and
6. Collaboration with the greater community.

The Twelve Principles for the Delivery of Services to Children

1. Collaboration with the child and family:
 - a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
 - b. 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:
 - a. 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, and
 - b. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with others:
 - a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
 - b. Person-centered teams plan and deliver services,
 - c. 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 persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child's probation officer, and
 - d. The team:
 - e. Develops a common assessment of the child's and family's strengths and needs,
 - f. Develops an individualized service plan,
 - g. Monitors implementation of the plan, and
 - h. Makes adjustments in the plan if it is not succeeding.
4. Accessible services:
 - a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
 - b. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
 - c. Behavioral health services are adapted or created when they are needed but not available.
5. Best practices:
 - a. Competent individuals who are adequately trained and supervised provide behavioral health services,

- b. Behavioral health services utilize treatment modalities and programs that are evidenced based and supported by Substance Abuse and Mental Health Services Administration (SAMSHA) or other nationally recognized organizations,
 - c. 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 member's lives, especially members in foster care, and
 - d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.
6. Most appropriate setting:
 - a. Children are provided behavioral health services in their home and community to the extent possible, and
 - b. 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 needs.
7. Timeliness:
 - a. Children identified as needing behavioral health services are assessed and served promptly.
8. Services tailored to the child and family:
 - a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
 - b. 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:
 - a. Behavioral health service plans strive to minimize multiple placements,
 - b. 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,
 - c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
 - d. 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 the criminal justice system, and
 - e. 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:

- a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
 - b. Services are provided in the child and family's primary language
11. Independence:
- a. 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, and
 - b. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the 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, shall be made available.
12. Connection to natural supports:
- a. 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.

Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

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. Persons 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 underscore 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 their 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.

Children's Rehabilitative Services (CRS)

CRS is a designation for children who may have special health care needs from birth through 20 years of age. CRS covers many conditions. AHCCCS Division of Member Services reviews for CRS designation. Some of the confirmed CRS conditions include but are not limited to:

- Cerebral palsy
- Club feet
- Dislocated hips
- Cleft palate
- Scoliosis

- Spina bifida
- Heart conditions due to congenital anomalies
- Metabolic disorders
- Neurofibromatosis
- Sickle cell anemia
- Cystic fibrosis

An application can be submitted to AHCCCS CRS Enrollment Unit to review for CRS designation if you have a condition that meets the CRS designation. The completed application and medical information can be mailed or faxed to:

AHCCCS/Children’s Rehabilitative Services

Attn: CRS Enrollment Unit

801 E. Jefferson MD 3500

Phoenix, AZ 85034

Fax: 602-252-5286

Phone: 602-417-4545 or 1-855-333-7828

The CRS Enrollment Unit will send you a written notice indicating when your CRS application has been approved or denied.

Members birth through 20 years of age who are determined to have a CRS designation will be able to receive those services from their DDD Health Plan.

Members with private insurance or Medicare may use their private insurance or Medicare provider networks to obtain services including those for the CRS condition.

When your private insurance or Medicare expires, does not cover the CRS condition, is used up for the CRS-covered conditions, or certain annual or lifetime limits are reached for the CRS-covered condition, the Division is responsible for all covered CRS services.

Members with a CRS designation can continue to receive CRS related health services even after they turn 21 years old through their health plan.

How to Contact Children’s Rehabilitative Services (CRS)

DDD Health Plans by Mercy Care and UnitedHealthcare provide CRS services. Services can be provided in different settings, depending on where you live.

Multispecialty Interdisciplinary Clinics (MSIC) have the unique ability to provide a full range of pediatric specialty care. Multispecialty Interdisciplinary Clinics are where a member can see specialists and any others involved, all at one location. The range of available specialties include Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics, and Neurology.

Contact your DDD Health Plan if you have questions about CRS or locating a CRS provider.



The member handbook has important information about appointments and descriptions of the specialties at each clinic. You can apply to the AHCCCS CRS Enrollment Unit at <https://www.azahcccs.gov/PlansProviders/CurrentProviders/CRSreferrals.html> or 855-333-7828 toll free.

Multi-Specialty Interdisciplinary Clinic Specialties (MSIC)

A Multi-Specialty Interdisciplinary Clinic (MSIC) is a facility where health care providers from many specialties work. This allows members and their families to see more than one specialist at a single location. It also allows those providers to quickly share treatment information about a member to improve their care coordination.

Metro Phoenix - DMG Children's Rehabilitative Services

- 3141 N. 3rd Ave.
Phoenix, AZ 85013
- 602-914-1520

Southern Region - Children's Clinics

- 2600 N. Wyatt Dr.
Tucson, AZ 85712
- 520-324-5437
- 800-837-7309

Northern Region - The Children's Health Center/Children's Rehabilitative Services – Flagstaff

- 5130 US-89 N
Flagstaff, AZ 86004
- Phone: 928-773-2054
- Toll free: 800-232-1018
- Fax: 928-773-2286

- Open Monday – Friday 8 a.m. to 4:30 p.m.

Southwest Region - Children's Rehabilitative Services

- 2851 S. Ave. B Building 25 #2504
Yuma, AZ 85364
- 928-336-2777
- 800-837-7309

Metro Phoenix Region

1. Specialized Services: Behavioral Health, Cardiology, Dental Care, Endocrinology, Ear, Nose & Throat (ENT), Gastroenterology, Genetics, Neurology, Neurosurgery, Nutrition, Ophthalmology, Orthopedics, Plastic Surgery, Primary Care, Behavioral Health, Rheumatology, Urology
2. Rehabilitation Services: Audiology, Occupational Therapy, Physical Therapy, Speech & Language Therapy
3. Educational and Support Services: Child Life, Education Support, Lab and X-Ray, Nursing, Nutrition and Dietician, Patient & Family Services, Behavioral Health

Southern Region

1. Specialized Services: Anesthesiology, Behavioral Analysis/Psychology, Cardiology, Dental and Orthodontia, Developmental pediatrics, Endocrinology, Ear Nose and Throat (ENT), Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Psychiatry – Child/ Adolescent, Pulmonology, Primary Care, Rheumatology, Urology
2. Rehabilitative Therapy Services: Physical Therapy, Occupational Therapy, Speech & Language Therapy, Audiology, Nutrition
3. Support Services: Patient and Family Services, Nursing Services, Education Support, Child Life, On-site Lab and X-Ray Services, Pet Therapy Program
4. Behavioral Health Services: Psychiatry, Counseling, Behavior Analysis, Family Support Services
5. Special Clinics and Care Teams: Cerebral Palsy, Cleft Care Team, Cochlear Implant, Down syndrome – Child, Down syndrome – Teen, Neurocutaneous Clinic,
6. Neuromuscular Clinic, Oral Maxillary Team, Osteogenesis Imperfecta, Palliative Care, Spina Bifida – Child, Spina Bifida – Teen, Sickle Cell Clinic

Northern Region

1. Specialized Services: Pediatric Audiology, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, Pediatric Physical Therapy, Pediatric Speech Therapy, Pediatric Urology, Wheelchair/Seating, Children's Rehabilitative Services, and the Safe Child Center

Southwestern Region

1. Specialized Services: Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip & Palate), Dietician-Nutritionist, Ear, Nose and Throat (ENT), Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Pediatric Surgery, Physical Therapy, Psychiatry, Speech Therapy, Urology, Wheelchair Services

Appointments with a Multi-Specialty Interdisciplinary Clinic (MSIC)

If you need to make, change, or cancel your appointment, call the clinic where your appointment is scheduled.

Member Councils

Your DDD Health Plan has a Member Council. The Council is made up of members, just like you, who are concerned about health care and want to make health care better. Members are on the Council for a certain time and new members may be chosen each year. Family members, member representatives, providers and advocacy groups may also be part of the Council. The Member Council gives advice to your DDD Health Plan on issues that are important to members. If you are not on the Council, you may still suggest changes to the policies and services of the DDD Health Plan by calling your DDD Health Plan. You may also call your DDD Health Plan for more information on how to join the Member Council.

The Developmental Disabilities Advisory Council (DDAC) is an advisory council to the Assistant Director of the Division of Developmental Disabilities on matters relating to developmental disabilities. The mission of the DDAC is to provide, in partnership with the Division of Developmental Disabilities, advisory oversight on behalf of consumers, families and providers. You may call the DDD Customer Service Center (1-844-770-9500 option 1) for more information on how to join the Developmental Disabilities Advisory Council.

An Independent Oversight Committee (IOC) provides independent oversight on topics related to the human rights of individuals with developmental disabilities who are supported by DDD. IOCs are part of the Arizona Department of Administration (ADOA). There are IOCs in each district. To apply visit: <https://ioc.az.gov/>.

DDD's Office of Individual and Family Affairs (OIFA) organizes a Governance Committee. The Governance Committee includes peers and family of individuals enrolled with the Division who are receiving or have received physical health and behavioral health services. The Governance Committee meets and interacts with DDD executive leadership to direct strategic planning, process improvement, and decision making for the DDD's physical and behavioral health delivery system.



DDD hosts a Member Advocacy Council (MAC). The MAC includes peers and family members enrolled with the Division who are receiving or have received physical health and behavioral health services. It also includes leaders from DDD's executive leadership team and other community stakeholders. The purpose of the MAC is to gather input and discuss issues and barriers members face. The MAC problem solves and looks for ways to improve service delivery.

The Program Review Committee (PRC) reviews behavior plans for members who live in licensed residential settings or who may have intervention strategies that include restricted techniques. The PRC reviews, makes recommendations, and approves Behavior Plans.

You can email the DDD Volunteer Coordinator at dddvolunteers@azdes.gov for information on volunteer opportunities.

DDD Approval and Denial Process

An authorization is an approval from DDD or your DDD Health Plan to get the services you or your provider have requested. Services must be medically necessary and cost effective. They must also be based on assessments. A Person-Centered Service Plan will be developed that lists the services you will get. You have the right to get authorized services. Unless you get a letter denying a service, the services on your Planning Document are approved.

Your Primary Care Provider (PCP) will request your physical and behavioral services that require a prior authorization. Your Support Coordinator may approve some services. Some services need additional review to approve. Go to our website <https://des.az.gov/services/disabilities/developmental-disabilities>, click the Assistance for Members and Families button, and then click "Service Approval Matrix - DDD Prior Authorization Criteria" under the Health Plan Resources section.

If your DDD Health Plan or the Division believes the service is not medically necessary or cost effective, your request will be denied. You can get the criteria that the decisions were based on by contacting us. You have the right to review the Service Approval Matrix on our website to see how we make our decisions. If your request is denied, you will get a letter. This letter is called a Notice of Adverse Benefit Determination. This letter will tell you your rights. You do have the right to appeal the decision.

The Division will issue a Notice of Adverse Benefit Determination that explains the Member's right to file an appeal regarding the placement or service decision within the Planning Document when the Responsible Person disagrees with the Planning Document and/or authorization of placement/services including the amount and/or frequency of a service.

See page 76 for more information on Notice of Adverse Benefit Determination letters.

If the due date for an authorization decision falls on a weekend (Saturday and Sunday) or legal holiday as defined by the State of Arizona, the decision must be made on the day preceding the weekend or holiday.

If we deny your request for a faster decision, you will get a phone call with a follow-up letter in two working days. The letter will tell you that you will receive a decision in 14 calendar days. If you are unhappy with this decision, you may call the DDD Customer Service Center at 1-844-770-9500 option 1.

DDD Decision Criteria

You can get the criteria that the decisions were based on by contacting the DDD Customer Service Center at 1-844-770-9500 option 1.

Freedom of Choice

DDD Health Plans use a provider network to provide services. This provider network is a group of providers who contract with the DDD Health Plan. You are free to choose any provider to provide your services that is in your DDD Health Plan's provider network. This is inclusive of DDD providers and its subcontractors' providers. Those services can be covered by an out of network provider if your DDD Health Plan's network is insufficient to provide medically necessary services for you. The provider will need to obtain prior authorization for services or you will be responsible for the service costs if you choose a provider that is not in your DDD Health Plan's provider network.

Billing

If you get a bill for a service that is covered, contact the agency that sent you the bill. You are not responsible to pay out of pocket costs for covered Medicaid services, including Medicaid copayments. If you continue getting billed, contact the DDD Health Plan's member services. The Division may also help you with these bills.

- Mercy Care - 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan - 1-800-348-4058
- DDD THP - 1-844-770-9500 option 7 TTY/TDD 711

Share of Cost

You may need to pay a Share of Cost. Share of Cost is the amount you pay towards the cost of long term care services. Your Share of Cost is based on the income and benefits you get.

AHCCCS calculates your Share of Cost.

If you live in a nursing facility or institution, do not pay the nursing facility or institution directly for your Share of Cost. You will get a monthly bill from the Department of Economic Security's Office of Accounts Receivable. As a member, you are enrolled in ALTCS and do not pay Medicaid copayments.

Billing for Non-Covered AHCCCS Services

There may be health services your DDD Health Plan will not cover. If you receive services that are not covered or from a provider outside your DDD Health Plan's network, you may be billed for them including:

- Non-Medicaid copayments for eligible individuals.
- Any payment that is made to you by your primary insurance, and you need to pay back to the provider.
- You did not give important information to your doctor or insurance company when you received services.
- You received services from your doctor knowing the service was not covered by the Division.
- You received services from your doctor when they were not approved, or your insurance company denied the prior authorization.
- You receive services from a doctor who is not in the network.
- You receive services when you are not eligible.

Out of pocket costs may be covered for health care if you have other insurance. Check with your DDD Health Plan's member services (listed on pages 24-25 of this handbook) about possible coverage.

Medicare and Other Health Insurance

If you have other insurance let us and your doctors know. If you have other insurance, that insurance will be billed first. Your DDD Health Plan will pay your out of pocket costs to your doctor if it is a covered service within your DDD Health Plan. Do not pay your out of pocket costs yourself. Ask your doctor to bill your DDD Health Plan. Make sure to show the doctor your DDD Health Plan ID card and your other insurance. This will help them to know where to send the bill.

Your DDD Health Plan does not pay for any medications paid by Medicare. It will also not pay for any out of pocket costs for these medications.

If you have questions about how to coordinate benefits between Medicare or your private insurance with your DDD Health Plan, ask your DDD Health Plan's member services.

Medicare/AHCCCS Dual Eligibility

Some individuals may be eligible for both Medicare and AHCCCS. These are called “Qualified Medicare Beneficiary (QMB) Dual-Eligible members.” They are entitled to all covered services under Medicare Parts A and B, as well as AHCCCS.

A dual-eligible member who receives covered services under A.A.C.R9-22 Article 2, or A.A.C. R9-28 Article 2, from an AHCCCS-registered provider does NOT have to pay any Medicare deductibles, coinsurances, or copayments. They are also not liable for any balance of billed charges (A.A.C. R9-29-302).

A member who is NOT dual-eligible who receives covered services under A.A.C. R9-22 Article 2, or A.A.C. R9-28 Article 2, from an in-network provider is NOT liable for:

1. Any applicable Medicare Cost Sharing (including deductible, coinsurance, or copayment) associated with those services, or
2. Any balance of billed charges, unless services have reached the limitations specified within A.A.C. R9-22 Article 2.

When a member who is NOT dual-eligible decides to receive services that are covered by both Medicare and Medicaid from an out-of-network provider, the member is responsible for any Medicare deductible, coinsurance, or copayment amounts. The only times this doesn't apply are if the service is emergent, or if the provider obtained a signed document from the member agreeing to pay for non-emergent services as required in A.A.C. R9-22-702.

Prescription Drugs Not Covered (Medicare Recipients)

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D.

AHCCCS may cover some medications that are Over-the-Counter (OTC), refer to the DDD Health Plan's OTC Drug List for a list of products available:

- UHCCP – <https://www.uhccommunityplan.com/az/medicaid/developmentally-disabled/find-a-provider-or-pharmacy?#collapse-2042059721>
- Mercy Care – <https://www.mercycareaz.org/members/ddd-formembers/pharmacy>
- Tribal Health Program – <https://azahcccs.gov/Resources/GuidesManualsPolicies/pharmacyupdates.html>

Timeframes for Rendering Decisions on Authorizations

Medication requests have to be processed within 24 hours whether they are standard or expedited. Standard service authorization decisions that don't pertain to medication will be made as quickly as the medical condition requires, but no later than 14 calendar days from the date the request for service was received. Expedited (rush) decisions in urgent situations will be made within 72 hours from the date of receipt of the service request.

- Or call your DDD Health Plan's member services to request a printed copy.

Service Authorization and Medication Requests

It may take up to 14 calendar days to approve a non-medication related request.

Your DDD Health Plan or the Division will provide a decision within 24 hours of receiving the request if the service authorization request is for medication. Your DDD Health Plan or Division will request it from the prescriber within 24 hours of receiving the request if more information is required to make a decision. Your DDD Health Plan or the Division will issue a decision no later than 7 days from the initial date of receipt.

There are times when we need more information to make a decision. If more time is needed, we will send you a Notice of Extension requesting an extension of up to 14 calendar days. In addition to us requesting an extension, you may request more time to send in more information. If more information is still needed to make a decision, your request will be denied.

Notice of Adverse Benefit Determination (NOA)

An "Adverse Benefit Determination" means: The denial or limited authorization of a service request, the reduction, suspension, or termination of a previously approved service. An NOA is a written statement that tells you what action we or your DDD Health Plan is planning to take. It provides you with your rights to appeal. You can get the reasons why we made the decision by calling the Division at the numbers below.

If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided or why, then you or your representative can call us. We will look at the letter and, if needed, write a new letter that explains the services and the action. You have the right to contact AHCCCS Medical Management via email at, [MedicalManagement@](mailto:MedicalManagement@azahcccs.gov)

[azahcccs.gov](mailto:MedicalManagement@azahcccs.gov) if you or your representative still do not understand the Notice of Adverse Benefit Determination letter.

Call the DDD Office of Administrative Review at 602-771-8163 or 1-844-770-9500 option 3 to file an appeal or if you need help filing an appeal.

Grievances & Appeals

Grievances

Your Support Coordinator is the best person to help with issues, problems or concerns. If your Support Coordinator is not able to help with your concern, you may want to contact the Supervisor to assist you. There are also others who may assist, including the Area Program Manager and the District Program Manager.

A grievance is a complaint about anything that does not involve appealing a decision. Grievances regarding your physical health care, behavioral health care, or Children's Rehabilitative Services should be filed with your DDD Health Plan by calling the Member Services number on your ID card. Learn more about your DDD Health Plan's grievance process in your DDD Health Plan member handbook.

Grievances related to the Tribal Health Program and all others should be filed with DDD by calling the Division's Customer Service Center at 1-844-770-9500 option 1 or emailing the grievance to DDDCustomerServiceCenter@azdes.gov. Grievances can also be filed in writing by sending the grievance to:

DDD Customer Service Center
1789 W. Jefferson St.
Mail Drop 2HB5
Phoenix, AZ 85007

The Division will acknowledge receipt of the grievance. The Division will also provide notice of the grievance decision within 90 calendar days after receiving the grievance to the person who filed it. Receipt and resolution of grievances will be recorded in DDD's Resolution System.

Notice of Extension

There are times when we need more information to make a decision. If more time is needed, we will send you a letter requesting an extension of up to 14 calendar days. In addition to us requesting an extension, you may request more time to send in more information.

Appeal Process

You may file an appeal if you disagree with an action. You must file an appeal within 60 calendar days after the date of the action. You can do this by calling the DDD Office of Administrative Review at 602-771-8163 or 1-844-770-9500 option 3 and give your appeal. You can also write to:

Arizona Department of Economic Security
Division of Developmental Disabilities
Office of Administrative Review
1789 W. Jefferson St.
Mail Drop 2HE5
Phoenix, AZ 85007

Other people can also file an appeal for you with your written permission. We will not be upset at anyone who files an appeal.

- Physical Health Services (i.e., prescription medications, DME, dental services).
- Behavioral Health Services.
- Seriously Mentally Ill (SMI) Services.
- Nursing Facility (NF) Services.
- Habilitative Physical Therapy for Members 21 Years of Age or Older.
- Emergency Alert System (EAS).
- Augmentative and Alternative Communication (AAC) Devices

You can continue getting services during the appeal process if:

- Your appeal involves an end or reduction of the service you are currently receiving.
- The service you are getting was authorized by the Division.
- The original authorization for the service you are getting has not expired.
- You request that the service continue.
- You file the appeal before the intended date of reduction/termination, or you request the appeal within 10 calendar days of the mailing of the notice, whichever is later.

You will continue to get your services until you withdraw the appeal. You will not continue getting services during the appeal process if:

- You withdraw the appeal.
- You have not requested a hearing within 10 calendar days of the date we sent the appeal decision to you.
- You have not requested that the services continue when you requested the hearing.
- AHCCCS issues a hearing decision against you.
- The time limits of a service authorization have been met.

We will consider your appeal and issue a written decision within 30 calendar days, unless more time is needed. You will be required to pay the cost of services provided during the appeal process if you lose the appeal.

Grievances for Crisis Services

It is important that you seek help right away if you have a mental health emergency. Trained crisis staff are available 24 hours a day, seven days a week, 365 days a year to help over the phone. The Crisis lines are free, confidential, and open to anyone who needs help. See page 18-20 for contact numbers. A trained crisis specialist will answer your call. Contact the contractor that provided the crisis services if you are unhappy with the services you received and if you need to:

- File a grievance or appeal
- Request a hearing

Crisis Service Contractors

- Mercy Care: 1-800-564-5465 or 602-586-1841
- Arizona Complete Health: 1-888-788-4408

Grievances (SMI)

The SMI grievance process applies only to adults with a serious mental illness (SMI) designation and to all behavioral health services received by the member.

You can file a grievance if you feel:

1. Your rights have been violated.
2. You have been abused or mistreated by staff of a provider.
3. You have been subjected to a dangerous, illegal, or inhuman treatment environment.

You must file an SMI grievance within 12 months of the rights violation occurring. Your grievance must be filed with your DDD Health Plan provider, either UnitedHealthcare Community Plan or Mercy Care Plan. Contact your DDD Health Plan's member services department using the number on your ID card to file your grievance.

Your DDD Health Plan will respond in writing within 5 days of receiving the Grievance. Additionally, the Division of Developmental Disabilities will respond in writing to the person who filed the original Grievance and confirm the receipt of the Grievance.

The quality of your care will not suffer if you file a Grievance.

SMI grievances alleging physical or sexual abuse as well as death must be reported directly to AHCCCS by.

- Phone: 602-364-4575
- Fax: 602-364-4591
- Mail: AHCCCS, Attn: Behavioral Health Grievance and Appeals, 801 E Jefferson St., Mail Drop 6100, Phoenix, AZ 85034

SMI Determination Appeal Process (SMI)

Members seeking a serious mental illness (SMI) designation and members who have been determined to have a serious mental illness designation can appeal the result of the determination.

Solari will send a letter by mail to let the member know the final decision on their SMI determination. This letter is called a Notice of Decision. If Solari finds the member is not eligible for SMI services, the letter will tell why. To file an appeal, members can call Solari at 1-855-832-2866 within 60 calendar days from the date on the Notice of Decision letter.

SMI Treatment Appeal Process (SMI)

Persons who have a serious mental illness (SMI) designation can also appeal parts of their treatment plan including:

- A decision regarding fees or waivers.
- The assessment report and recommended services in their PCSP or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds.*
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.
- A decision is made that the member is no longer eligible for SMI services.
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member.

You must call or send a letter to your DDD Health Plan or the Tribal Health Program (THP) to file an appeal related to any behavioral health services.

Mercy Care

Attn: Grievance and Appeals Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
602-586-1719 or 1-866-386-5794
Fax: 602-351-2300

UnitedHealthcare Community Plan

Attn: Appeal Manager
1 E. Washington, Suite 900
Phoenix, AZ 85004
1-800-293-3740

DDD Tribal Health Program

Office of Administrative Review
1789 W Jefferson, Mail Drop 2HE5
Phoenix, AZ 85007
1-844-770-9500 option 3

You will get written notice that your appeal was received within 5 business days of receipt if you file an appeal. You will have an informal conference with the DDD Health Plan or DDD Office of Administrative Review within 7 business days of filing the appeal.

An informal conference will be scheduled. This conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice help you at the conference. You and any other participants will be told the time and location of the conference in writing at least two working days prior. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 business day of receipt. The informal conference will occur within 2 business days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will:

- Get a written notice that describes the reason for the appeal.
- The issues involved.
- The resolution achieved.
- The date that the resolution will be implemented.

The next step is a second informal conference with AHCCCS if there is no resolution during this informal conference. You can waive the second level informal conference. Your DDD Health Plan or the DDD Office of Administrative Review will help you file a request for State Fair Hearing at the end of the first informal conference.

You will be given information that will tell you how to get a State Fair Hearing if there is no resolution during the second informal conference. The AHCCCS Office of the General

Counsel handles requests for State Fair Hearings upon the conclusion of second-level informal conferences.

If you file an appeal, you will continue to get any services you were already getting unless:

- A qualified clinician decides that reduce or terminate services is best for you.
- You agree in writing to reduce or terminate services.

You cannot be charged for service received under SMI funding regardless of the result of the appeal. If you or your representative still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

** Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.*

Requesting a State Fair Hearing

You may request a state fair hearing if you disagree with this decision. AHCCCS will make the final decision about your appeal. You must file a written request for a hearing with the entity that sent you the Notice of Appeal Resolution, the DDD Office of Administrative Review or your DDD Health Plan, within 90 calendar days from receipt of the appeal decision. You may be responsible for payment of the disputed services you received while your appeal was being reviewed if it is decided that the decision was correct.

You have the right to file a request for a hearing with AHCCCS if you do not receive a written appeal decision within 30 calendar days. The written request for a hearing must state the issue that is being appealed.

Expedited Appeals

You may ask for a faster review if:

- Your life or health could be in danger.
- You are not able to meet, keep, or get back to how you are able to do things by waiting 30 calendar days for a decision.

A decision will be made in 72 hours if DDD or your DDD Health Plan agree to make a faster decision. If the request is denied for a faster decision, you will get a phone call with a follow-up letter in two working days. The letter will tell you that you will receive a decision in 30 calendar days.

You may call the DDD Customer Service Center at 1-844-770-9500 option 1 or your DDD Health Plans' customer service department if you are unhappy with this decision.

Submitting a Concern About Quality of Care

Members or their Health Care Decision Maker (HCDM) can submit concerns related to the quality of their care. This can include:

1. The inability to receive health care services,
2. Concerns about the quality of care received,
3. Issues with health care providers,
4. Issues with their health plan, or
5. Timely access to services.

Members or HCDMs with concerns related to home and community based services provided by DDD should submit their concerns to DDD.

- Email: dddquality@azdes.gov
- Phone: 1-844-770-9500 option 2

The Division will assign a Registered Nurse to review the concern. The individual that made a report may be contacted for more details. The DDD staff member will determine any actions that need to be taken to address the concern. The investigation will be completed within 60 days.

Members or HCDMs with concerns related to their physical or behavioral health care services should submit their concerns to:

- Mercy Care: 1-800-624-3879
- United Healthcare Community Plan: 1-800-348-4058
- DDD Tribal Health Program: 1-844-770-9500 option 7

Federal and State Law Compliance

The Division of Developmental Disabilities complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Filing Complaints

Applicants for services and/or program participants have a right to file complaints about DDD, DDD Health Plans or DDD qualified vendors. They also have the right to file an appeal. Complaints or appeals can be about the adequacy of adverse benefit determination letters.

To file an appeal or complaint, contact the Arizona Department of Economic Security (DES), listed below. If DES does not resolve your complaint, you may contact the AHCCCS Clinical Resolution Unit at 602-346-4558 or 1-800-867-5308.

Arizona Department of Economic Security

Director's Office of Equal Opportunity

1789 W. Jefferson St., 4th Floor SE

Phoenix, AZ 85007

602-364-3976 TTY/TDD 711

Member Rights

An individual with a developmental disability in Arizona has all the human and civil rights, benefits and respect that the laws of the United States and the State of Arizona give to everyone, including the:

1. Right to exercise their rights as a citizen;
2. Right to participate in social, religious, educational, cultural, and community activities;
3. Right to own, rent, or lease property;
4. Right to marry and have children;
5. Right to be free from involuntary sterilization;
6. Right to express human sexuality and receive training as appropriate;
7. Right to consume alcoholic beverages if 21 years of age or older unless contraindicated by orders of their primary care provider or the court;

8. Right to the presumption of legal competency in guardianship proceedings;
9. Right to own and have free access to personal property;
10. Right to associate with persons of their own choosing;
11. Right to manage personal financial affairs and to be taught to do so;
12. Right to the least amount of physical help necessary to accomplish a task.

The Division recognizes that all individuals with a developmental disability receiving supports and services from the Division have the right to:

1. Be treated fairly regardless of health status or need for healthcare services, sex, race, ethnicity, culture, national origin, ancestry, religion, political ideas, gender identity or expression, age, health, social origin or condition, creed, behavioral condition (intellectual) or physical disability, sexual orientation, genetic information, marital status, medical condition (including those related to pregnancy and childbirth), pregnancy status, veteran status, military service, disability, color, or ability to pay;
2. Be treated with respect and due consideration for their dignity and privacy by DDD staff and providers;
3. A safe, clean, and humane physical environment;
4. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
5. Be safe from physical, verbal, sexual, psychological, or financial abuse, punishment, neglect, or exploitation;
6. Be free from overcorrection or the application of noxious stimuli as a negative consequence of a behavior;
7. Know who their Support Coordinator is and how to request a new Support Coordinator if wanted;
8. Receive an evaluation to see if DDD services can help them;
9. Participate in the evaluation and be informed of their progress;
10. Receive a written individual person-centered service plan based on their input during the planning meeting;
11. Review their person-centered service plan regularly;
12. Be supported by the organization to collaborate on decisions with their case manager.
13. Be informed of all case management services available, even if a service is not covered, and to discuss options with their case manager.
14. Be provided choices and to express preferences that will be respected and accepted;
15. Be given information in a way they can understand.

16. Get interpreter or translation services at no cost by asking their Support Coordinator.
17. Live in the least restrictive setting;
18. Not be denied equal employment based on their ability to meet qualifications;
19. Receive fair pay for work;
20. Be free from unneeded or too much medication;
21. Be accorded privacy when receiving mail, during visits and telephone conversations;
22. Be accorded privacy during personal care, medical treatments, or personal discussions;
23. Confidentiality of information and medical records.
 - a. Have personally identifiable data and medical information kept confidential.
 - b. Know what entities have access to their information.
 - c. Know procedures used by DDD to ensure their security, privacy and confidentiality.
24. Receive publicly-supported academic services in accordance with Arizona education laws;
25. Withdraw from programs and services unless they were assigned by a juvenile court.
26. File a grievance with the Division.
27. Get help understanding the appeal process including how to appeal when a benefit is denied.
28. Right to access information about the Division, its staff, its contractors, and staff qualifications
29. Refuse interviews related to crimes committed against them;
30. File a paper called a petition to the Superior Court for damages if you believe your rights were violated and other solutions are not found under federal or state laws. This includes if their rights were taken away or ignored.
31. Contact the Independent Oversight Committee.

Individuals eligible for the Arizona Long Term Care System also have the right to:

1. Know about providers who speak languages other than English. They can find this information in the DDD and DDD Health Plan Provider Directories;
2. Receive services in the community at the same level as others not receiving Medicaid home and community based services;
3. Select where services are provided based on individual needs, preferences, and resources;
4. Make life choices, including daily activities, physical environment, with whom they interact, and who provides services and supports;

5. Make decisions about their care. This includes refusing care or getting details about what could happen if they get or do not get care;
6. Get a second opinion from a qualified physical or behavioral health care professional at no cost to them within their health plan network or outside the network if there is no in-network option;
7. Get information about their treatment options and alternatives in a way that they can understand;
8. Develop a contingency plan with their provider agency to decide what they want to do if a caregiver is late or does not show up for each of their assessed services;
9. Access information about the Division, its staff and staff qualifications;
10. Request information about the structure and operation of their health plan including their contract with the Division of Developmental Disabilities (this is for both DES/DDD and its subcontractors);
11. Know how their plan pays providers, controls costs, and uses services. This information includes whether their plan has Physician Incentive Plans (PIP) and a description of the PIP;
12. Know whether stop-loss insurance is required;
13. Request a summary of the member survey results in accordance with PIP regulation;
14. See their health care records at any time and ask for their health care records to be changed or corrected;
15. Request a copy of their health care records at no cost every year. Receive a response to their request to see your medical records within 30 days of making the request;
16. Receive emergency care at any hospital or other setting. Prior approval from their doctor or DDD Health Plan is not needed;
17. Create advance directives that protect their right to refuse health care they do not want, or to request care they do want if they are too ill to make decisions;
18. File a grievance not only with the Division, but also with their health plan, the Arizona Long Term Care System (ALTCS), and Arizona Health Care Cost Containment System (AHCCCS);
19. Get information on beneficiary and plan information;
20. Get information regarding the supports and services available through a provider and about related charges, including any fees for supports and services not covered by a third-party payor.

Additionally, members who live in a state-funded community residential setting, like a group home, have the right to:

1. Be treated with dignity and respect by DDD staff and providers.

2. Impartial access to treatment or accommodations.
3. Live in a safe, clean, and humane physical environment.
4. Make decisions about their care. This includes refusing care or getting details about what could happen if they get or do not get care.
5. Choose their personal care provider.
6. Be informed of their medical condition, any technical procedures which may be performed, the identity of the persons who will perform the procedures, attendant risks of treatment, and the right to refuse treatment.
7. Be free from unnecessary drugs and physical restraints, except as authorized in writing by a physician.
8. A physical examination and prompt medical attention.
9. Refuse to talk with or see someone.
10. Participate in social, religious, educational, cultural, and community activities.
11. Manage personal financial affairs and be taught to do so.
12. Refuse to perform services for the home, but if they do provide services, right to be compensated with fair wages as outlined within state and federal laws.
13. File an incident report.
14. File a grievance not only with the Division, but also with their health plan, the Arizona Long-Term Care System (ALTCS) and Arizona Health Care Cost Containment System (AHCCCS).
15. The least amount of physical help necessary to accomplish a task.
16. Have care for personal needs provided, except in cases of emergency, by a direct care staff of the gender chosen by the responsible person. This choice shall be specified in the person-centered service plan.
17. The additional benefits outlined in the HCBS Rule including:
 - a. Use available resources to select the home in which they live.
 - b. A lease or other legally enforceable agreement for their residential setting.
 - c. Have keys to their home and bedroom doors to support the free entry and exit from their home.
 - d. Have physical access to their home and areas within their home.
 - e. Have choices over whom they live with.
 - f. Freedom to furnish or decorate as they wish.
 - g. Decide how to use outdoor spaces.
 - h. Privacy in their home including written correspondence, telephone communication, and visitations.

- i. Freedom to control their own schedule and activities, including access to food.
- j. Ability to have visitors at any time.
- k. Own and have free access to personal property.

Working with Other State Agencies

There may be times when you need to work with other state agencies and schools, within the limits of applicable regulations in requesting a change to either the Individualized Education Plan (IEP) or Planning Document to help with your care.

There may be times when you need to work with other state agencies and schools such as your local education agency, Vocational Rehabilitation, or the Department of Child Safety. Your Support Coordinator can help coordinate services with these entities. The Division will follow all applicable regulations when coordinating care with these agencies.

Students and families have the right to select the location where the student will receive behavioral health services.

You can visit <https://www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices> for more information. You can also call us when you have questions or need help.

Fraud, Abuse, and Waste (FWA)

Member Fraud

Your health benefits are given to you based on your health and financial status.

Fraud is explained in federal law. Members commit fraud by cheating or lying (on purpose) to a health care program, such as AHCCCS or Medicare, to obtain a service or benefit at the government's expense. There are penalties under the law for committing fraud, such as civil and/or criminal charges.

An example of member fraud is a member sharing an AHCCCS ID card with others. Another example is an AHCCCS member who does not report other insurance.

Member Abuse

Abuse is explained in federal law. Members commit abuse when their actions cause loss of money to health care programs. There are penalties under the law for committing abuse, such as civil and/or criminal charges.

Provider Fraud

Fraud also means when a provider bills wrong. It is important to tell us anything that does not seem right. This includes:

- If you notice a provider billing for services you did not get.
- When a provider asks you to sign a timesheet that is blank or does not have the right dates and times of when you had the service.

Provider Abuse

Provider practices that:

- Result in an unnecessary cost to the AHCCCS program.
- Reimbursement for services that are not medically necessary.
- Fail to meet standards for health care.

Waste

- Overuse or inappropriate use of services.
- Misuse of resources.
- Practices that result in unnecessary costs to the Medicaid Program.

Reporting Fraud, Abuse, and Waste

You can report FWA to DDD by:

- Calling DDD at 1-877-822-5799
- Sending an email to dddfwa@azdes.gov
- Sending a letter to DES/DDD, Attn: Corporate Compliance Unit, 1789 W. Jefferson St., Mail Drop 2HA1, Phoenix, AZ 85007
- Completing the online form at <https://des.az.gov/how-do-i/report-suspected-fraud/developmental-disabilities-fraud-waste-and-abuse>.

You can also report FWA to AHCCCS:

- AHCCCS online reporting form for FWA: <https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
- Call the Office of the Inspector General at 602-417-4193
- Report provider fraud by calling:
 - In Arizona: 602-417-4045
 - Toll Free Outside of Arizona Only: 1-888-487-6686
- Report member fraud by calling:
 - In Arizona: 602-417-4193
 - Toll Free Outside of Arizona Only: 1-888-487-6686
- Submit general questions via email at AHCCCSFraud@azahcccs.gov

Tobacco Cessation

One of the most important ways you can improve your health is to stop smoking. You can get help with quitting. Talk to your doctor. The Arizona Smoker's Helpline (ASHLine) can also help you with quitting. ASHLine can give you information about programs and services.

You can call ASHLine at 1-800-556-6222 (TTY/TDD 711) or visit <https://www.azdhs.gov/ashline/>.

ASHLine Quit Coaching is a free smoking cessation program that helps people quit any kind of tobacco. A Quit Coach helps and encourages you through every stage of quitting. Need Help Now? Call 1-800-556-6222 or go to <https://www.azdhs.gov/ashline/>.

The American Lung Association's, "Freedom from Smoking" program is a proven way to quit smoking, even if you've tried before and went back to smoking. Call 1-800-586-4872 or visit www.freedomfromsmoking.org/. You will be able to share your experiences with others going through the same thing in our online community support group. Get live support from the quit-smoking specialists at the Lung HelpLine at: www.freedomfromsmoking.org/lung-helpline/.

For more information on Tobacco Free Arizona, visit <https://www.azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php> or call 1-800-556-6222.



Community Resources

There are a variety of resources individuals can use to access primary and preventative care if they become ineligible for DDD Health Plan benefits.

AHCCCS - Arizona Health Care Cost Containment System

My AHCCCS online (www.healtharizonaplus.gov) allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:

- View a two-year history of eligibility
- Enrollment information
- Link to their active health plan websites
- Your correct address
- **Contact Information**
 - 801 E. Jefferson St. Phoenix, AZ 85034
 - 602-417-4000
 - 1-855-432-7587 (Health-e-Arizona Plus)
 - In-State toll free: 800-654-8713
 - TTY/TDD 1-800-842-6520
 - azahcccs.gov

AHCCCS Office of Individual and Family Affairs (OIFA)

The AHCCCS Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. Each OIFA team member has lived experience with behavioral health challenges, either from their own experiences of recovery or from directly supporting someone through their recovery.

- **Contact Information**
 - OIFA@azahcccs.gov
 - <https://wwwazahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html>

Alzheimer's Association

Alzheimer's Disease and Dementia: Information on Alzheimer's disease and dementia symptoms, diagnosis, stages, treatment, care and support resources.

- **Contact Information**
 - 1-800-272-3900
 - Alz.org

Area Agency on Aging (AAA)

A nonprofit agency that assists adults aged 60 years and older and for persons with disabilities in need of long-term care in Arizona by identifying their need for services.

- **Contact Information**
 - des.az.gov/services/older-adults/area-agency-on-aging-locations

Arizona Aging and Disability Resource Center (ADRC)

The ADRC was created to help Arizona seniors, people with disabilities, and caregivers and family members locate resources and services that meet their needs.

- **Contact Information**

- 602-542-4446 | 1-888-737-7494 (Arizona Caregiver Coalition)
- TTY/TDD 711
- <https://azdaars.getcare.com/consumer/>

Arizona Suicide Prevention Coalition

The Arizona Suicide Prevention Coalition is a dedicated community-based organization committed to preventing suicide and promoting mental health and well-being throughout Arizona. We provide essential resources and education to support individuals, families, and communities impacted by suicide.

- **Contact Information**

- <https://www.azspsc.org/>
- (480) 784-1500 or 1-866-205-5229

Arizona@Work

ARIZONA@WORK is the statewide workforce development network that helps job seekers throughout the state, by providing services and resources to pursue employment opportunities.

- **Contact Information**

- <https://arizonaatwork.com/>

Arizona Department of Economic Security

DES works with families, community organizations, advocates and state and federal partners to realize our collective vision that every child, adult, and family in the State of Arizona will be safe and economically secure. DES works to promote enhanced safety and well-being for Arizonans by focusing on three primary goals: strengthening individuals and families, increasing self-sufficiency, and developing the capacity of communities.

- **Contact Information**

- Division of Developmental Disabilities: 1-844-770-9500 option 1, ext. 2 (Spanish)
- Nutrition Assistance: 1-855-432-7587
- Adult Protective Services: 1-877-767-2385
- Aging and Adult Services: 602-542-4446
- <https://des.az.gov/>

Arizona Department of Health Services

Arizona Department of Health Services provides information about; cancer; diseases; filing a complaint; genealogy; health screenings; healthy babies; healthy living; licenses and certificates; medical marijuana; mental health; obesity prevention; summer safety; and vital records.

- **Contact Information**

- 150 N. 18th Ave. Phoenix, AZ 85007

- 602-542-1025
- <https://www.azdhs.gov/>
- 24 Hour Pregnancy and Breastfeeding Hotline: 1-800-833-4642

Arizona Department of Health Services – Office of Children and Youth with Special Health Care Needs (CYSHCN)

Children and Youth with Special Health Care Needs (CYSHCN) continues working to improve systems of care; provide information and referrals to families who would like assistance in finding the services available to their child; provide training to families and professionals on best practices related to medical home, cultural competence, and transition to adulthood and family and youth involvement; and support telemedicine to provide services in remote areas of the state.

- **Contact Information**

- 602-542-1860
- CYSHCN@azdhs.gov
- <https://www.azdhs.gov/prevention/womens-childrens-health/cyshcn/index.php>

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn.

- **Contact Information**

- 1789 W. Jefferson St., Phoenix, AZ 85007-3202
- 1-888-592-0140
- Referrals: 602-532-9960
- <https://des.az.gov/azeip>

Arizona Head Start and Early Head Start

Head Start programs promote the school readiness of infants, toddlers, and preschool-aged children from at-risk families. Services are provided in a variety of settings including centers, family childcare, and children's own home.

Head Start programs also engage parents or other key family members in positive relationships, with a focus on family well-being.

- **Contact Information**

- P.O. Box 45483, Phoenix, AZ 85064
- 602-338-0449
- AZHeadStart@azheadstart.org
- www.Azheadstart.org

Arizona Poison and Drug Information Center

Provides immediate life-saving information and medical expertise for medication errors, chemical spills, product misuse, occupational exposures, suicide attempts, pet poisonings and other urgent situations.

- **Contact Information**

- 1-800-222-1222
- <https://azpoison.com/https://azpoison.com/>

Arizona Statewide Independent Living Council

Centers for Independent Living are consumer-controlled, community-based, non-profit corporations that provide programs and services for people with all types of disabilities and their families.

Centers for Independent Living also serve as a strong advocacy voice on a wide range of national, state, and local issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services for people with disabilities to fully participate in an integrated community and search for the possibilities to live as they choose. Many CILs have a wide range of programs and services that they can offer.

- **Contact Information**

- 602-262-2900
- www.azsilc.org

Teen Lifeline

The Mission and Vision of the coalition is to reduce suicidal acts in Arizona, to change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.

- **Contact Information**

- 602-248-TEEN (8336) | 800-248-8336
- Outside Maricopa County: 800-248-TEEN (8336)
- <https://teenlifeline.org/>

Arizona Statewide Crisis Hotline

Access free and confidential 24/7/365 crisis support available via call, text, and chat.

- **Contact Information**

- 1-844-534-HOPE (4673)
- Text: 4HOPE (44673)
- Chat: <https://crisis.solari-inc.org/start-a-chat/>

Arizona Commission for the Deaf and Hard of Hearing

The Arizona Commission for the Deaf and the Hard of Hearing has been committed to improving the quality of life for the Deaf for over 35 years! Services span across all facets such as sharing Deaf-related resources, advocating for one's communication needs, training both private and public service providers, and providing consultation on community needs.

- **Contact Information**

- 100 N 15th Ave #104 Phoenix, AZ 85007
- 602-542-3323
- info@azdhh.az.gov
- <https://www.acdhh.org>

AZLINKS

AzLinks.gov is maintained by the Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS). AzLinks.gov offers assistance and information on aging and disability. Use AzLinks.gov to plan for the future or handle an immediate need for seniors, people with disabilities, caregivers, friends and family members, and professionals assisting others.

- **Contact Information**

- 602-542-4446
- [www.AzLinks.gov https://azdaars.getcare.com/consumer/screeningp1.php](https://azdaars.getcare.com/consumer/screeningp1.php)

The Arc of Arizona

The Arc of Arizona advocates for the rights and full community participation of all people with intellectual and developmental disabilities.

- **Contact Information**

- 602-234-2721
- <https://www.arcarizona.org>

24-Hour Pregnancy and Breastfeeding Hotline

Available through the Arizona Department of Health Services.

- **Contact Information**

- 1-800-833-4642
- <https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#mom-home>

Child and Family Resources

Programs include:

- Child Care Resource & Referral is where parents can call to get a list of childcare centers.
- The Center for Adolescent Parents is where teen mothers can earn their high school diploma or GED while receiving free, on-site childcare.
- **Contact Information**
 - Phoenix: 602-234-3941
 - Tucson: 520-230-7032
 - Sierra Vista: 520-458-7348
 - www.ChildFamilyResources.org/contact-us
 - *Other phone contacts on website under Contact Us.*

Child Care Resource and Referral

Child Care Resource and Referral (CCR&R) provides the bridge between parents, providers, community leaders, and policymakers about anything related to child care in Arizona.

- **Contact Information**

- 1-800-308-9000
- www.azccrr.com

Count the Kicks

Count the Kicks is an evidence-based program that teaches expectant parents about the importance of tracking fetal movements.

- **Contact Information**

- <https://countthekicks.org>
- info@countthekicks.org

Division of Developmental Disabilities CARES Administration

CARES stands for Community, Advocacy, Resolution, Engagement, and Support. The DDD CARES Administration includes Subject Matter Experts (SMEs) that provide education, guidance and assistance on a variety of topics. Some topics include advocacy, affordable housing, and benefits, among others. The CARES Administration has an Office of Individual and Family Affairs (OIFA) within it.

- **Contact Information**

- 1-844-770-9500 option 1
- dddoifa@azdes.gov
- <https://des.az.gov/ddd/cares>

Disability Benefits 101

DB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 provides information to learn about benefits programs and rules around work tips for success for individual situations, provide experts to find answers to your questions, and connect to community resources to help understand your next steps and situation.

- **Contact Information**

- <https://az.db101.org/>

Dump the Drugs AZ

Arizona Department of Health Services. Provides an application How-to-Guide to find box locations to dispose of unused or unwanted prescription drugs. The application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.

- **Contact Information**

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

Easter Seals Blake Foundation

Easterseals Blake Foundation is dedicated to the vision of a Southern Arizona community where all people live healthy, productive, and independent lives by providing disability, mental health and child welfare.

- **Contact Information**

- <https://www.easterseals.com/blakefoundation/>

Family Involvement Center

Family Involvement Center is a not-for-profit, family-directed organization that was founded in 2001. The majority of employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges. Services include parent training, resources, and support.

- **Contact Information**

- Statewide: 1-877-568-8468 toll-free
- Phoenix: 602-412-4095
- Prescott Valley: 928-379-5077
- Flagstaff: 928-440-6180
- www.familyinvolvementcenter.org

Federal Health Insurance Marketplace

Insurance marketplace created by the Affordable Care Act. Individuals who lose coverage through Medicaid or CHIP or who cannot get coverage through their employer can purchase health insurance coverage.

- **Contact Information**

- 1-800-318-2596
- www.healthcare.gov

Health-E-ArizonaPlus

Connecting individuals and families to coverage, benefits and services.

- **Contact Information**

- 1-855-432-7587
- <https://www.healtharizonaplus.gov>

Healthy Families

This program helps mothers have a healthy pregnancy and also helps with child development, nutrition, and safety. Home visitors will go to the pregnant member's home to give her information and help with any concerns that she might have. The program starts while the member is pregnant and can continue through the time that the baby is 5 years old.

- **Contact Information**

- Healthy Families Arizona: <https://www.healthyfamiliesaz.org/>
- Southwest Human Development:
<https://www.swhd.org/programs/health-and-development/healthy-families/>
- Child and Family Resources: <https://www.childfamilyresources.org/healthy-families/>
- Coconino County: <https://coconino.az.gov/239/Healthy-Families>

Low-Income Housing Services

The Housing authority of Maricopa County improves the quality of life of families and strengthens communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County.

- **Contact Information**

- Maricopa Housing Authority
- 8910 N. 78th Ave., Building D Peoria, AZ 85345
- 602-744-4500
- <https://maricopahousing.org/>

Mentally Ill Kids in Distress (MIKID)

Mission and Vision is to reduce suicidal acts in Arizona, to change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.

- **Contact Information**

- Phoenix: 602-253-1240
- Casa Grande: 520-509-6669
- Yuma: 928-344-1983
- Tucson: 520-882-0142
- Nogales: 520-377-2122
- Kingman: 928-753-4354
- Bullhead City: 928-704-9111
- Sierra Vista: 520-895-3615
- www.mikid.org

National Alliance on Mental Illness (NAMI)

The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides education programs to help families get the support and information they need, provide free referrals, and raise public awareness to those in need.

- **Contact Information**

- 5025 E. Washington St., Suite 112 Phoenix, AZ 85034
- 800-950-6264
- Text “Helpline” to 62640
- Chat: nami.org/help
- In crisis: Call or text 988
- www.nami.org

National 988 Suicide and Crisis Lifeline

Offers free 24-hour hotline available to anyone in suicidal crisis or emotional distress.

- **Contact Information**

- Call or Text: 988
- Chat: 988lifeline.org/chat/
- <https://988lifeline.org/>

National Maternal Mental Health Hotline

The National Maternal Mental Health Hotline provides 24/7, free, confidential support before, during, and after pregnancy.

- **Contact Information**

- 1-833-852-6262
- <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

National Substance Use and Disorder Issues Referral and Treatment Hotline

A confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

- **Contact Information**

- Phone: 1-800-662-4357
- TTY: 1-800-487-4889
- <https://www.samhsa.gov/find-help/national-helpline>

Opioid Assistance and Referral Line

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

- **Contact Information**

- 1-888-688-4222
- <https://www.bannerhealth.com/-services/poison-drug-information/-opioid-assistance>

Postpartum Support International (PSI)

Provides access to information, social support, and informed professional care to deal with mental health issues related to childbearing.

PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public.

- **Contact Information**

- 1-800-944-4773
- <https://www.postpartum.net/>

Power Me A2Z

Service provided by the Department of Health Services that provides folic acid education and a vitamin distribution program that promotes healthy living and prevents birth defects in eligible women.

- **Contact Information**

- <https://www.azdhs.gov/powermea2z>

Raising Special Kids

Arizona's family to family health information center, Raising Special Kids, is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. It provides information, training, and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Raising Special Kids promotes opportunities for improving communication between parents, youth with disabilities, educators, and health professionals. All programs and services are provided to families at no cost.

- **Contact Information**

- 5025 E. Washington St., Suite 204, Phoenix, AZ 85034
- 1-800-237-3007
- Phoenix: 602-242-4366
- Tucson: 520-441-4007
- Yuma: 928-444-8803
- <https://raisingspecialkids.org>

Strong Families Arizona

Strong Families AZ is committed to helping families, particularly by providing help for new parents with young children and pregnant people. Strong Families AZ has a number of home visiting programs designed for different needs, including low income families, parents who have children with developmental disabilities, parents interested in learning how to monitor the progress of their child's mental and physical development, and more.

- **Contact Information**

- <https://strongfamiliesaz.com/program/healthy-families-arizona/>

Southwest Human Development

The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby's temperament or behavior during the first year of life. Call the Fussy Baby program. A clinician will work with you to find more ways to soothe, care for, and enjoy your baby. They'll also offer ways to reduce stress while supporting you in your important role as a parent.

- **Contact Information**

- 602-266-5976
- Birth to Five Helpline, Fussy Baby: 877-705-KIDS (5437)
- <https://www.swhd.org/>

Vaccines for Children (VFC)

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to afford vaccines.

- **Contact Information**

- <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#program-overview>

Vocational Rehabilitation

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

- **Contact Information**

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

Women, Infants, and Children (WIC)

The Arizona Women, Infants, and Children Program (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are women who either are pregnant, breastfeeding, or have just had a baby; infants and children who have nutritional needs and families who meet income guidelines.

- **Contact Information**

- 1-800-252-5942
- <https://www.azdhs.gov/prevention/azwic/>

Arizona Food Bank Network

The Arizona Food Bank Network represents regional food banks and pantries around the state and can help you find the nearest emergency food option to you.

- **Contact Information**

- 602-528-3434
- <https://azfoodbanks.org/>

Supplemental Nutrition Assistance Program

Supplemental Nutrition Assistance Program (SNAP) provides eligible households with monthly benefits they can use to purchase nutritious food.

- **Contact Information**

- <https://des.az.gov/na>

Arizona Commodity Senior Food Program (CSFP)

The Commodity Senior Food Program (CSFP) works to improve the health of low-income persons who are at least 60 years of age by supplementing their diets with a monthly package of nutritious food at no cost.

- **Contact Information**

- <https://des.az.gov/senior-food-program>

Arizona Coalition for Military Families

The Arizona Coalition for Military Families is a nationally recognized public/private partnership focused on building Arizona's statewide capacity to care for, serve and support service members, veterans, their families and communities.

- **Contact Information**

- 602-753-8802
- <https://arizonacoalition.org/>

Be Connected

Connecting Arizona service members, veterans, families & helpers to information, support and resources.

- **Contact Information**
 - 1-866-429-8387
 - <https://www.beconnectedaz.org/>

If a member loses their eligibility, they may look to the Federal Insurance Marketplace to access primary and preventive services at low or no cost. Visit <https://www.healthcare.gov> for more information. Locally, the member may also call 211 for further help to find low-cost or no-cost services. Finally, the member may call the Arizona Department of Health Services hotline at 1-800-833-4642 and access a map of its sliding fee schedule clinics at <https://www.azdhs.gov/gis/sliding-fee-schedule/index.php>.

Community Information and Referral

Arizona 2-1-1

Community Information and Referral to help find many community services. Some examples of the community services are:

- Food banks
- Clothes
- Shelters
- Assistance to pay rent and utilities
- Health care
- Pregnancy health
- Support groups
- Counseling
- Help with drug or alcohol problems
- Financial help
- Job training
- Transportation
- Education programs
- Adult day care
- Meals on Wheels
- Respite care
- Home health care
- Transportation

- Homemaker services
- Childcare
- After- school programs
- Family help
- Summer camps
- Play programs
- Counseling
- Help with learning
- **Contact Information**
 - Dial 2-1-1
 - 877-211-8661
 - Arizona Relay, callers: 7-1-1
 - <https://211arizona.org/>

A. T. Still University

- **Contact Information**
 - 5855 E. Still Cir. Mesa, AZ 85206
 - 480.248.8100
 - <https://www.atsu.edu/arizona-school-of-dentistry-and-oral-health/dental-clinics>

Desert Senita Community Health Ctr.

- **Contact Information**
 - 410 Malacate St. Ajo, AZ 85321
 - 520-387-5651
 - desertsenita.org/

El Rio Dental Clinics

- **Contact Information**
 - www.elrio.org
 - **Center of Opportunity**
4550 S. Palo Verde Rd. Tucson, AZ 85714
520-670-3909
 - **Cherrybell**
1230 S. Cherrybell Stravenue Tucson, AZ 85713
520-670-3909
 - **Congress**
839 W. Congress St. Tucson, AZ 85745
520-670-3909
 - **El Pueblo**
101 W Irvington Rd #10 Tucson, AZ 85714
520-670-3909

- **Grant**
3655 E. Grand Road Tucson, AZ 85716
520-670-3909
- **HealthOn University**
434 E. University Blvd.#100 Tucson, AZ 85705
520-309-4250
- **Northwest**
340 W. Prince Rd. Tucson, AZ 85705
520-670-3909
- **Pascua Yaqui**
7490 S. Camino De Oeste Tucson, AZ 85746
520-670-3909
- **Southeast**
6950 E. Golf Links Rd. Tucson, AZ 85730
520-670-3909
- **Southwest**
1500 W. Commerce Ct. Tucson, AZ 85746
520-670-3909

Mountain Park Dental Clinic

- **Contact Information**

- Christown Pediatric Clinic: 5517 N. 17th Ave. Phoenix, AZ 85015
- Baseline 635: 635 E. Baseline Rd. Phoenix, AZ 85042
- Baseline 303: 303 E Baseline Rd. Phoenix, AZ 85042
- Gateway Clinic: 3830 E. Van Buren St. Phoenix, AZ 85008
- Glendale Clinic: 6975 W Glendale Ave. Phoenix, AZ 85303
- Goodyear Clinic: 140 N. Litchfield Rd. #106 Goodyear, AZ 85338
- Maryvale Clinic: 6601 W. Thomas Rd. Phoenix, AZ 85033
- Tempe Clinic: 1840 E. Broadway Rd. Tempe, AZ 85282
- 602-243-7277
- www.MountainParkHealth.org
- *Pediatric openings, limited adult appointments at all offices.*

Native Health Center

- **Contact Information**

- 4041 N. Central Ave., Bldg.C Phoenix, AZ 85012
- 602-279-5262
- www.NativeHealthPhoenix.org

NHW Community Health Center

- **Contact Information**

- 2423 W. Dunlap Ave. Suite 140 Phoenix, Arizona 85021
- 602-279-5262
- www.NativeHealthPhoenix.org

Native Health Mesa

- **Contact Information**

- 777 W. Southern Ave. Mesa, AZ 85210
- 480-550-4048
- www.NativeHealthPhoenix.org

Phoenix College Dental Hygiene Clinic

- **Contact Information**

- 1202 W. Thomas Rd. Phoenix, AZ 85013
- 602-285-7323
- <https://www.phoenixcollege.edu/community/community-services/dental-clinic>

Pima Community College

- **Contact Information**

- Hygiene Clinic - Cleaning, Exam, X-Ray
- 2202 W. Anklam Rd., Science Bldg. K, Room 259 Tucson, AZ 85709
- 520-206-6090
- <https://pima.edu/student-resources/support-services/health-wellness-safety/dental-hygiene-clinic/index.html>
- *Note: may take several visits*

Sun Life Family Health Center – Family Dental

- **Contact Information**

- 865 N. Arizola Rd. Casa Grande, AZ 85122
- 520-381-0381
- www.sunlifefamilyhealth.org

Community Resources – Assistance with Care Directives, Directive Forms, Information, and Related Legal Matters

Arizona Attorney General's Office

- **Contact Information**
 - 2005 N. Central Ave. Phoenix, AZ 85004
 - 602-542-5025
 - Tucson: 520-628-6504
 - Prescott: 928-778-1265
 - www.azag.gov

Department of Economic Security Arizona Aging and Adult Administration

- **Contact Information**
 - 1789 W. Jefferson St., Mail Drop 6216 Phoenix, AZ 85007
 - 602-542-4446
 - <https://des.az.gov/services/older-adults/>

Community Resources – Legal Aids

Apache, Gila and Navajo Counties

White Mountain Legal Aid

A division of Southern Arizona Legal Aid

- **Contact Information**

- 1052 E. Deuce of Clubs, Suite C Show Low, AZ 85901
- 928-537-8383 | 1-800-658-7958
- <https://www.sazlegalaid.org/>

White Mountain Apache Legal Services

- **Contact Information**

- 101 General Crook St Fort Apache, AZ 85926
- 1-928-338-4845 | 1-866-312-2291

Coconino County

DNA People's Legal Services

- **Contact Information**

- 2323 E. Greenlaw Ln., Suite 1 Flagstaff, AZ 86004

Graham/Greenlee Counties

Southern Arizona Legal Aid

- **Contact Information**

- 400 Arizona St. Bisbee, AZ 85603
- 520-432-1639 | 1-800-231-7106

La Paz/Yuma Counties

Community Legal Services

- **Contact Information**

- 204 S. First Ave. Yuma, AZ 85364
928-782-7511 | 800-424-7962
- 845 E. B St. Suite #1 San Luis, AZ 85349
928-627-8023 | 800-356-7115
- www.clsaz.org

Maricopa County

Community Legal Services

- **Contact Information**
 - 305 S. 2nd Ave. Phoenix, AZ 85003
 - 602-258-3434 | 1-800-852-9075
 - www.clsaz.org

Mohave County

Community Legal Services

- **Contact Information**
 - 2701 E. Andy Devine, Suite 400A Kingman, AZ 86401
 - 928-681-1177 | 255-9031

Navajo and Hopi Nations

DNA – Chinle Agency Office

- **Contact Information**
 - Chinle Chapter Complex Chinle, AZ 86503
 - 928-674-5242 | 1-800-789-7598

DNA – Fort Defiance Agency Office

- **Contact Information**
 - North of the ALON gas station, at the junction of Highways 12 & 264 Window Rock, AZ 86515
 - 928-871-4151 | 1-800-789-7287

DNA – Hopi Legal Services

- **Contact Information**
 - Highway 264, behind the Hopi Law Enforcement Complex Keams Canyon, AZ 86034
 - 928-738-2251

DNA – Tuba City Agency Office

- **Contact Information**
 - 220 S. Main St. Tuba City, AZ 86045
 - 928-283-5265 | 1-800-789-8919

DNA - Flagstaff

- **Contact Information**
 - 2323 E. Greenlaw Lane, #1 Flagstaff, AZ 86004
 - 928-774-0653

Native American Disability Law Center Farmington Office

- **Contact Information**
 - 709 N. Butler Ave. Farmington, NM 87410
 - 505-325-8886

Pima County

Southern Arizona Legal Aid (SALA)

- **Contact Information**
 - 2343 E. Broadway Blvd., Suite 200 Tucson, AZ 85719-6007
 - 520-623-9465 | 800-248-6789

Tohono O'odham Legal Services

A division of Southern Arizona Legal Aid

- **Contact Information**
 - 520-623-9465 ext 4122

Pinal County

Southern Arizona Legal Aid

- **Contact Information**
 - 1729 N. Trekell Rd., Suite 101 Casa Grande, AZ 85122
 - 520-316-8076 | 1-877-718-8086

Yavapai County

Community Legal Services

- **Contact Information**
 - 141 S. McCormick St. #200 Prescott, AZ 86303
 - 928-445-9240 | 1-800-233-5114

Advocacy

You may call any of the following agencies for services.

Ability 360

Ability 360 offers and promotes programs designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.

- **Contact Information**

- 602-256-2245 | 1-800-280-2245 | 7-1-1 (Arizona Relay)
- Gilbert/Mesa: 480-655-9750
- Glendale: 602-424-4100
- Pima County: 520-449-8375
- Pinal County: 520-316-4300
- Ability360.org

Disability Rights Arizona

Disability Rights Arizona, formerly known as the Arizona Center for Disability Law, a federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.

- **Contact Information**

- Phoenix Office: 5025 E. Washington St., Suite 202 Phoenix, AZ 85034
602-274-6287 | 1-800-927-2260
- Tucson Office: 4539 E. Ft Lowell Rd, Tucson, AZ 85712
520-327-9547 | 1-800-922-1447
- <https://disabilityrightsaz.org/>

Division of Aging and Adult Services Long Term Care Ombudsman

The primary purpose of the Long- Term Care Ombudsman Program is to identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities, including:

- Educating residents, families, facility staff, and the community about long- term care issues and services
- Promoting and advocating for residents' rights
- Assisting residents in obtaining needed services
- Working with and supporting family and resident councils
- Empowering residents and families to advocate for themselves.

- **Contact Information**

- 602-542-6454 ext. 9
- <https://des.az.gov/LTCOP>

Behavioral Health Advocates and Advocacy Systems

You may call any of the following agencies for services.

Arizona Behavioral Health Corporation

Provides quality, affordable housing and supportive services for persons with behavioral health needs.

- **Contact Information**

- 501 E. Thomas Rd. Phoenix, AZ 85012
- 602-712-9200
- <https://azabc.org>/<https://azabc.org/>

Arizona Coalition Against Sexual and Domestic Violence

Providers of direct services to victims and survivors of sexual and domestic violence. They work to increase public awareness about the issue of domestic violence, enhance the safety of and services for sexual and domestic violence victims and survivors, and end sexual and domestic violence in Arizona communities.

- **Contact Information**

- 2700 N. Central Ave., Suite 1100 Phoenix, AZ 85004
602-279-2900 | 1-800-782-6400
- Arizona Relay Service 7-1-1
- www.acesdv.org

AHCCCS Office of Individual and Family Affairs (OIFA)

The AHCCCS Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. Each OIFA team member has lived experience with behavioral health challenges, either from their own experiences of recovery or from directly supporting someone through their recovery.

- **Contact Information**

- OIFA@azahcccs.gov
- <https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html>

Disability Rights Arizona

Disability Rights Arizona, formerly known as the Arizona Center for Disability Law, is a federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.

- **Contact Information**

- Phoenix Office: 5025 E. Washington St., Suite 202 Phoenix, AZ 85034

602-274-6287 | 800-927-2260

- Tucson Office: 4539 E. Ft Lowell Rd, Tucson, AZ 85712
520-327-9547 | 800-922-1447
- <https://disabilityrightsaz.org/>

Division of Developmental Disabilities CARES Administration Office of Individual and Family Affairs

CARES stands for Community, Advocacy, Resolution, Engagement, and Support. The DDD CARES Administration includes Subject Matter Experts (SMEs) that provide education, guidance and assistance on a variety of topics.

- **Contact Information**

- 1-844-770-9500 option 1
- dddoifa@azdes.gov
- <https://des.az.gov/ddd/cares>

Mental Health America of Arizona

Mental Health America of Arizona (MHA AZ) educates the community and advocates for all the individuals and families impacted by mental illness.

- **Contact Information**

- 5110 N. 40th St., Suite 107 Phoenix, AZ 85018
- 602-576-4828
- www.mhaarizona.org

National 988 Suicide and Crisis Lifeline

Offers free 24 hour hotline available to anyone in suicidal crisis or emotional distress.

- **Contact Information**

- Call or Text: 988
- Chat: 988lifeline.org/chat
- <https://988lifeline.org/>

National Alliance on Mental Illness (NAMI)

The National Alliance on Mental Illness is dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides education programs to help families get the support and information they need, provide free referrals, information and support, and raise public awareness to those in need.

- **Contact Information**

- 5025 E. Washington St., Suite 112 Phoenix, AZ 85034
- 800-950-6264
- Text "Helpline" to 62640
- Chat: nami.org/help
- In crisis: Call or text 988
- www.nami.org

Office of Human Rights

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

- **Contact Information**

- Phoenix: 602-364-4585
- Toll Free: 1-800-421-2124
- <https://www.azahcccs.gov/OHR>

Office of the Public Advocate – Maricopa County

This office protects the fundamental rights of juveniles, parents and adults facing court evaluation and court ordered mental health treatment by providing effective legal representation.

- **Contact Information**

- 106 E. Baseline Rd. Mesa, AZ 85210
- 602-372-2815 | 602-372-9560
- www.maricopa.gov/568/Public-Advocate

Special Assistance

Members who have a Serious Mental Illness (SMI) designation may meet the criteria for Special Assistance. Special Assistance is support provided to an individual who is unable, due to a cognitive or intellectual impairment or medical condition, to:

- Communicate his/her preferences
- Participate effectively in the development of his/her service plan, discharge plan, appeal process, or grievance process.

Special Assistance criteria are assessed by mental health providers. These providers identify and notify the AHCCCS Office of Human Rights (OHR) about members who meet the criteria for Special Assistance. OHR reviews all notifications and decides who will meet the member's Special Assistance needs. OHR can help you understand, protect, and exercise your rights. They can also facilitate self-advocacy through education and help obtain access to behavioral health services.

- **Contact Information**

- Phoenix: 602-364-4585
- Toll Free: 1-800-421-2124
- <https://www.azahcccs.gov/OHR>

Valleywise Health

Valleywise Health is the Phoenix area's only public teaching health system. We are governed by a publicly elected Board of Directors focused on exceptional care for all who turn to Valleywise Health. Valleywise has three locations in Maricopa County focused on behavioral health.

- **Contact Information**

- 602-344-5011

- For appointments: 833-855-9973
- www.valleywisehealth.org

ALTCS Advocacy

You may call any of the following agencies for services.

Ability 360

Ability 360 offers and promotes programs designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.

- **Contact Information**

- 5025 E. Washington St., Suite 200 Phoenix, AZ 85034
- Gilbert/Mesa: 480-655-9750
- Glendale: 602-424-4100
- Pima County: 520-449-8375
- Pinal County: 520-316-4300
- <https://Ability360.org/advocacy>

Disability Rights Arizona

Disability Rights Arizona, formerly known as the Arizona Center for Disability Law, is a federally designated Protection and Advocacy System for the State of Arizona with unique authorities and responsibilities, including the power to investigate reports of abuse and neglect and violations of the rights of persons with disabilities. Authorized to pursue appropriate legal and administrative remedies on behalf of persons with disabilities to insure their constitutional and statutory rights.

- **Contact Information**

- Phoenix Office:
5025 E. Washington St., Suite 202
Phoenix, AZ 85034
602-274-6287 | 800-927-2260
- Tucson Office:
4539 E. Ft Lowell Rd,
Tucson, AZ 85712
520-327-9547 | 800-922-1447
- <https://disabilityrightsaz.org/>

Disability Benefits 101

DB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 will help make informed choices and show how to make work part of your plan. DB101 provides information to learn about benefits program and rules around work, calculators to get results tailored to plan and set goals or work, tips for success for individual situations, provide experts to find answers to your questions, and connect to community resources to help understand your next steps and situation.

- **Contact Information**

- <https://az.db101.org/>

Division of Aging and Adult Services Long Term Care Ombudsman

The primary purpose of the Long-Term Care Ombudsman Program is to identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities, including:

- Educating residents, families, facility staff and the community about long-term care issues and services
- Promoting and advocating for residents' rights
- Assisting residents in obtaining needed services
- Working with and supporting family and resident councils
- Empowering residents and families to advocate for themselves.

- **Contact Information**

- 602-542-6454 ext. 9
- <https://des.az.gov/LTCOP>

Independent Living Research Utilization

The Independent Living Research Utilization (ILRU) program is a national center for information, training, research, and technical assistance in independent living. Its goal is to expand the body of knowledge in independent living and to improve utilization of results of research programs and demonstration projects in this field.

- **Contact Information**

- <https://www.ilru.org/>

Legal Aid Maricopa County

Community Legal Services

(Additional Legal Aid assistance for other counties, please see pages 107-109)

- **Contact Information**

- 305 S. 2nd Ave. Phoenix, AZ 85003
- 602-258-3434
- 1-800-852-9075
- <http://www.clsaz.org/>

Arizona Department of Housing

The Arizona Department of Housing funds quality, affordable housing to benefit all Arizonans. It also ensures safe manufactured buildings throughout the state.

- **Contact Information**

- 1110 W. Washington #280, Phoenix, AZ 85007
- 602-771-1000
- <https://housing.az.gov/>

Low Income Housing Services

The Housing authority of Maricopa County improves the quality of life of families and strengthens communities by developing and sustaining affordable housing programs; and to become a leading housing authority by exemplifying best practices, offering innovative affordable housing programs, and expanding accessibility throughout Maricopa County.

- **Contact Information**

- 8910 N. 78th Ave., Peoria, AZ 85345
- 602-744-4500
- TDD: 602-744-4540
- <https://maricopahousing.org/>

Managed Care Definitions

Appeal: To ask for review of a decision that denies or limits a service.

Copayment: Money a member is asked to pay for a covered health service, when the service is given.

Durable Medical Equipment: Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

Emergency Medical Condition: An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part.

Emergency Medical Transportation: See *Emergency Ambulance Services*.

Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

Emergency Room Care: Care you get in an emergency room.

Emergency Services: Services to treat an emergency condition.

Excluded Services: See *Excluded*.

Excluded: Services that AHCCCS does not cover. Examples are services that are:

- Above a limit,
- Experimental, or
- Not medically needed.

Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Habilitation Services and Devices: See *Habilitation*.

Habilitation: Services that help a person get and keep skills and functioning for daily living.

Health Insurance: Coverage of costs for health care services.

Home Health Care: See *Home Health Services*.

Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

Hospice Services: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

Hospitalization: Being admitted to or staying in a hospital.

Medically Necessary: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-Participating Provider: See *Out of Network Provider*.

Out of Network Provider: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

Participating Provider: See *In-Network Provider*.

In-Network Provider: A health care provider that has a contract with your DDD Health Plan.

Physician Services: Health care services given by a licensed physician.

Plan: See *Service Plan*.

Service Plan: A written description of covered health services and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

Preauthorization: See *Prior Authorization*.

Prior Authorization: Approval from a Health Plan that may be required before you get a service. This is not a promise that the Health Plan will cover the cost of the service.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prescription Drug Coverage: Prescription drugs and medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional and given by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed or
- Certified nurse practitioner.

Provider: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

Rehabilitation Services and Devices: See *Rehabilitation*.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A doctor who practices a specific area of medicine or focuses on a group of patients.

Urgent Care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Maternity Care Service Definitions

Certified Nurse Midwife (CNM) is an individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

Free Standing Birthing Centers are out-of-hospital, outpatient obstetrical facilities, licensed by the ADHS and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

High-risk pregnancy refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed Midwife is an individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care pursuant to A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

Maternity care includes medically necessary pre-conception counseling, education, identification of pregnancy, prenatal care, treatment of pregnancy related conditions, labor/delivery services, and postpartum care.

Maternity care coordination consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

Maternity care provider is a provider trained to provide maternity care and includes any of the following:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
2. Physician Assistants.
3. Nurse Practitioners.

4. Certified Nurse Midwives,
5. Licensed Midwives

Practitioner refers to certified nurse practitioners in midwifery, physician's assistants, and other nurse practitioners. Physician's assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

Postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends for individuals determined eligible for 60-day postpartum. For individuals determined eligible for 12-month postpartum coverage, it is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may utilize different criteria for postpartum period.

Postpartum care is health care provided in the postpartum period to assess and treat the member's physical, psychological, and social well-being after pregnancy, regardless of how a pregnancy ends. Services include but are not limited to, addressing chronic medical conditions (e.g., hypertension, diabetes, mood disorders), family planning, and a plan to transition to parenthood and well-woman or preventive care. Postpartum care visits are an ongoing process that should align with recommendations from the American College of Obstetricians and Gynecologists (ACOG).

Preconception counseling is the provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

Prenatal care is the health care provided during pregnancy and is composed of three major components:

1. Early and continuous risk assessment
2. Health education and promotion, and
3. Medical monitoring, intervention, and follow-up.



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DEPARTMENT OF
ECONOMIC SECURITY
Division of Developmental Disabilities

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/ TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local