



Banner
University Family Care

2023 Member Handbook

Cochise | Gila | Graham | Greenlee | La Paz
Maricopa | Pima | Pinal | Santa Cruz | Yuma

Arizona Long Term Care



Covered services are funded under contract with AHCCCS.

Updated: September 12, 2022

MK_BUFC-ALTCSMRHBK_5003.V23



Banner University Family Care

Dear Member,

Thank you for being part of the Banner – University Family Care/ALTCS (B – ALTCS) family. At B – UFC/ALTCS, we take pride in serving our members.

We know that health insurance can be confusing and overwhelming at times. We want to help simplify it for you and provide you with all the resources you need to access high quality healthcare. This packet includes all the details you need to access your benefits and the resources that are available to you. Look over them carefully and keep them close, you may need them in the future.

We are here to help. If you have any questions, call our Customer Care Center at (833) 318-4146, TTY 711. We are available to take your calls Monday through Friday, 7:30 a.m. to 5:00 p.m. or visit us online at www.BannerUFC.com/ALTCS.

Best wishes in your healthcare journey.

Jim

James Stringham
Vice President and CEO

Making health care easier, so life can be better.

Banner – University Family Care/ALTCS 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.

Contact Us

Address: 2701 E. Elvira Road, Tucson, Arizona 85756

Customer Care Center: (833) 318-4146

If you are deaf or have difficulty hearing, call: TTY 711

Emergency Services: Dial 911

Suicide and Crisis: Dial or Text 988

Website: www.BannerUFC.com/ALTCS

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Download Banner's PYX Health App!
www.hipyx.com

My Case Manager:

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IMPORTANT PHONE NUMBERS

B – UFC/ALTCS Customer Care Center

Toll-Free..... (833) 318-4146

TTY.....711

This toll-free number can be used to call all teams at B – UFC/ALTCS. Available Monday through Friday, 7:30 a.m. to 5 p.m. (*except holidays*). An answering service is available after hours.

The Customer Care Center has English and Spanish speakers. They are here to help you get the medical care you need. If you speak another language other than English or Spanish, call our Customer Care Center. We will get an interpreter to help.

The Customer Care Center has representatives available to answer questions about your coverage, benefits, provider networks, and complaints.

SOME OF THE WAYS WE CAN HELP YOU:

Case Management: Helps all members coordinate their care. They can help you get the services or products you need.

Medical Management: Can help you when your Case Manager is not available. You can get help with referrals or finding a doctor that can do the services you need.

Grievance and Appeals: Will review your complaints or concerns you have about your care, providers, or services.

Customer Care Center can help you:

- Answer questions about your covered services, benefits and copays
- Understand B – UFC/ALTCS
- File a complaint or problem
- Inform you of your rights as a member
- Change your phone number and address with AHCCCS
- Provide information about programs available to you
- Provide information about doctors, nurse practitioners, and physician assistants. This information includes provider spoken languages.
- Provide you with dentist or specialist information
- Provide a copy of the provider directory. Provider directories contain locations, phone numbers, and languages
- Show you how to access a provider and pharmacy directory online
- Choose or change your Primary Care Provider or Dental Home
- Make, change or cancel your medical appointments
- Schedule a ride to your doctor or medical appointments
- Schedule a Sign Language Interpreter for your medical appointments if you cannot communicate with your provider. This service is provided at no cost to you.



IMPORTANT PHONE NUMBERS



Nurse On Call

Open 24 hours a day, seven days a week. This service is at no cost to you. Nurses will answer your immediate health care questions, help you find the type of care you need, and much more. Save the Nurse Line in your phone for immediate access to a nurse.

**Please Note: This service is not intended to replace the services offered by your health care provider. This service is to support the care you get from your PCP.*

Toll-Free (888) 747-7990

AHCCCS Administration

Arizona Health Care Cost Containment System (AHCCCS) provides health care for people with low-income, and behavioral health programs in Arizona.

Toll-Free (800) 654-8713

Health-e-Arizona Plus

Provides online enrollment applications for AHCCCS, KidsCare, Children's Rehabilitative Services (CRS), Nutrition Assistance, and Temporary Assistance for Needy Families (TANF).

Toll-Free (855) 432-7587

AzEIP

Statewide system of services and supports for families of children, from birth to three years of age with disabilities or delays.

Toll-Free (888) 592-0140

MotherToBaby Arizona

Provides up-to-date resources and evidence-based information about exposures to poison and drugs during pregnancy and lactation.

Toll-Free (888) 285-3410

Spanish Line (866) 626-6847

ASHline (Arizona Smokers Helpline)

Provides confidential telephone-based coaching and information services at no cost for people who want to quit using tobacco products.

Toll-Free (800) 556-6222

Head Start Program

A federally funded program for pre-school children from low-income families.

Toll-Free (866) 763-6481

Pregnancy & Breastfeeding Hotline

A hotline to answer questions about breastfeeding. This is given by the Arizona Department of Health Services.

Toll-Free (800) 833-4642

IMPORTANT PHONE NUMBERS

Social Security

Determines eligibility for certain benefits like, Medicare, retirement, and disability programs.

Toll-Free (800) 772-1213

Women, Infants, and Children (WIC) Program

Provides nutritious supplemental foods, nutrition education, breastfeeding support, and referral to health and social services for pregnant women, postpartum women, infants, and children from 0 to 5 years of age.

Toll-Free (800) 252-5942

Adult Protective Services

Receives and reviews reported incidents of abuse, neglect, mistreatment of vulnerable or incapacitated adults.

Toll-Free (877) SOS-ADULT, (877) 767-2385

Child Protective Services

Receives reports of abuse, neglect, and abandonment of children.

Toll-Free (888) SOS-CHILD, (888) 767-2445

National Suicide Prevention Lifeline

Connects callers to the nearest crisis call center in the network. A hotline worker will listen to and assess problems. Call or text the new national 3-digit phone number for mental health crisis.

Toll-Free 988

Toll-Free (800) 273-TALK, (800) 273-8255

Poison Control Center

Provides help for poison emergencies, at no charge.

Toll-Free (800) 222-1222

Sexual Assault Crisis Hotline

Provides confidential and anonymous hotline for survivors of sexual assault at no charge.

Local (480) 736-4949

Toll-Free (866) 205-5229

AHCCCS CRS Enrollment Unit

Applications are available at www.azahcccs.gov.

Toll-Free (855) 333-7828

HEALTH PLAN INFORMATION

What Is a Case Manager?

Case Management is a benefit offered at no cost to you. Our goal is to help you be healthy. A Case Manager is assigned to each Arizona Long Term Care System (ALTCS) member. The Long-Term Care (LTC) Case Manager will help you and/or a family member get the services you need. They will work with you and your PCP to get any services you need to keep you healthy and to coordinate your care. Your Case Manager must authorize all services provided through ALTCS. Your Case Manager will provide you with contact information in case you need information in between visits. For more information, please call and ask about Case Management at **(833) 318-4146**.

B – UFC/ALTCS will assign a Case Manager to you. Your Case Manager will talk to you about your personal and special needs. Your Case Manager will also get permission from you or your family members to know who else to talk about your needs.

Your Case Manager can help you with any of the items listed below:

- Initial Person-Centered Service Plan (PCSP) assessment and follow up visits
- Create your individual service plan
- Choose and change your PCP
- Make PCP appointments and coordinate care
- Help you understand the Member Handbook
- Help with your Durable Medical Equipment (DME) needs
- Schedule interpreter services
- Find community resources
- Access substance use and opioid use disorder information
- Obtain referrals and authorizations
- Understand the difference between your PCP, urgent care, and emergency care
- Assist with cancelling, or changing your appointments
- Transportation needs

Call your Case Manager when:

- » You are admitted to the hospital, had an ER visit, or a change in your health care needs
- » You are not safe in your home setting
- » You are out of medication and do not have any refills
- » You are unhappy with your PCP
- » You need to speak with your Case Manager before their next scheduled visit

HEALTH PLAN INFORMATION

Nurse On Call

**ARE MY SYMPTOMS SERIOUS?
SHOULD I WAIT TO SEE MY DOCTOR OR GET CARE NOW?
WHICH LOCATION IS CLOSEST TO ME?**

Health care advice 24 hours a day, seven days a week at no cost to you. The nurses can help with your immediate health care questions and much more. This is a service just for members of B – UFC/ALTCS to support the care you get from your PCP.

Helping you get the right kind of care. B – UFC/ALTCS **Nurse On Call** nurses can give you advice for care at home or help you decide if you should seek urgent or emergency care. The nurse can also help you find nearby locations that offer the level of care you need. Your B – UFC/ALTCS **Nurse On Call** nurse will check-in with you. Your PCP will be kept up-to-date on your condition and care recommendations.

Call us when you are sick, injured, or need care advice:
Nurse On Call **(888) 747-7990**. We want to help!



After Hours Care

SHOULD YOU GO TO THE EMERGENCY ROOM OR URGENT CARE?

You may need care after hours. You can call our Customer Care Center and we will help you find an urgent care location in your area. An answering service is available after hours.

PLEASE USE THE FOLLOWING GUIDE:

Examples of Urgent Care Symptoms

- Vomiting for more than 6 hours (*if young child, call PCP*)
- Diarrhea for more than 6 hours (*if young child, call PCP*)
- Sprains
- Minor burns and rashes
- A minor allergic reaction
- Flu, sore throat with a fever, earaches

Examples of Emergency Room Symptoms

- Extreme shortness of breath
- Fainting
- Poisoning
- Chest pains
- Uncontrolled bleeding
- Seizures



HEALTH PLAN INFORMATION



Behavioral Health Emergencies

A behavioral health emergency is any situation in which a person's behaviors become an immediate danger to self or to others. In such situation where safety is the primary concern, it may be necessary to contact 911 directly for emergency services.

A behavioral health crisis is any situation in which a person's behavior may put them at risk of hurting themselves or others. A behavioral health crisis can also include any situations where a person's thoughts, moods or behaviors prevents the person from taking adequate self-care or seriously hinders the person's ability to cope with situation or function effectively in the community.

In such situations, behavioral health crisis assistance can be accessed by calling the statewide crisis line to be connected live with a trained crisis specialist. Crisis lines are available to all Arizonan's, not just those on AHCCCS, 24 hours a day, 7 days a week, 365 days a year. The crisis line has mobile crisis intervention teams available 24/7 who can physically come to where the individual is located for further assistance. Depending on the level of the crisis need, 23-hour crisis observation and stabilization centers are available to the individual to provide further assistance. If the crisis is related to drug or alcohol use, the crisis line can assist with connecting the individual to various detox or MAT providers available in the community.

For behavioral health emergencies call 911.

For behavioral health crisis assistance in Arizona, call:

The statewide crisis line at (844) 534-HOPE (4673).

The Central Arizona Crisis Line for Maricopa County at (602) 222-9444 or (800) 631-1314 (toll-free).

The Southern Arizona Crisis Line for Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma Counties or the San Carlos Apache Reservation at (866) 495-6735.

National Suicide Prevention Lifeline at (800) 273-8255.

Call or text the new national 3-digit phone number for mental health crises at 988.

National Substance Use Disorder Issues Referral and Treatment Hotline at (800) 662-4357.

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

HEALTH PLAN INFORMATION

B – UFC/ALTCS can make referrals and help you get behavioral health services. A referral is not needed to access behavioral health services. You are assigned to a provider based on where you live.

For non-emergency behavioral health services, you may also call any of the following people or organizations to find out where to go or who to call for help with your situation:

- Call Customer Care Center during business hours and ask for help with a behavioral health referral or to speak with a Behavioral Health Care Manager.
- Call your PCP's office and ask for a behavioral health referral.

ACCESSING BEHAVIORAL HEALTH/SUBSTANCE USE SERVICES

Behavioral Health and Substance Use Services covered by B – UFC/ALTCS can be accessed by talking to your PCP about your behavioral health. You may also contact your ALTCS case manager or call our Customer Care Center to get help with scheduling a behavioral health appointment. A referral is not required to get behavioral health services. You may contact any behavioral health provider directly to schedule an appointment.

Services such as Medication Assisted Treatment (MAT) and Peer Support are available to members recovering from Substance Use and Opioid addiction. Peer Support is provided by a person who has lived experience with Substance use and behavioral health who can walk with you on the path of recovery. MAT is a comprehensive service to address Opioid use through a replacement medication and behavioral health supports.

Call our Customer Care Center if you need help getting substance use and opioid use information.

- Substance use hotlines: Arizona Opioid Assistance and Referral (OAR) (888) 688-4222. This line can help you answer questions about use, overdose, and withdrawal.
- National Substance Use Disorder Issues Referral and Treatment Hotline (800) 662-4357.



Warm Lines

A Warm Line is a confidential, non-emergency phone line for people who need to talk to someone. Their trained peer and family support teams can provide support in times of confusion and loneliness. They can also assist with assessing the situation and help connect a person to behavioral health services if needed.

WARM LINES

In Gila and Maricopa Counties, call (602) 347-1100

In Pima County, call (520) 770-9909

In Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz,
Yuma Counties call (844) 733 9912

If you are an American Indian Community Member, you may
also call the Tribal Warm Line at (855) 728-8630.





Cultural Competency

Did you know that B – UFC/ALTCS has a Cultural Competency Program? We value the culture of the members and communities we serve. We understand that there are many different lifestyles and ethnic backgrounds. We know that your health is affected by your beliefs, culture, and values.

It is important to us that you maintain good health and good relationships with your healthcare providers. If you feel that there is an issue, please let us know. We will help you find a provider who will better understand your personal and cultural needs.

INTERPRETIVE SERVICES

B – UFC/ALTCS offers language interpretive services for members at no cost. If you cannot speak to your provider because of a language barrier, call our Customer Care Center. We can schedule a telephone interpreter to help with your appointment.

PRINTED MATERIALS IN ALTERNATIVE FORMATS AND INTERPRETIVE SERVICES

If you need any of our documents in another language, please call our Customer Care Center. Let us know if you feel like you need the help of auxiliary aids and services. Auxiliary aids can include screen readers, audio recordings and materials in Braille or larger print. Aids can provide help with better communication. Auxiliary aids and services can be provided to you at no cost. The availability of printed materials in alternative formats can be sent to you at no cost. If you need a provider or pharmacy directory, call our Customer Care Center and we will mail a directory at no cost.



HEALTH PLAN INFORMATION



Call our Customer Care Center and let us know about your heritage, culture, and health practices. We can help you find providers who understand your values. We can also give you information about health concerns you may have. We want you to be comfortable with the people and services that make up B – UFC/ALTCS. We will also try to find you a PCP in your area that speaks the same language, if available.

As a B – UFC/ALTCS member, you can ask for a Provider Directory. A provider directory is a separate book that has information about our contracted providers, including:

- Names of providers in your area and contact information
- If provider has different languages available in their office
- If they have a skilled medical interpreter
- If they have special skills for members that have special needs
- If they have special physical accommodations in their office

The provider directory is available on our website. Call Customer Care if you need a provider directory. One can be mailed to you at no cost.

If you have complex medical needs and need help finding a provider, contact your Case Manager or our Customer Care Center at (833) 318-4146 . They can help guide you through the provider network.

There may be some providers you would like to see that are not in our network. You will need approval from B – UFC/ALTCS to be treated by a non-participating provider. This is called a prior authorization. Providers will need to submit information to B – UFC/ALTCS to review this request. Once a decision is made you will receive a letter in the mail. Contact our Customer Care Center for more information.

B – UFC/ALTCS has a network of in-network providers. There may be some providers you would like or need to see that are out-of-network. You will need prior approval from B – UFC/ALTCS to see an out-of-network provider. This is called a prior authorization. Your claim may be denied if you do not receive prior approval. You may be responsible for the cost of care received.

The provider will need to submit a prior approval request to B – UFC/ALTCS for review. Once a decision is made, you will receive a letter in the mail. If the request is approved, you can see the out-of-network provider. Our Customer Care Center can help you find an in-network provider.



HEALTH PLAN INFORMATION



한국어 **(Korean)** | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (833) 318-4146, TTY 711 번으로 전화해 주십시오.

Français (French) | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (833) 318-4146, ATS 711.

Deutsch (German) | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (833) 318-4146, TTY 711.

Русский (Russian) | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (833) 318-4146, телетайп: 711.

日本語 **(Japanese)** | 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。(833) 318-4146, TTY 711 まで、お電話にてご連絡ください。

یسراف نابز هب رگا: هجوت **(Farsi)** | یسراف نابز تال ی هست، دینک یم وگتفگ اب. دشاب یم مهارف امش یارب ناگیار دیریگب سامت (833) 318-4146, TTY 711

HEALTH PLAN INFORMATION

ܐܪܡܝܐ. **(Assyrian)** | ܐܪܡܝܐ: ܢܐ ܢܚܝܬܐ ܗܝܬܐ
ܡܚܝܬܐ ܕܝܐܢ ܢܚܝܬܐ, ܡܚܝܬܐ ܡܚܝܬܐ
ܡܚܝܬܐ ܡܚܝܬܐ ܕܝܐܢ ܢܚܝܬܐ. ܡܚܝܬܐ ܕܝܐܢ
ܡܚܝܬܐ (833) 318-4146, TTY 711.

Srpsko-hrvatski (Serbo-Croatian) |

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (833) 318-4146, TTY- Telefon za osobe sa oštećenim govorom ili sluhom 711.

ภาษาไทย **(Thai)** | เรียน: ถ้าคุณพูดภาษาไทยคุณ
สามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (833)
318-4146, TTY 711.



HEALTH PLAN INFORMATION



If you don't have a B – UFC/ ALTCS Member ID card or if you lose your card, call our Customer Care Center at (833) 318-4146 to get a new one.

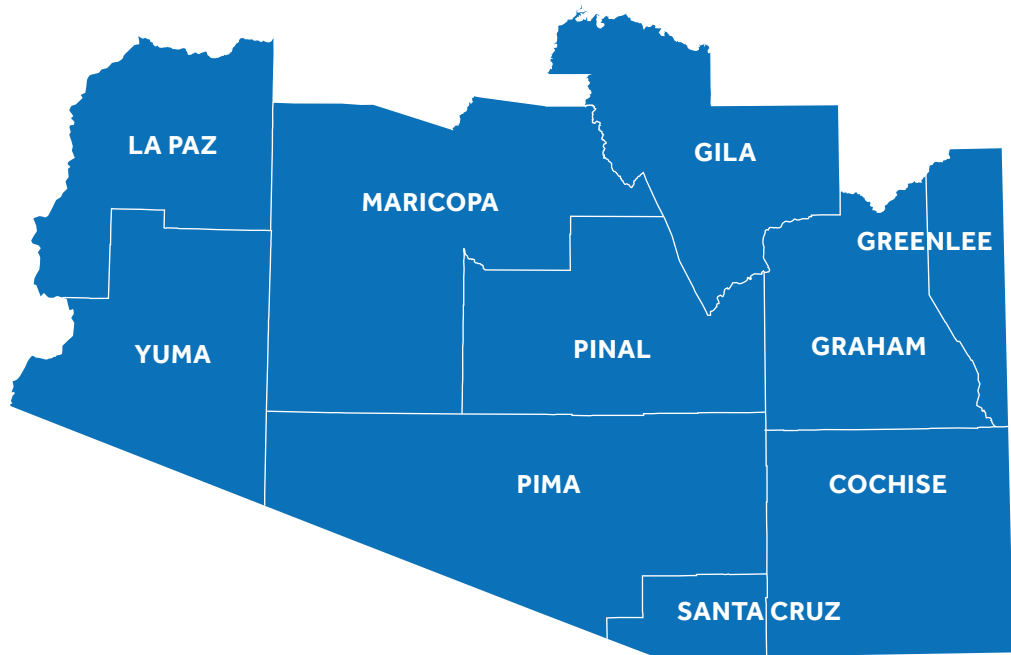


Please be sure to keep your information up to date. If you need to update your information you can contact Customer Care for assistance.

Service Area



Banner
University Family Care



Managed Care

B – UFC/ALTCS is a Managed Care Plan. A Managed Care Plan is a health plan that provides care to its members through a selected group of doctors, hospitals, and pharmacies.

You and your doctor play an important role in your managed care plan. Your doctor helps decide what care you need. It is important you see your doctor and talk about your health. Please refer to page 57 for a more complete description of your PCP's role.

Children ages 0 to 20 need to have regular checkups every year. Regular screenings will help keep your children healthy.

PROTECTING YOUR HEALTH INFORMATION MEMBER VERIFICATION

When you call our Customer Care Center, you will be asked questions to verify your account. We do this to protect your privacy. This is how we make sure we do not share your information with the wrong person.

HEALTH PLAN INFORMATION

MEMBERSHIP IDENTIFICATION CARDS

Once you become a B – UFC/ALTCS member, you will get a Membership Identification Card. Do not throw this card away. It is very important to always carry this card with you and show it when you get medical and behavioral services. This card will identify you as a B – UFC/ALTCS member. It lists important phone numbers and information that your health Care Provider needs.


Only you can use your B – UFC/ALTCS ID card for Health Care Services. It is very important that you never lend, sell, discard, or allow someone else to use your card. This is against the law, and you might lose your AHCCCS eligibility. Legal action may also be taken against you.

YOU WILL NEED YOUR B – UFC/ALTCS MEMBER ID CARD TO:

- Make doctor appointments
- See your doctor or dentist
- Get medicine and supplies
- Get care from a hospital or other medical provider
- Get help and information from the Customer Care Center

SAMPLE


ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM




Member
Identification Card

AHCCCS ID#: SMPL0001
Member Name: JOHN SAMPLE
Health Plan Name: Banner – University Family Care (B – UFC)
B – UFC Phone: (833) 318-4146, TTY 711
Behavioral Health Services Phone: <(800) ###-####>

SAMPLE



Banner
University Family Care



RxBin 003858
RxPCN MA
RxGrp BANBUHP

IMPORTANT INFORMATION
Carry this card with you at all times. Present it when you get service.
You may be asked for a picture ID. Using the card inappropriately is a
violation of law. This card is not guarantee of services. To verify benefits
visit www.BannerUFC.com/ALTCS
Lleve esta tarjeta con usted en todo momento. Preséntela cuando obtenga
un servicio médico. Es posible que le pidan una identificación con foto. Uso
de la tarjeta de forma inapropiada es una violación de la ley. Esta tarjeta no
es una garantía de servicio. Para verificar beneficios, visite la página Web
www.BannerUFC.com/ALTCS
Nurse On Call: (888) 747-7990



AHCCCS has a safety measure to protect your health information.

If you have a State of Arizona Driver's License or State issued ID, AHCCCS will get your picture from the Arizona Department of Motor Vehicle Division (MVD). The same picture will be placed on your AHCCCS eligibility verification screen.

Providers that verify your eligibility through AHCCCS will be able to view your eligibility, coverage information and see your picture.

HEALTH PLAN INFORMATION



If you ask for more copies of your information, we may charge you for our costs to copy the information.

Member Responsibilities:

1. It is your responsibility to provide, to the best of you know how. This will help the B – UFC/ALTCS staff care for you.
2. It is your responsibility to follow instructions and guidelines given by those providing health care.
3. It is your responsibility to know the name of your assigned PCP.
4. It is your and your family members' responsibility to be considerate of the rights and property of patients and staff. This includes smoking and visitation policies.
5. It is your responsibility to protect your Member ID Card. Do not lose it or share it with anyone.
6. It is your responsibility to pay your co-payments for care received as soon as possible.
7. It is your responsibility to schedule appointments during medical office hours whenever possible before using urgent care facilities and/or emergency rooms.
8. It is your responsibility to give your PCP all the facts about your health problems: past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and/or your case manager know about any changes in your condition. Participate in developing mutually agreed-upon treatment goals, to the degree possible.
9. It is your responsibility to report changes that could affect your eligibility such as address, telephone number and/or assets.
10. It is your responsibility to arrive on time and to let the medical office know in advance when you can't keep an appointment.
11. It is your responsibility to bring immunization records to every appointment for children ages 18 and younger.
12. It is your responsibility to always watch over children with you.
13. It is your responsibility to cancel your ride when you cancel your appointment.
14. It is your responsibility to NOT behave in a way that disrupts and/or does not allow a doctor to serve you or another patient in a safe way.
15. It is your responsibility to provide the information requested to verify your account. This includes your name, birth date, ID number, phone number, and address.

HEALTH PLAN INFORMATION

What to Do When Your Family Size Changes

If there is a change in family size due to birth, death, marriage, adoption or divorce, you must call your ALTCS eligibility office (*or Social Security*) and your Case Manager with this information.

Please remember it is important to report a new baby immediately after the birth so that your baby will be eligible for services.

Moving

WHAT IF YOU ARE MOVING AWAY FROM THE SERVICE AREA OR TO A DIFFERENT COUNTY?

If you move out the state of Arizona your current plan will no longer be valid. If you move out of your county, your plan may no longer be available. Before you move, call your Case Manager or Customer Care Center to update your address. We will help you call the eligibility office (*DES/Social Security Administration*) to make the needed changes.

OTHER PLACES YOU SHOULD NOTIFY INCLUDE:

- Your PCP and other providers or other doctors.
- The SSI office, if you are getting SSI benefits.
- DES, if you get TANF or, food stamps.

Call B – UFC/ALTCS Customer Care Center if you have questions about your enrollment or call AHCCCS at (800) 654-8713.

IF YOU MOVE TO ANOTHER COUNTY, WHAT SHOULD YOU DO?

- Tell your current eligibility office and re-apply at your new eligibility office.
- Call the AHCCCS office to pick a new plan.
- Call your Case Manager and they will help coordinate your care with your new plan.



You could lose your care by AHCCCS if you do not tell these offices you are moving.

HEALTH PLAN INFORMATION



Each new person in your family may be eligible for AHCCCS. You must call the office that made you eligible for AHCCCS to discuss adding a new member or if any family member leaves. If you have any questions, call our B – UFC/ALTCS Customer Care Center.

Change of Contractor

There are certain reasons why you may be eligible to change your health plan outside of your normal Annual Enrollment Choice (AEC) period.

1. You were not given a choice of health plans
2. You did not get your AEC letter
3. You got your AEC letter but were not able to take part in your AEC due to events out of your control
4. Other members in your family are enrolled with another health plan (*unless you were given a choice during the AEC process and did not change*)
5. You are a member of a special group and need to be enrolled in the same health plan as the special group
6. You came back on AHCCCS within 90 days and were not put back on the health plan you had before
7. You have a medical reason why you must stay with your current provider and he/she is not on our plan

If you need to change your health plan due to any of the above reasons, please call AHCCCS at (800) 654-8713. If there is another reason why you must change your health plan, or you have questions about changing your health plan, please call your Case Manager.

- In some cases, a health plan change may be needed for continuity of care, medical or health reasons. B – UFC/ALTCS will review this on a case-by-case basis.
- B – UFC/ALTCS will check if our contracted network can offer the needed care. If not B – UFC/ALTCS will help the member with completing the required process to ask for the change.
- B – UFC/ALTCS will also check if the request is due to the quality of care or delivery of care. B – UFC/ALTCS will promptly address the member's concerns.

HEALTH PLAN INFORMATION

Transitional Program

The ALTCS Transitional program is for current ALTCS members whose condition has improved. These members do not need care at a Nursing Facility (NF) or Intermediate Care Facility (ICF). These members still need some long-term care services. Members qualify to get other ALTCS services that are medically needed.

ALTCS Transitional members may have a short stay in a NF or ICF if the medical condition gets worse for brief time. The member may have up to 90 consecutive days per year of care at any one admission if medically needed.

Procedure:

1. The Enrollment Team monitors the Transitional program status of B – UFC/ALTCS members daily.
 - » The Enrollment Team will notify the Case Manager via email of members that are reported as entering and/or exiting the Transitional program.
2. Upon notification that a member has been placed in the Transitional program, the Case Manager will:
 - » Contact the member/representative to discuss and ensure understanding of the Transitional program.
 - ◇ Members that are already residing in a Nursing Facility or Intermediate Care Facility when Transitional program eligibility becomes effective will understand that discharge from the facility will be required within 90 calendar days of the effective date.
 - ◇ Case Manager will work with the member/representative to secure Home and Community Based Services as soon as possible.
 - » Members that are covered by Home and Community Based Services when Transitional program eligibility becomes effective will continue to receive those services.
 - » Members in the Transitional program are eligible for up to 90 consecutive days of care at a Nursing Facility or Intermediate Care Facility during any one admission.
 - » Case Manager will monitor Nursing Facility and Intermediate Care Facility admissions.
 - » Case Manager will document Transitional program conversations and agreement of understanding with members/representatives in an Acuity Care Enrollment Note.



You have the right to help in decision making about your health care and Advance Directives (decisions about what kind of care you would like to receive if you become unable to make medical decisions). You also have the right to involve family members or others you pick to help you make decisions about your treatment. Advise your provider of your wishes.

- 3. Case Manager will monitor the members condition and length of Nursing Facility and Intermediate Care Facility stays.
 - » Members in the Transitional program that experience a Nursing Facility or Intermediate Care Facility admission who will discharge back to Home and Community Based Services in less than 90 calendar days do not require ALTCS Office notification.
 - » Members in the Transitional program that experience a deterioration of condition or Nursing Facility or Intermediate Care Facility admission that is expected to meet or exceed 90 calendar days require ALTCS Office notification.
 - » Case Manager will submit and Electronic Member Change Report (eMCR) within 45 days of a Nursing Facility or Intermediate Care Facility admission.
 - » The type of eMCR to be submitted is a PAS Reassessment Request.
 - » The Effective Date will be the date of Nursing Facility or Intermediate Care Facility admission.
 - » The Comments will include the name of the facility, the date of admission, and the timeframe in which the PAS needs to be completed.
 - » The Local Office to which the eMCR will be sent is the Medical QC Unit.
 - » Case Manager will follow-up on the eMCR if there has been no response by the 60th calendar day following admission.
 - » Case Manager will document eMCR submissions and follow-up or pursuit of discharge to Home and Community Based Services in Acuity Care Enrollment Notes.
- 4. Case Managers have the following tools available to them to monitor Nursing Facility or Intermediate Care Facility status:
 - » Transitional status notifications sent by Enrollment Team daily.
 - » Daily Report sent by Enrollment Team daily which includes active hospitalizations and skilled Nursing Facility and Intermediate Care Facility services.
 - » Transitional Report dispersed by Senior Management monthly.
 - » Direct report from members/representatives/providers.

WHEN CHANGING HEALTH PLANS

To ensure continued access to services, when changing from Fee For Service (FFS) to Managed Care Organization (MCO), MCO to MCO, or MCO to FFS enrolled health plans, please contact your case manager. Your case manager can provide guidance to ensure continued access to service.

WHEN MOVING TO ANOTHER COUNTY OR OUT OF STATE

If you plan to move out of the areas that B – UFC/ALTCS covers, tell your case manager. Your case manager will give you specific instructions to avoid your services being disrupted. If you plan to move to a facility that B – UFC/ALTCS does not work with, tell your Case Manager. A change to a new contractor may be needed. The approval to change to a new contractor cannot be guaranteed. There also may be differences in services in the new contractor's service area. It is important that you call your Case Manager before any move so that your services will not be disrupted.

If you would like to change to another health plan, you should contact the ALTCS Eligibility office and ask for the date of your Annual Open Enrollment date. ALTCS eligibility will send you a letter prior to this date each year. The letter will have, the information on how to change health plans.

Freedom of Choice is an opportunity given to each member who does not specify a contractor during enrollment. You can submit a written request to AHCCCS or make the request verbally by calling your Eligibility Worker at (602) 417-6600.

Outside of the Annual Open Enrollment choice, you can talk to your Case Manager about a Program Contractor Change Request (PCCR). The Case Manager will gather information from you and send a packet to be reviewed by our Medical Director. A PCCR is typically approved when you move outside of the contractor's service area. Other items related to your care can be considered in the decision.

EMERGENCY SERVICES



Prior authorization is not required from your health plan for emergency services.



If you feel your symptoms are an emergency, call

911

For suicide and crisis lifeline, call

988

What to Do in Case of a Medical Emergency

Medical emergencies are sudden life or death conditions. They may lead to disability or death if not treated right away. No prior authorization is needed for emergency care.

If you feel your symptoms are an emergency, call **911**. As a member of B – UFC/ALTCS, you have the right to seek Emergency Service at any hospital or other Emergency facility. It can be in or out of network.

The Emergency Room is not the place to treat earaches, colds or the flu. For these conditions, call your PCP's office first. If you can't make an appointment with your PCP, call our Customer Care Center. We will help you find an Urgent Care center in our network.

Please remember it is always very important to tell the Emergency Room staff that you are a B – UFC/ALTCS member and show your AHCCCS Identification Card. If you are unable to do this, have a family member or friend tell the Emergency Room staff that you are a B – UFC/ALTCS member.

Urgent Care and Emergency Room Use

An Urgent Care is a great place to get medical help. They usually have extended hours, specialists for common problems, and can see you quickly (*usually less than an hour*)! Urgent Care centers can help you with ear infections, sore throats, urinary tract infections, minor cuts and burns, sprains, and other common health issues. The Urgent Care can be used for problems your doctor would normally help with. If your doctor wouldn't be able to take care of the problem, the Urgent Care probably can't either. Emergency rooms are good choices if you have broken bones, can't stop bleeding, or you are experiencing chest pains or shortness of breath.

HOW DO YOU USE THE EMERGENCY ROOM APPROPRIATELY?

If your life is in immediate danger, call 911. If you need to see a doctor right away, call your PCP to make an appointment. If your doctor is unable to see you, or the office is not open, Urgent Care is an excellent option. If you need help finding an Urgent Care in our network, call our Customer Care Center or visit our website.

If you're not sure whether to go to Urgent Care or the Emergency Room, just ask yourself these questions:

- Is this something my PCP can take care of in his/her office?
 - » **If yes-** call your PCP to schedule an appointment or visit an Urgent Care if your PCP office can not open
 - » **If no-** go to the Emergency Room

EMERGENCY SERVICES

- Is this something that -if untreated soon- my life could be in danger or I could lose a body part?
 - » **If yes-** go to the Emergency Room
 - » **If no-** call your PCP to schedule an appointment or visit an Urgent Care if your PCP office is not open.
- If I do need to go to the Emergency Room, should I call 911 to get medical help right away?
 - » If your life is in immediate danger, please call 911 , for suicide and crisis lifeline, call 988
 - » If your problem is not life threatening, and can be handled by your PCP or Urgent Care, please go here instead.

TIPS ON WHEN THE EMERGENCY ROOM SHOULD NOT BE USED:

Do not go to the Emergency Room for symptoms your primary care doctor or Urgent Care can treat. The Emergency Room is for emergencies only!

If the condition is not life threatening, call your PCP office any time. Your PCP's office will decide the level of care you need. Also, if you need care after office hours, on weekends or holidays, call our Customer Care Center to find an Urgent Care close to you.

WHAT IF YOU NEED EMERGENCY CARE OUT OF OUR SERVICE AREA?

B – UFC/ALTCS pays for emergency care in your service area. B – UFC/ ALTCS will also pay for emergency care when you are out of your county or out-of-state. If you need emergency care, show your AHCCCS ID card so the doctors can tell us.

If you're not sure whether to go to Urgent Care or the Emergency Room, just ask yourself these questions:

- Is this something my PCP can take care of in his/her office?
 - » If yes- call your PCP to schedule an appointment or visit an Urgent Care if your PCP office is not open.
 - » If no- go to the Emergency Room.
- Is this something that -if untreated soon-my life could be in danger or I could lose a body part?
 - » If yes- go to the Emergency Room.
 - » If no- call your PCP to schedule an appointment or visit an Urgent Care if your PCP office is not open.
- If I do need to go to the Emergency Room, should I call 911 to get medical help right away?
 - » If your life is in immediate danger, please call 911.
 - » If your problem is not life threatening and can be handled by your PCP or Urgent Care, please go there instead.



In cases of emergency (in a life-threatening situation), call 911.

TRANSPORTATION SERVICES



To schedule or cancel transportation services, call our Customer Care Center at (833) 318-4146

CANCELING RIDES TO YOUR APPOINTMENTS

If you cancel your doctor or dentist visit, you must also call B – UFC/ALTCS Customer Care Center to cancel your ride to your visit.

Rides to Medical Appointments

EMERGENCY

You have a medical emergency when your life, body parts or bodily functions are at risk. This can be a damage or loss of function to you unless you receive immediate care. In the case of an emergency, call 911. We are not able to schedule a ride to the emergency room.

MEDICAL TRANSPORTATION

Rides to appointments for services covered by B – UFC/ALTCS are covered at no cost to you. See below for information on how and when to request rides.

NON- EMERGENCY

Call our Customer Care Center at least 72 hours before your scheduled visit. Same day transport may not always be available due to the number of transportation vehicles available in all counties. On weekends and holidays, you can call our Customer Care Center for rides to Urgent Care centers when you are sick. Always remember to call 911 if it is a medical emergency or 988 for the Suicide and Crisis Lifeline.

WHEELCHAIR OR STRETCHER

If you have the need for a wheelchair accessible vehicle or have stretcher needs, please be sure to mention that when arranging a ride.

CHILDREN, COMPANIONS OR ESCORTS

B – UFC/ALTCS allows the member and one more passenger per transport. More than one more passenger is allowed if the person is a minor under the care and supervision of the member or has a medical condition. If the member is a single caregiver with more than one minor child in his/her care, B – UFC/ALTCS allows the additional minor children to be transported. Please be sure to call 72 hours or more in advance if car seats are needed for the additional passengers. Car seats are not provided. Not all vehicles can accommodate more than 3 passengers. If you need transportation for a companion, please contact your Case Manager.

IF YOU CALL TO GET A RIDE TO A MEDICAL OR BEHAVIORAL HEALTH APPOINTMENT, PLEASE BE READY TO TELL THE REPRESENTATIVE THE FOLLOWING:

- Your name, AHCCCS ID number, date of birth, address, phone number *(for verification purposes)*
- The date, time, and address of your medical visit
- If you need a ride one way or a round trip
- Your travel needs *(wheelchair, stretcher or other)*
- Any special needs *(oxygen, IVs, someone who needs to travel with you, an extra-wide or electric wheelchair, a high-top vehicle, etc.)*
- Children under the age of 5 must have a car seat. *(Car seats are not provided)*

COVERED SERVICES

As a member of B – UFC/ALTCS, you are eligible for a wide array of healthcare benefits (Including Dental & Behavioral Health). The list below does not include all possible services. All covered services are funded under contract with AHCCCS. Your PCP may provide these services, or he/she may make plans for you to get these services from another provider (sometimes called a behavioral health specialist) by creating a referral. services please go to.

You do not need a referral from your PCP for the following services:

- Emergency Services
- Behavioral Health Issues
- OB/GYN Services
- Dental Services
- Family Planning Services and Supplies

Members with special health care needs may have direct access to specialists who can help provide the care you need. For help in finding a specialist talk with your PCP or call Customer Care.

The care listed below will be covered through B – UFC/ALTCS. Some services may have limitations and/or require a prior authorization, call your Case Manager or the Customer Care Center for more information:

- Ambulance for emergency care
- Behavioral Health Care (*for complete list of Behavioral Health Care covered services, go to page 74*);
- Pregnancy care
- Case management
- Checkups for children, pregnant women, QMB, and SMI members
- Children's services including routine dental care
- Chiropractic services for children and QMB
- Dialysis
- Diet and health teaching
- Disease Management
- Durable Medical Equipment (DME)
- Emergency or Urgent Care medical treatment
- Eyeglasses or contacts for children, or adults only after cataracts are removed
- Health care services through screenings, diagnosis and medically needed treatments for members 21 years of age or older
- Hospice care
- Alternative Home and Community Base Services (HCBS) and Assisted Living Facilities (ALF)
- Hospital care
- Lab work and x-rays
- Limited dental services (members over the age of 20)
- Medical tests



For a complete list of the covered behavioral health services please go to page 74.

COVERED SERVICES

- Medically needed foot care done by a licensed Podiatrist. A Podiatrist may provide foot care for members when ordered by a PCP.
- Medicine from the approved drug list, the B – UFC/ALTCS Drug Formulary
- Organ transplants
- Orthotics
- PCP office visits
- Preventative and routine gynecological services for female members (*no referral needed*)
- Private Nursing Care
- Transportation to health care visits
- Speech, Physical, and Occupational Therapies
- Second opinions: You have the right to have a second opinion from a qualified health care professional within the network. If one is not available in the network, you have the right to ask for a second opinion outside the network at no cost to you
- New technology or new uses of existing technology will be referred to the Technology Assessment Committee. They will decide if research shows that the service is safe and provides positive health outcomes.
- Skilled nursing home care
- Supplies and equipment, including B – UFC/ALTCS Drug Formulary diabetic testing equipment and supplies
- Well-child checkups including dental, hearing, shots, and vision care

MEDICAL EQUIPMENT:

Medical equipment may be rented or purchased. The total cost of the rental can't be more than the purchase price of the item.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21. This is to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another one. The part will be replaced if it is found that the part is not working right.

ORTHOTICS:

An orthotic corrects or improves use of a body part. Splints and braces are orthotics. Orthotics for members under the age of 21 are provided when prescribed by the member's PCP. They may be prescribed by the attending physician, or practitioner. B – UFC/ALTCS shall provide orthotic devices for AHCCCS members 21 years of age and older when all of the following apply:

- The use of the orthotic is medically necessary as the preferred treatment. Medicare rules are followed in deciding if the item is needed. option consistent with Medicare Guidelines.
- The orthotic is less expensive than all other treatment options or surgery to treat the same diagnosed condition.
- The orthotic is ordered by a Doctor or PCP.

COVERED SERVICES

PODIATRY SERVICES:

Podiatry involves treatment for the foot and lower limb. Podiatry Services are provided for members under the age of 21. Services need to be ordered by the member's Primary Care Provider, attending physician, or practitioner. Covered podiatry services include:

- It includes bunionectomies. This is the removal of a deformed area on the big toe.
- Casting for the purpose of making a brace or a splint constructing or accommodating orthotics.
- It can include Medically necessary orthopedic shoes that are an integral part of a brace.
- And it can also include medically necessary routine foot care for patients with a severe systemic disease that affects the whole body. These conditions do not allow prohibits care by a non-professional person who does not have medical training.

Podiatry Services are also provided for members 21 years of age or older. It must be ordered by the member's Primary Care Provider, attending physician, or practitioner. Covered podiatry services include:

- Wound care on the foot and ankle.
- Care services including wound care, treatment of pressure ulcers, and treatment of fractures.
- Reconstructive surgeries. Surgery to rebuild the foot or ankle to improve function.
- Limited bunionectomy services (*Removal of a deformed area near the big toe*).
- Medically necessary routine foot care services, are only available for members with a severe systemic disease that affects the whole body. This foot and ankle care must be medically necessary and requires a trained person to provide the care. Care by a non-professional person is prohibited.

WELL-VISITS FOR MEMBERS

Well visits (well exams) exams, breast exams, and prostate exams are covered for members. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members up to 21 years of age are considered the same as a well visit.

Please visit the section called EPSDT on page 62 for more information. In special cases you may be able to get services outside of your service area. Please call your B – UFC/ALTCS Case Manager if you would like more information.

COVERED SERVICES

THE MOST RECENT BENEFITS ARE DESCRIBED IN THE FOLLOWING TABLE

This is a partial list of covered services but does not include all AHCCCS covered services. All information below is from the AHCCCS Medical Policy Manual Chapter 300. Please refer to the manual for a complete list of covered services.



BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Emergency Transportation	This is use of ground or air ambulance.	These services are covered if you need transportation due to an emergency. You would dial 9-1-1 for services and you would be taken to the nearest appropriate facility.
Dental Services	Please see page 69 of this handbook for more information.	

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Emergency Dental Service (21 years of age and older)	<p>Dental emergencies happen suddenly. They result in severe pain or infection in the mouth. The problem occurred due to trauma or other medical conditions. Dental care and pulling of teeth are covered. You must meet criteria for a dental emergency.</p> <p>B – UFC/ALTCS limits coverage to a total amount of \$1,000. You are covered for a 12 month period. This begins October 1, 2021 and goes to September 30 2022. During an emergency coverage may include:</p> <ul style="list-style-type: none"> • Oral exam to find the problem • x-rays • Lab tests <p>Follow up care for emergency procedures. This is covered. You are limited to the \$1000 limit.</p>	<p>Dentures are not covered.</p>



COVERED SERVICES



BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Dialysis	Dialysis treats for kidney failure. It removes toxins, waste products and fluid. It filters the Blood. B-UFC/ ALTCS covers supplies, testing and medically necessary drugs used during dialysis. Outpatient treatments are covered. Inpatient treatments are only covered when you are in the hospital for another reason and you need dialysis	Admission to the hospital to only provide dialysis is not covered
Home Health Services	Please see page 50 of this handbook for more information.	
Maternal and Child Health Services	Please see page 62 of this handbook for more information.	
Eye Exams	Vision exams and prescriptive lenses are covered for all members under the age of 21. For members who are 21 years of age or older, treatment of medical conditions of the eye, excluding eye examinations for prescription lenses and the provision of prescription lenses, are covered. Cataract removal is covered for all members when there is an expectation that you will achieve improved functional ability due to cataract removal.	The removal should result in the thought that your vision will improve because the cataract was removed.

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Breast Reconstruction after Mastectomy	<p>Mastectomy is when the breast is removed due to cancer or other reasons. If the breast is removed, B – UFC/ALTCS will allow surgery to replace the breast to a more normal appearance. This surgery can take place at the same time as the breast removal. It can be delayed until after some healing has occurred. If it is delayed, the member must be eligible at the time of the second surgery. Breast implants can be replaced if the first implant was due to removal of the breast for a medical reason. The unaffected breast may be rebuilt if the replacement causes the two breast to be different in size or appearance.</p>	<p>Replacement is not covered if the reason for the original implant was for cosmetic purposes.</p>



COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Hospice Services	<p>Hospice provides support and care for member who have a terminal illness. Members must meet specific criteria to receive hospice services.</p> <p>Hospice requires a physician's note stating that the member's health status is terminal.</p> <p>It must state that the member is not expected to live beyond a six-month time frame.</p> <p>The benefit can be provided beyond a six-month period. Another review will need to occur for the service to be provided after 6 months.</p> <p>Services may be provided in a home, inpatient location or in a community-based setting. <i>(If facility conditions are met.)</i></p>	<p>If you are a dual eligible member, Medicare is the primary payor of these services.</p>
Hysterectomy	<p>This is a surgery to remove the uterus. This service is only covered if medically needed. To show this surgery is needed, other treatments had to be tried and failed to help improve the symptoms.</p>	<p>This surgery is not covered for the sole purpose of preventing pregnancy.</p>

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Immunizations	<p>Immunization (vaccines) are shots that prevent a person from getting certain diseases. These are covered based on age, history and health risk for both adults and children. Vaccines covered for adults include:</p> <ul style="list-style-type: none"> • Diphtheria-tetanus (Breathing problems, Heart problems, paralysis/lock jaw) • Influenza (Flu) • Pneumococcus (Pneumonia) • Rubella (<i>German Measles</i>) • Measles • Hepatitis-A, • Hepatitis-B • Pertussis (Whooping cough) • Zoster vaccine (<i>Shingles for members 60 and older</i>) • HPV vaccine (<i>for females and males up to age 26 years</i>) • Others based on Medical Need (<i>example Covid-19</i>) 	<p>Immunizations for passport or visa are not covered.</p>



COVERED SERVICES



BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Lab Services	Lab services must be ordered by a provider and be medically necessary. Lab tests may be needed to diagnose for disease. They may be used to screen for disease. They may be used to monitor disease and treatments.	
Genetic Testing	These are tests that show the sequence of human DNA, body fluid or tissues is used to discover changes from normal DNA. Genetic testing and counseling may be covered. For these to be covered they must be medically necessary and help to determine the best treatment option.	

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Physician Services	<p>The provider is covered when they do the following:</p> <ul style="list-style-type: none"> • Perform a medical exam • Provide treatment • Perform surgery in the office, hospital, home, or nursing facility. <p>Physician Services are covered when there is a medical need. The provider must be trained in the type of care you receive. Members under the age of 21 are covered for allergy treatment when medically necessary.</p>	<p>Allergy therapy is not covered for members 21 years or over.</p> <p>There is only one-time allergy treatment that is covered for adults. This is when the If the adult member has a severe reaction due to an allergy.</p> <p>The severe reaction caused stoppage of breathing. It could have caused severe breathing problems. More contact to the to the allergen could be unsafe.</p> <p>Any office visit or service to determine if a member would benefit from medical marijuana is not covered.</p>



COVERED SERVICES



BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Pharmacy Services	<p>Medicines must be medically necessary. They must also be cost effective. Necessary, cost effective drugs ordered by a provider are covered.</p> <p>B – UFC/ALTCS has its own drug list. The list contains drugs needed to meet member needs. This list is called a drug formulary. The formulary includes all medicines approved by AHCCCS.</p> <p>It also covers drugs we believe are necessary. The list includes drug names and explains if prior authorization is needed. Your provider will need to request authorization for a drug that is not on the list. Your provider needs to explain other drugs that were tried and the reason they did not work.</p> <p>If you need additional information, please contact our Customer Care Center.</p>	
Radiology and Medical Imaging	<p>These are images or x-rays. They are ordered to diagnose, prevent, treat or evaluate a health problem.</p>	<p>The images must be medically necessary. They must be ordered by a provider. Authorization may be required for x-rays and images.</p>

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Rehab Therapies Occupational Therapy	<p>Occupational Therapy (OT) helps a member perform daily activities. OT can be done in a hospital or nursing facility. It can also be done as an outpatient or in the home.</p>	<p>OT services done in a hospital or nursing facility are covered as part of the admission.</p> <p>Under 21 years of age, OT is covered when medically necessary.</p> <p>Over 21 OT is covered when medically necessary.</p> <p>To restore and maintain a skill: You can have 15 OT visits per year.</p> <p>To learn a new skill and maintain the skill, you can have 15 OT visits per year.</p> <p>Services received on one day are considered one visit. The services must be provided by an Occupational Therapist or a Certified OT Assistant (COTA).</p> <p>If you also have Medicare other limits may apply.</p>

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Rehab Therapies Physical Therapy	<p>Physical Therapy (PT) helps a member move and gain strength. PT can be done in a hospital or nursing facility. It can also be done as an outpatient or in the home.</p>	<p>PT services done in a hospital or nursing facility are covered as part of the admission.</p> <p>Under 21 years of age, PT is covered when medically necessary.</p> <p>Over 21 PT is covered when medically necessary.</p> <p>To restore and maintain a skill: You can have 15 PT visits per year.</p> <p>To learn a new skill and maintain the skill, you can have 15 PT visits per year.</p> <p>Services received on one day are considered one visit. The services must be provided by an Physical Therapist.</p> <p>If you also have Medicare other limits may apply.</p>

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Rehab Therapies Speech Therapy	<p>Speech therapy helps a member improve speech. Speech therapy can also help with swallowing problems.</p>	<p>Speech Therapy services are covered for members who are in a hospital or nursing facility. Speech therapy is covered as an outpatient for members receiving EPDST services, Kids Care and ALTCS.</p>
Respiratory Therapy (RT)	<p>These services restore, maintain, or improve breathing. RT must be ordered by a provider. These services are covered while in the hospital. They may also be covered as outpatient when medically necessary. They must be provided by a qualified respiratory therapist.</p>	
Preventative Health Risk Assessments & Screen Test Services	<p>Assessments and screenings provided by a physician, PCP, or another licensed practitioner.</p> <p>For members over the age of 21 can include the following services: Hypertension screening (annually), Cholesterol screening (once, additional tests based on history), Routine mammography annually after age 40 and at any age if considered medically necessary.</p>	



COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Preventative Health Risk Assessments & Screen Test Services <i>Continuation</i>	<p>Cervical cytology, including pap smears (annually for sexually active women; after three successive normal exams the test may be less frequent), Colon cancer screening (digital rectal exam and stool blood test, annually after age 50, as well as baseline colonoscopy after age 50), Sexually transmitted disease screenings are available to all members. Confidential HIV testing, including voluntary prenatal HIV testing are available. If a member tests positive, counseling and treatment is available. For help please contact your PCP or www.hivaz.org for information on testing and available counseling services.</p> <p>Tuberculosis screening (once, with additional testing based on history, or if you reside in a facility, HIV screening (counseling and treatment are available if HIV results are positive), Immunizations, Prostate screening (annually after age 50; and, screening is recommended annually for males 40 and older who are at high risk due to immediate family history), Physical examinations; including well exams/visits designed to provide early detection of disease, presence of injury.</p> <p>*Exams completed to meet the demands of outside public or private agencies are not covered, including, pre-employment exams, sports or physical activities, disability certification and establishing third party liabilities.</p>	

COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Inpatient Services	<p>Medically necessary inpatient hospital services provided by a licensed participating hospital. Private rooms in nursing facilities require physician orders and must be medically necessary.</p> <p>Inpatient hospital services for members include, but are not limited to, the following:</p> <p>Hospital accommodation, and appropriate staffing, supplies, equipment and services for: Routine acute medical care, Intensive care and coronary care, Neonatal intensive care, Maternity care (including labor, delivery and recovery rooms, birthing centers, Nurse Midwife, PCP, and nursery and related services), Nursery for newborns and infants, Surgery (including surgical suites and recovery rooms, and anesthesiology services), Acute behavioral health emergency services, Nursing services necessary and appropriate for the member's medical condition (including assistance with activities of daily living as needed), Dietary services, Medical supplies (appliances and equipment consistent with the level of accommodation), Perfusion and perfusionist services. Ancillary Services</p> <p>Chemotherapy,</p>	



COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Inpatient Services <i>Continuation</i>	Dental surgery for members in the EPSDT program, Dialysis, Laboratory services, Pharmacy services and prescribed drugs, Radiological and medical imaging services, Rehabilitation services (including physical, occupational and speech therapies), Respiratory therapy, Services and supplies necessary to store, process and administer blood and blood derivatives, and Total parenteral nutrition.	
Medical Supplies, Durable Medical Equipment (DME) and Orthotic/ Prosthetic Devices	Medical equipment and appliances are any item, appliance or piece of equipment that is not a prosthetic or orthotic and is used to serve a medical purpose, can withstand repeated use and can be reusable by others or removable. Medical supplies are consumable or disposable items that meet a medical purpose. DME are items and or appliances that are designed to serve a medical purpose and are long lasting. Prosthetics are devices prescribed by a physician to artificially replace a missing, deformed/deformed, or malfunctioning portion of the body.	



COVERED SERVICES

BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Medical Supplies, Durable Medical Equipment (DME) and Orthotic/ Prosthetic Devices <i>Continuation</i>	<p>Orthotics are prescribed by a physician to support a weak, deformed portion of the body or prevent or correct a physical deformity or malfunction.</p> <p>Examples of medical supplies – such as incontinence briefs, surgical dressings, splints, casts, casts, and other consumable items, which are not reusable, and are designed specifically to meet a medical purpose. Examples of medical equipment – such as wheelchairs, walkers, hospital beds, and other durable items that can be rented or purchased.</p> <p>Services shall be determined to be medically necessary and cost effective. Services will need to be provided at the member's residence and based on a physician's orders as part of a care plan.</p> <p>Repairs or adjustment of purchased equipment are covered when it is necessary to make the equipment serviceable and the cost of the repair is less than the cost of the rental or purchase of new equipment.</p> <p>Prosthetic Devices – Covered if you are under the age of 21. If 21 years of age and older when medically necessary for rehabilitation.</p>	

COVERED SERVICES



BENEFIT/ SERVICE	SERVICE DESCRIPTION	EXCLUSIONS OR LIMITATIONS
Medical Supplies, Durable Medical Equipment (DME) and Orthotic/ Prosthetic Devices <i>Continuation</i>	Orthotic Devices – Covered if you are under the age of 21. If 21 years of age and older if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare Guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a PCP or specialist.	
Transportation to AHCCCS covered, non-emergency services	No cost, non-emergency transportation services are available to members who are not able to provide, secure or pay for their own transportation. Members residing in Maricopa and Pima counties can only be transported to a pharmacy within 15 miles of the pickup location. Trips to compounding or specialty pharmacies require Health Plan approval.	

All information was taken from the AHCCCS Medical Policy Manual Chapter 300. Please refer to the manual for all full covered services information.

This is a listing of most covered services but does not include all AHCCCS covered services.

NON-COVERED SERVICES

Non-Covered Services

IF YOU ARE BILLED

Providers may charge AHCCCS members for services which are not covered by AHCCCS. They can also charge for services that cost more than the AHCCCS limits if the provider gets the member's written agreement to pay for the services before providing the service. The services listed below are examples of services where a provider may bill a member:

- Non-emergency services that are not previously approved by your PCP
- Any care, treatment, or surgery that is not medically needed
- Infertility services that include testing and treatment
- Reversals of elective sterilization
- Sex changes
- Exams for hearing aids, glasses, or contacts for members 21 years and older, except for certain glasses and/or contact lenses after cataract surgery
- Hearing aids, eyeglasses, or contacts for members 21 years and older, except for certain glasses and/or contact lenses after cataract surgery
- Services or items for cosmetic reasons
- Personal or comfort items (*only covered for EPSDT, if medically needed*)
- Non-prescription drugs or supplies (except insulin and insulin syringes) and some over the counter medications with a prescription
- Services given in an institution for the treatment of tuberculosis (TB)
- Medical service given to an inmate or to a person in the custody of a state mental health institution
- Lower limb microprocessor controlled joint/prosthetic for members 21 years of age and older
- Any service found as experimental/investigational or done mainly for research or that has not been approved by regulating agencies
- Transplants including:
 - » Pancreas only transplants (total, or partial), members aged 21 or over. Islet Cell transplants would be determined on an individual basis
 - » Intestine transplants, members aged 21 or over
 - » Any other transplant not listed by AHCCCS as covered
- Physical exam for non-medical purposes (*for example, job, school or insurance exams*)
- Pregnancy termination counseling and pregnancy terminations (*unless medically needed per AHCCCS medical policies*)
- Chiropractic services except for EPSDT services. Chiropractic services are also covered for Qualified Medicare Beneficiary Dual Members

NON-COVERED SERVICES

Please remember:

Some of the services listed must be approved in advance by B – UFC/ALTCS.

B – UFC/ALTCS will only pay for the services that are ordered by your PCP and have been approved by B – UFC/ALTCS.

For these services to be covered, they must be medically needed.

- Any medical services outside of the country
- Routine/newborn circumcisions
- Routine health care (out-of-area)

THE MOST RECENT BENEFIT EXCLUSIONS AND LIMITATIONS ARE DESCRIBED IN THE FOLLOWING TABLE.

The following services are not covered for adults 21 years and older. If you are a Qualified Medicare Beneficiary (QMB), we will keep paying your Medicare deductible and coinsurance for these services.

BENEFIT	SERVICE DESCRIPTION	SERVICE EXCLUSIONS
Bone Anchored Hearing Aid	A hearing aid that is put on a person's bone near the ear. The hearing aid is placed during surgery. This is to carry sound. 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.	
Cochlear Implant	A small device that is put in a person's ear. The implant is placed during surgery. It helps you hear better. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.	AHCCCS will not pay for cochlear implants.
Prosthetic - Lower limb Microprocessor (computer) controlled joint/ prosthetic.	A prosthetic replaces a missing part of the body. It may contain a computer chip to help with the moving of the joint.	AHCCCS will not pay for a leg, knee or foot prosthetic that includes a computer chip that controls the joint.

NON-COVERED SERVICES

BENEFIT	SERVICE DESCRIPTION	SERVICE EXCLUSIONS
Orthotics	This is an item that supports or braces weak joints or muscles. An orthotic can also support a deformed part of the body.	<p>B – UFC/ALTCS shall provide orthotic devices for AHCCCS members 21 years of age and older when all the following apply:</p> <ul style="list-style-type: none"> • The use of the orthotic is medically necessary. • It meets Medicare guidelines for use. • The orthotic is less expensive than all other treatment options. The orthotic is less expensive than surgery for the same problem. The orthotic is ordered by a provider.
Emergency Dental Service	Emergency dental services are when you have dental problem that need care right away. An infection or bad pain in your teeth are examples of an emergency.	<p>Dental services provided by a dentist to the head, neck, jaw, or face (maxillofacial) are not covered. Maxillofacial dental services by a dentist are not covered. They are only covered to treat the effects of trauma. Diagnosis and treatment of TMJ</p>



NON-COVERED SERVICES



BENEFIT	SERVICE DESCRIPTION	SERVICE EXCLUSIONS
Emergency Dental Service		<p>Routine restorative services (treatment of missing or damaged teeth) and routine root canal therapy are not considered emergency dental service. Treatment to prevent pulpal death (death of the inner part of the tooth) and tooth loss that will soon happen is limited. A bridge to replace missing teeth is not covered. Dentures are not covered.</p> <p>The \$1,000 benefit is good for only one person – the member. The \$1,000 benefit stays with the member even if they change health plans. So, if \$400 was used with one plan, only \$600 will remain for the second plan through to the end of the year.</p>

NON-COVERED SERVICES

BENEFIT	SERVICE DESCRIPTION	SERVICE EXCLUSIONS
Transplants	A transplant is when an organ or blood cells are moved from one person to another.	<p>Approval is based on the medical need and if the transplant is on the "covered" list. Only transplants listed by AHCCCS are covered.</p> <p>Please remember: Some of the services listed must be approved in advance by B – UFC/ALTCS. B – UFC/ALTCS will only pay for the services that are ordered by your PCP and have been approved by B – UFC/ALTCS. For these services to be covered, they must be medically necessary.</p>



You may be billed for any non-covered services you pick to receive. In special cases, you may be able to get services outside of your service area. Please call your Case Manager if you would like more information about this.



Please see page 74 for a list of behavioral health covered services.

Home and Community Based Services

Alternative Home and Community Based Services (HCBS) are medical, homemaking, and nutritional services provided to you in your home.

Some alternative HCBS covered services include:

- Adult Day Services
- Attendant Care
- Home Delivered Meals
- Homemaker Services
- Home Health
- Personal Care Services
- Hospice Care
- Personal Emergency Alert
- Home Modifications

Adult Foster Care: up to four residents. The resident lives in the sponsor's home.

Adult Day Health: is a senior center-type environment where activities and care are provided. The service typically is offered Monday-Friday.

Assisted Living Home: up to 10 residents. Staff are in the home 24 hours per day.

Assisted Living Center: more than 10 residents. Staff are in the center 24 hours per day.

Attendant Care: is provided by a caregiver who assists with the member with personal care and homemaker activities. The three types of attendant care are Traditional, Self-Directed and Agency with Choice.

- » **In Self-Directed Attendant Care (SDAC)** the member is the employer and responsible for finding caregivers, setting schedules and assigning daily tasks. A Fiscal Employer Agent is paid by B-UFC to pay the caregiver and oversee the caregivers required documents.
- » **In Agency with Choice (AWC)**, a contracted agency provides a caregiver, but the member is expected to participate in the hiring and terminating of caregivers and setting schedules and daily tasks. The agency does support the member in these activities.
- » **Traditional Attendant Care** is the option in which an agency provides a caregiver. The member is responsible for setting the schedule.

Community Transition Services: is available to assist ALTCS members to reintegrate into the community by providing goods and services to move from a LTC institutional setting to their own home.

Emergency Alert System: is a wireless monitor that the member wears and can use to access help in the case of an emergency.

Habilitation Services: is a service encompassing the provision of training in independent living skills or special development, orientation, and mobility and behavior intervention. This includes services such as Day Treatment and Training.

HCBS

Home Delivered Meals: provide a balanced meal once daily. Specialty meals can be provided.

Homemaker service: provides care for the member's home, specifically the member's areas. Tasks the homemaker can complete include laundry, cooking, light housekeeping and shopping. The case manager uses the HCBS Needs Tool (HNT) to determine the number of approved hours. All hours must be approved by a supervisor prior to the start of services and with any changes.

Home Health Nurse: can be provided for non-skilled needs, such as mediset, blood pressure checks, well-checks and some education.

Home Modifications: is physical modifications to the home as determined through an assessment of the member's needs with a purpose aimed at increasing the member's ability to function with greater independence in his or her home thus reducing the risk of institutionalization.

Hospice: is a valuable resource for terminally ill people and their families. In order to qualify for hospice services, a person is determined to have six months to live if further treatment is not provided. The hospice agency provides services to make the patient comfortable as well as provide support and resources for their loved ones and caregivers.

Licensed Health Aide: is a person licensed to provide nursing-related services. Is the parent, guardian or family member of an ALTCS member who is under the age of 21 years of age and is eligible to receive home health nursing or skilled nursing respite care who may provider Licensed Health Aide (LHA) services only to that member and only consistent with member's service plan.

Personal Care: workers care for the member's person by assisting in the areas of bathing, dressing, grooming, toileting, feeding, transferring and mobility. The case manager uses the HCBS Needs Tool (HNT) to determine the number of approved hours. All hours must be approved by a supervisor prior to the start of services and with any changes.

Respite: is a service to give the primary caregiver a break. The intention is for it to be used periodically, but there are times when it can be approved on a regular basis. Respite can be provided in the member's home, in an assisted living and in a nursing facility. Members are allowed 600 hours of respite per contract year (October 1-September 30).

NON-TITLE XIX/XXI SERVICES



Regional Behavioral Health Authority (RBHA):

Mercy Care Plan
(Central Arizona/
Maricopa County)
(602) 586-1841 or
(800) 564-5465
(TTY/TDD 711)
24 hours a day,
7 days a week

Arizona Complete
Health (Southern
Arizona/
Pima County)
(888) 788-4408
(TTY/TDD 711)
24 hours a day,
7 days a week.

For further
information call our
Customer Care
Center at
(833) 318-4146,
TTY 711.

Non-Title XIX/XXI Services

Additional services may be available through the Regional Behavioral Health Authority (RBHA) in your area. This includes Non-Title XIX/XXI services and services provided through Mental Health Block Grants (MHBG). These services can be accessed by contacting the RBHA directly or by contacting your ALTCS case manager.

B – UFC/ALTCS contracts with behavioral health providers and facilities. These services are to help members with emotional or behavioral health concerns. Members can access behavioral health services either through B – UFC/ALTCS or through a contracted network provider. If you are not sure if a provider is contracted with B – UFC/ALTCS call our Customer Care Center. If you are having trouble getting in to see a behavioral health provider to meet your needs, call our Customer Care Center. Then ask for the Behavioral Health Department. Behavioral health providers can help you with personal and emotional problems that may affect you and your family.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to AHCCCS through two block grants:

1. The Substance Abuse Block Grant (SABG) supports a variety of substance abuse services in both specialized addiction treatment and more generalized behavioral health settings, and
2. The Mental Health Block Grant (MHBG) supports Non-Title XIX services to children determined to have Serious Emotional Disturbance (SED) and to adults with serious mental illness (SMI). This includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition.

The SABG supports primary prevention services and treatment services for individuals without health insurance or other resources who seek specialty treatment and prevention services for substance use disorders (SUD). It is used to plan, implement, and evaluate activities to prevent and treat SUD. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users. SABG funds and services are coordinated through the RBHAs.

B – UFC/ALTCS members have access to Non-Title XIX/XXI services through the Regional Behavioral Health Authority (RBHA).

Non-Title XIX/XXI services may include, but are not limited to:

- Room and board
- Traditional healing
- Auricular (ear) acupuncture
- Childcare for members in substance use and opioid use treatment
(if funds are available)

For more information on these services, contact the RBHA below based on your county of residence: **Central Counties** (Maricopa, Gila)

Mercy Care Member services line at (800) 564-5465 TTY/TDD 711

Southern Counties (Pinal, Pima, Yuma, La Paz, Santa Cruz, Graham, Greenlee, Cochise)

Arizona Complete Health service line (888) 788-4408 TTY/TDY 711

RESIDENTIAL PLACEMENT OPTIONS

Housing Services & Resources

If you have housing concerns, we are here to help!

- Do you need help paying your rent or utilities? We can give you local financial assistance resources.
- Do you need a place to live? We can help you find homes for rent in your area or refer you to local Agencies that may be able to assist you.
- Are you experiencing homelessness? Please call a Coordinated Entry Access Point in your County. You can take a short survey that may qualify you for housing opportunities.

If you want to speak with us about your housing concern, please call our Customer Care Center at (833) 318-4146, directly contact your B - UFC/ALTCS Case Manager or email us at healthplanhousing@bannerhealth.com.

COORDINATED ENTRY ACCESS POINTS

Cochise County	
Good Neighbor Alliance (520) 439-0776	Bisbee Coalition for the Homeless (520) 432-7839
Primavera – Veterans (520) 308-3093	Southeast AZ Human Resources Council (520) 384- 3120
Gila County	
Gila County Community Services - (928) 474-7193	
Graham & Greenlee Counties	
Dial 2-1-1 or (877) 211-8661	
La Paz County	
Western AZ Council of Governments (WACOG) - (928) 782-1886	
Maricopa County	
Brian Garcia Welcome Center – Single adults (602) 229-5155	Family Housing Hub – Families with children (602) 595-8700
VA Community Resource & Referral Center – Veterans (602) 248-6040	HomeBase Youth Services (Native American Connections, Youth 18-24) (602) 263-5531 or (602) 648-9739 housing@nativeconnections.org
UMOM – Halle Women’s Center – Single women (602) 362-5833	UMOM – Youth – 18-24 (480) 868-7527

Housing and Urban
Development (HUD)
HUD.GOV

Online search
engine to locate
subsidized apartments
in Arizona

Website:

[www.hud.gov/apps/
section8/step2.
cfm?state=
AZ%2CArizona](http://www.hud.gov/apps/section8/step2.cfm?state=AZ%2CArizona)

HUD Wait List
Information for
Section 8 &
Public Housing

Website:

[www.hud.gov/local/
az/renting/
phwaitinglist.pdf](http://www.hud.gov/local/az/renting/phwaitinglist.pdf)

Socialserve.com

An online search
engine to help find
affordable housing
resources

Website:

www.socialserve.com

HEALTH PLAN INFORMATION

Community Bridges (877) 931-9142 or CBI PATH Outreach (BH) (844) 691-5948	Phoenix Rescue Mission (602) 346-3361 Outreach@phxmission.org
A New Leaf – Men – E Valley Men's Center (480) 610-6722	Basic Mission – NW Valley – Mobile Outreach (602) 284-2919
HOPE Team – Tempe (480) 858-7993	City of Chandler (480) 782-4349
Pinal County	
Community Action Human Resources Agency (CAHRA) (520) 466-1112	
Pima County	
La Frontera (520) 882-8422	Sullivan Jackson (520) 724-7300
Old Pueblo Community Services (OPCS) (520) 546-0122	Our Family Services – Youth (520) 323-1708
Primavera (520) 308-3079	Salvation Army (520) 622-5411
Sonora House (520) 624-5518	City of Tucson (520) 837-5329 or (520) 837-5314
Santa Cruz County	
Dial 2-1-1 or (877) 211-8661	Crossroads Nogales Mission (520) 287-5828
Yuma County	
Western AZ Council of Governments (WACOG) (928) 782-1886	Crossroads Mission (928) 783-9362

NURSING FACILITY, INCLUDING RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

A Nursing Facility (NF) provides a room, food, and nursing services to members who need help all of the time. The member must not need hospital care. The member must not need direct daily care from a doctor.

BEHAVIORAL HEALTH INPATIENT FACILITY

A facility that provides special treatment for members with behavior problems. It is open 24 hours a day. Staff provide medical care. They also provide treatment for those problems.

INSTITUTION FOR MENTAL DISEASE (IMD)

This is a hospital for members who need health care around the clock for behavior issues. It is certified by Medicare. It has more than 16 treatment beds. This facility provides special services for mental illness. They also provide substance abuse services.

HEALTH PLAN INFORMATION

ALTERNATIVE HOME AND COMMUNITY BASED SERVICES (HCBS)

If possible, B – UFC/ALTCS looks for services to be provided for members in their own home. Staff can also help members with placement in other HCBS.

ASSISTED LIVING FACILITIES (ALFs)

ALFs are residential care facilities. All ALFs are licensed by the state. They provide supervisory care. They also provide personal care. Services that are beyond the services included in the ALF daily rate must be authorized by B – UFC/ALTCS. These services must be medically needed and cost effective.

ALFs are designed for ALTCS members who can't live in their own homes. These members do not need as much care as a nursing facility provides. ALFs have recreation and social opportunities for members.

End of Life Care

End of Life (EOL) care are the care options available to members who have an advanced illness. EOL care focuses on comfort, dignity and quality of life. The goal is to give physical and emotional help. You decide what the best option is for you and your family. There is no wrong choice.

EOL care services include advance directives, palliative care, and hospice services.

STEP BY STEP ADVANCED CARE PLANNING

What do you need for Advance Care Planning?

- Make a visit to your provider
- You talk about the care you want to get if you cannot speak for yourself
- Invite your family or friend to attend the visit
- Ask your provider to explain your illness and your options
- Put your plan into writing to make sure your choices are known
- Plan how to share your choices with family, friends, and your other providers
- This optional advanced care planning visit is covered by your health plan

PALLIATIVE CARE

Palliative care is offered to members with a serious or advanced illness. The goal is your quality of life. Supportive care services can include the following:

- Pain Management
- Community Resources
- Behavioral Health Services

HOSPICE

Hospice is a complete program that covers services and treatments related to terminal illness. Services do not include any treatments meant to cure the disease.



Advance Directives are your written treatment wishes. This is done when you are able to make decisions for yourself. We respect your right to accept or deny medical care. Your physicians will be able to discuss your treatment choices. You will be in charge of preparing your Advance Directive. Please see page 137 for more information.

HEALTH PLAN INFORMATION

The process of referral and self-referral to specialists and other providers

Your Primary Care Provider (PCP) is your assigned provider and they play an important role in your health care. Your PCP will get to know you, your health needs and medical history. Your PCP will provide routine health care and arrange for any specialty care you may need. If you need specialty care, your PCP will give you a referral. The network may not have an in-network specialist who can take care of your needs. B – UFC/ALTCS will refer you to a specialist outside of the network who can take care of your problem. Specialists may be added to the network who can take care of your health needs. You may be directed to see the in-network specialist.

Specialty care may require a prior authorization from B – UFC/ALTCS. Your PCP will work with you; B – UFC/ALTCS and other providers help get you the medical care you need. You must see your PCP before you see any other doctor, unless you have an emergency, OB/GYN, family planning services or behavioral health need. If you are 21 years or younger, you will also be assigned a Primary Dental Provider (PDP). You can visit a PDP or dentist without visiting your PCP first.

MEDICAL SERVICES:

Some medical services and specialists need prior approval by B – UFC/ALTCS. If they do, your PCP must arrange for prior authorization for these services. B – UFC/ALTCS must review these requests. Your PCP's office will let you know if your prior authorization request is approved. You can also call our Customer Care Center to find out the status.

If your PCP's request is denied, B – UFC/ALTCS will let you know by mail. If you have a question about the denial, you can call your Case Manager or write to us at the address listed on the front of this handbook. Please see page 91 for more information about filing an appeal for a denied authorization. The appeal decision sent by B – UFC/ALTCS will also tell you how to ask for a State Fair Hearing.

NOTE: Women can have a Pap or mammogram screening once a year without a referral from their PCP. *(Annually for sexually active women; after three successive normal exams the test may be less frequent).*

If you need services not covered by B – UFC/ALTCS, due to moral or religious obligations, please call your Case Manager for help.

BEHAVIORAL HEALTH SERVICES:

If you feel that you need help with an emotional, alcohol or drug problem, you do not need a referral. For non-emergency help, you may call the following people:

- Your PCP
- B – UFC/ALTCS Customer Care Center at (833) 318-4146
- B – UFC/ALTCS Behavioral Health Case Manager of the day during business hours



Please refer to page 74 for a more complete description of Behavioral Health Services.

HEALTH PLAN INFORMATION

Role of your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your assigned doctor. They play an important role in your health care. Your PCP will get to know you, your health needs and medical history. Your PCP will provide routine health care and arrange for any specialty care you may need.

If you need specialty care, your PCP will give you a referral. The network may not have an in-network specialist who can take care of your needs. B – UFC/ALTCS will refer you to a specialist outside of the network who can take care of your problem. Specialists may be added to the network who can take care of your health needs. You may be directed to see the network specialist.

Some specialty care may need a prior authorization from B – UFC/ALTCS. Your PCP will work with you. B – UFC/ALTCS and other providers help get you the medical care you need. You must see your PCP before you see any other doctor, unless you have an emergency, OB/GYN, family planning services or behavioral health need.

If you are 21 years or younger, you will also be assigned a Primary Dental Provider (PDP). You can visit a Primary Dental Provider or dentist without visiting your PCP first.

HOW TO CHOOSE OR CHANGE A PRIMARY CARE PROVIDER (PCP)

It is important that you choose a PCP who makes you feel comfortable. When you have a PCP that you like, your PCP will be able to help you better with your health care. This relationship is very important in providing you the care you need. You can find a list of B – UFC/ALTCS providers on our website at www.BannerUFC.com/ALTCS or by calling our Customer Care Center.

- If you wish to change your PCP, please call our Customer Care Center for help. You can also send a change request in writing to the address on the cover of this handbook
- We encourage you not to change your PCP frequently in order to provide the best continuity of care
- If you are having problems with your PCP such as scheduling appointments, please call our Customer Care Center or your Case Manager. We are here to help you!
- A PCP change can be made effective the same date of the request
- A listing of B – UFC/ALTCS doctors, dentists, specialist, and participating pharmacies can also be found on our website
- Please call the Customer Care Center if you would like to have a copy of our provider and/or pharmacy listing sent to you at no cost.

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.

HEALTH PLAN INFORMATION



When calling the Customer Care Center, please have the following information ready:

Your name, AHCCCS ID number, date of birth, and the phone number and address on file.

You will also need a pen and paper to write down important information.

How to Make, Change, or Cancel an Appointment with a PCP/Provider

TO MAKE AN APPOINTMENT

- Call your PCP, or specialist to schedule your appointment
- Tell the provider's office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » Your doctor's name
 - » Why you need to see this doctor
 - » If you need an emergency or urgent appointment

TO CHANGE AN APPOINTMENT:

- Call your doctor's office at least 24 to 48 hours ahead of time
- Tell the doctor's office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » The date of your appointment
 - » Ask to set a new time and/or date to see your doctor
 - » If needed, change transportation appointment by calling our Customer Care Center

TO CANCEL AN APPOINTMENT:

- Call your doctor's office 24 hours ahead of time
- Tell the doctor's office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » Date of your appointment
 - » That you want to cancel your appointment
 - » If needed, cancel your transportation appointment 24 to 72 hours in advance by calling our Customer Care Center at (833) 318-4146, TTY 711.



APPOINTMENT AVAILABILITY

Appointment Availability Standards

PRIMARY CARE

Urgent care Appointments



As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments



Within 21 calendar days of request

SPECIALTY CARE

Urgent Care Appointments



As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments



Within 45 calendar days of referral

DENTAL CARE

Urgent Care Appointments



As quickly as the member's health condition requires but no later than three business days of request

Routine Care Appointments



Within 45 calendar days of request





Wait Time

Members with an appointment shall not wait more than 45 minutes for treatment. Except when the provider is unavailable due to an emergency. If there is an emergency or delay, you should be given the option to reschedule your appointment within a reasonable period of time. B – UFC/ALTCS will actively monitor appointment wait times and ensure provider compliance.



APPOINTMENT AVAILABILITY





MATERNITY CARE

First Trimester  Within 14 calendar days of request	Second Trimester  Within 7 calendar days of request	Third Trimester  Within 3 business days of request	High Risk Pregnancies  Within 3 business days of identification of High Risk
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High Risk Pregnancies

As the member's health condition requires and no later than three business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.

BEHAVIORAL HEALTH

Urgent Need Appointments  As quickly as the member's health condition requires but no later than 24 hours from identification of need	Routine I. Initial Assessment  Within 7 calendar days of referral or request for service	Routine II. First behavioral health service following the initial assessment  As expeditiously as the member's health condition requires but no later than Member age 18 years and older: 23 calendar days after initial assessment Member age under 18 years old: no later than 21 days after initial assessment	Routine III. All subsequent behavioral health services  As quickly as the member's health condition requires but no later than 45 calendar days from identification of need
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APPOINTMENT AVAILABILITY

ADOPTED CHILDREN

Routine I. Initial Assessment



Within 7 calendar
days after referral or
request for service

Routine II. First behavioral health service following the initial assessment



As quickly as the
member's health
condition requires
but no later than
21 calendar days
after the initial
assessment

Routine III. All subsequent behavioral health services



As quickly as the
member's health
condition requires
but no longer than 21
calendar days from the
identification of need

If an adopted child does not receive services within these 7 and/or 21 calendar day timeframes, adoptive parent may contact the B – UFC/ALTCS Customer Care Center at (833) 318-4146 and the AHCCCS Clinical Resolution Unit at (800) 867-5808.

PSYCHOTROPIC MEDICATIONS

1. Review the urgency of the need right away.
2. Get care from a provider when clinically needed.
3. Your scheduled appointment time will make sure you
 - Do not run out of needed medications or
 - Do not decline in your condition prior starting medication
 - But not be longer than 30 calendar days from the notice of need



B – UFC/ALTCS will send you a reminder about well-child visits. Make an appointment with your PCP. It is important for your child to go to all the well-child 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, and medically necessary immunizations. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members under 21 years of age are considered the same as a well visit.

Well-child Visit/Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health conditions for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

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.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

This means that EPSDT covered services include services that correct or ameliorate physical and behavioral health conditions, and illnesses discovered by the screening process when those services fall within one of the optional and mandatory categories of "medical assistance" as defined in the Medicaid Act. Services covered under EPSDT include all 29 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.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes diagnostic, screening, preventive, and

EPSDT

rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

EPSDT/WELL-CHILD VISITS INCLUDE:

- A comprehensive health and developmental history, including growth and development screening which includes physical, nutritional and behavioral assessments.
- Nutritional Assessment provided by a PCP.
- Behavioral Health Screening and services provided by a PCP.
- Developmental Screening Tools used by a PCP.
- A comprehensive, unclothed physical examination.
- Appropriate immunizations according to age and health history.
- Laboratory tests, include blood lead screening assessment and blood lead testing appropriate to age and risk. Blood lead testing is required for all children at 12 and 24 months of age. Blood lead testing is also needed for any 2 to 6 year old child that has missed earlier tests or when medically needed.
- Health education, counseling, and chronic disease self-management.
- Appropriate oral health screening, intended to identify oral pathology, including tooth decay and/or oral lesions, and the application of fluoride varnish conducted by a physician, physician assist, or nurse practitioner.
- Appropriate vision, hearing, and speech screenings.
- TB testing as appropriate to age and risk.
- Eye examinations and prescriptive lenses.
- Ocular photoscreening for children ages 3-5 is covered when due to challenges with a child's ability to cooperate with traditional vision screening techniques. Limited to lifetime coverage of 1.
- Medicines listed in the B – UFC/ALTCS Drug Formulary.
- Special medical foods when medically necessary.

WELL-CHILD* VISITS WILL ALSO GIVE YOU IDEAS ABOUT HOW TO:

- Keep your child well
- Protect your child from getting hurt
- Spot health problems early
- Apply for services like WIC, Head Start, Children's Rehabilitative Services (CRS), and the Arizona Early Intervention Program (AzEIP).



All children should see their doctor for EPSDT/Well-Child visits regularly. Well-Child visits should be done at the following ages:
Newborn 3-5 days old
1 month old
2 months old
4 months old
6 months old
9 months old
12 months old
15 months old
18 months old
24 months old
30 months old
Yearly from age 3 through age 20.
A well-child visit is the same as an EPSDT visit.



A well-child visit is the same as an EPSDT visit.

WOMEN HEALTH SCREENING

Women's Health Screenings and Preventive Care

We encourage our female members to get regular preventative care services. Well-Women's Preventative Care services and other preventative care and screening services are available without copayment or cost-sharing. An Annual Well-Woman Preventative Care visit will help identify health problems and promote healthy lifestyle habits that reduce the risks of some health problems. These Well-Women Preventative services include, but are not limited to:

- A physical wellness exam that assesses overall health.
- Clinical breast exams and mammograms.
- Pelvic exams, cervical cancer screening including pap smear.
- Immunization including the availability of the Human Papillomavirus (HPV) vaccine as recommended by the CDC and your provider.
- Testing as appropriate for your age and risk factors.
- Initiating referrals for further testing, care and treatment if needed.

Additional screenings and counseling which focus on minimizing health risks and maintaining a healthy lifestyle may include topics such as:

- Nutrition, physical activity and elevated body mass index as an indicator of possible obesity.
- Tobacco and substance use, abuse and dependency.
- Depression screening.
- Interpersonal and domestic violence.
- Sexually transmitted infections and HIV.
- Colorectal cancer screenings.
- Family Planning Services and Supplies.
- Preconception counseling with discussion about a healthy lifestyle before and between pregnancies, which includes (*Reproductive history and sexual practices*).
- Healthy weight; diet, nutrition & folic acid intake, and the use of nutritional supplements.
- Physical activity or exercise.
- Oral Health Care.
- Chronic disease management.
- Emotional wellness.
- Tobacco, substance (*caffeine, alcohol, marijuana and other drugs*), including prescription drug use.
- Recommended intervals between pregnancies.

Call us if you need help finding a provider.



A Pap smear tests for early stages of cervical cancer.
A mammogram tests for breast cancer.

MATERNITY CARE

Maternity Care

We want to help you have a strong, healthy baby. The first step toward having a healthy baby is to take care of you during pregnancy. It is VERY IMPORTANT that you see a maternity provider as early as possible in your pregnancy. It is also very important to go to follow-up pregnancy appointments regularly throughout your pregnancy.

Call your Case Manager right away if you experience any delay in getting prenatal care of any kind. If you do not already have a maternity care provider, please call our Customer Care Center or visit our website for help in choosing one for your pregnancy care. You may choose from any of our contracted maternity providers.

Have you already started care with a non-contracted maternity provider? It is possible to get authorization to continue seeing that provider for your pregnancy care. You may also be able to request to change health plans to help ensure continuity of care during your pregnancy.

If your pregnancy is high-risk, call your Case Manager. They are here to answer questions and help you with any appointments or referrals you might need. Please call your provider to schedule your first appointment.

YOUR PROVIDER WILL OFFER YOU THE FOLLOWING IMPORTANT SERVICES WHILE YOU ARE PREGNANT:

- Checkups (*including blood pressure check, monitor weight gain, check baby's movement and growth and listen to baby's heartbeat*)
- Tests you may need, including lab tests
- Check for infections, including sexually transmitted diseases and HIV/AIDS. NOTE: Confidential counseling and treatment are available to those members who test positive.
- Prenatal vitamins
- Talk with your provider before delivery, about birth control options including Long-Acting Reversible Contraceptives as well as Immediate Postpartum Long-Acting Reversible Contraceptives.
- The delivery of your baby
- Follow-up care for you, after your baby is born

YOU WILL BE GIVEN IMPORTANT INFORMATION ON:

- ◆ Having a healthy baby by eating right, exercising and resting
- ◆ Things to do or not to do while pregnant
- ◆ Normal changes to expect during pregnancy
- ◆ Preparing for the birth of your baby
- ◆ Childbirth classes
- ◆ Preparing for the care of your baby
- ◆ Family planning services and supplies (*except for pregnancy termination and pregnancy termination counseling*)

Let us help you get the health care you need to have a healthy baby!



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

Transportation as well as scheduling help for Well-Woman Preventative Care services is available through B – UFC/ALTCS's Customer Care Center by calling (833) 318-4146, TTY 711.



Call our Customer Care Center if you need help choosing a midwife or a doctor or if you need help with a ride to your appointment.

MATERNITY CARE



If you are pregnant and have B – UFC/ ALTCS, you must plan to give birth at any contracted hospital listed in the provider directory. If you experience an emergency during pregnancy, go to the nearest hospital.

Prenatal Care

When you are pregnant, it is important to get care early and often from a doctor. Provider visits while pregnant help protect your baby and help you have a healthy baby.

IF YOU ARE PREGNANT, YOUR DOCTOR MUST SEE YOU WITHIN:

- Fourteen (14) calendar days of your request, if you are in your first trimester (*0 month - 3 months pregnant*)
- Seven (7) calendar days of your request, if you are in your second trimester (*3 months-6 months pregnant*)
- Three (3) calendar days of your request, if you are in your third trimester (*6 months - 9 months pregnant*)
- As quickly as possible (*no later than three (3) business days of your request*) based on your health condition if your pregnancy is high-risk.
- Immediately, if it is an emergency. (*At any time in the pregnancy*)

If you have trouble getting an appointment in these time frames, call our Customer Care Center and we will work with our Maternal Child Health Department to help you in getting a timely appointment.

DURING YOUR PREGNANCY:

- See your doctor for a checkup:
 - » Every 4 weeks until you are 28 weeks
 - » Every 2 weeks until you are 36 weeks
 - » Weekly visits from 36 weeks until delivery
 - » Your doctor may need to see you more often during your pregnancy.
- Do not drink alcohol, use drugs, or smoke while pregnant
- Eat healthy foods
- Voluntary prenatal HIV testing is available. Counseling and treatment is available if the test is positive. A woman can pass HIV to her baby during pregnancy, during labor, or through breastfeeding. If a pregnant woman's infection is found before she gives birth, doctors can treat her with drugs that fight HIV. These drugs can greatly reduce the risk of her baby being infected with HIV. Please ask your Provider about this test.

AFTER YOUR PREGNANCY:

It is very important to stay in contact with your obstetric provider after delivery of your baby. All women should have an initial follow-up within 3 weeks of delivery. You should make and keep any additional recommended follow-up visits. At these visits, your doctor will check to make sure you are healing properly, talk to you about postpartum depression and help you with family planning. Your postpartum care should finish with a comprehensive visit no later than 12 weeks after having your baby.

FAMILY PLANNING

Family Planning

Family Planning services are available for members of reproductive age (12 – 55 years of age) regardless of gender, who voluntarily chose to delay or prevent pregnancy. Family Planning services and supplies are available at no cost through any appropriate provider regardless of network status. A referral is not needed to see a provider for family planning services. Family Planning providers can help you review and choose birth control methods that will work for you. If you need family planning services or supplies from a provider not in our network, please contact your Case Manager for assistance.

FAMILY PLANNING SERVICES FOR MEMBERS ELIGIBLE TO RECEIVE FULL HEALTH CARE COVERAGE MAY RECEIVE THE FOLLOWING SERVICES:

- Contraceptive counseling, medication and/or supplies including but not limited to:
 - » Oral and injectable contraceptives
 - » Long-Acting Reversible Contraceptives (LARC)
 - » Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC)
 - » Intrauterine devices (IUD)
 - » Subdermal implantable contraceptives
 - » Diaphragms, condoms, foams, and suppositories
- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning
- Treatment of complications resulting from contraceptive use, including emergency treatment
- Natural family planning education or referral to qualified health professionals
- Emergency oral contraception within 72 hours after unprotected sexual intercourse (Mifepristone, Mifeprex or RU486 is not post-coital emergency contraception)
- Pregnancy screening
- Medications when associated with medical conditions related to family planning or other medical conditions
- Screening and treatment for sexually transmitted infections are covered for males and females
- Sterilization services for members over 21 years of age regardless of gender

If you require services from a provider that is not in network, you may call your Case Manager to start the prior authorization process.

B – UFC/ALTCS does not require you to get a referral, when choosing a family planning provider.

FAMILY PLANNING

THE FOLLOWING SERVICES ARE NOT COVERED UNDER FAMILY PLANNING:

- Infertility services including testing, treatment, or reversal of a tubal sterilization or vasectomy
- Pregnancy termination counseling
- Pregnancy termination – unless you meet the conditions described in the Pregnancy Termination Section
- Hysterectomies, if done for family planning only

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:
 - a. Creating a serious physical or behavioral health problem for the pregnant member
 - b. Seriously impairing a bodily function of the pregnant member
 - c. Causing dysfunction of a bodily organ or part of the pregnant member
 - d. Exacerbating a health problem of the pregnant member, or
 - e. Preventing the pregnant member from obtaining treatment for a health problem

DENTAL CARE

Dental Care

If you are 21 years or older, you have covered dental services. Covered services may include diagnostic, therapeutic and preventive care. Your dental services will have a limit of \$1,000 per benefit year (*October 1st to September 30th*). Any unused benefit will not roll over to the next year. You may be billed for any services that are over the limit. Some dental services may have limits and/or prior authorization requirements. Costs associated with a dental provider performing general anesthesia will be applied towards the \$1,000 limit. Please call your Case Manager or Customer Care Center if you have any questions.

Dental Home: Members up to 21 Years of Age

- All health plan members up to 21 years of age are assigned to a Dental Home, also known as a Primary Dental Provider (PDP). A Dental Home is a dentist's office that is visited every six months for a checkup. This dental home office manages all aspects of oral health care, in a comprehensive, continuously accessible, coordinated and family-centered way.
- Members can choose or change an assigned dental provider.
- All dental health checkups, cleaning, and treatments are covered for health plan members up to 21 years of age.
- There is no copayment or other charges for dental services for members up to 21 years of age.
- Children do not need to be referred by their PCP to see a dental provider (*Go to page 70 for help on making a dental appointment*).

At 12 months of age, children should begin to see a dental provider for a checkup every six months. Members may begin to see a dentist earlier (*with first tooth eruption*), but at the latest, by one year. B – UFC/ALTCS sends dental checkup reminders. Dental providers can help prevent cavities. They can use dental sealants (*a coating painted on the back teeth*) and fluoride treatments. Dental providers can also teach you and your child how to care for teeth. It is important for your child to go to the dentist every six months.

Look in the Provider Directory on our website to choose a dental clinic near you or call our Customer Care Center for help scheduling a visit.

Use these guidelines for scheduling appointments for your child:

- Emergency dental appointments – same day appointments; for extreme pain and dental emergencies.
- Urgent dental appointments – within 3 days for lost fillings, broken tooth.
- Routine dental appointments – within 45 days, for routine checkups and dental cleaning.
- Make sure you take your child's B – UFC/ALTCS Member ID card with you to the dental appointment.



At 12 months of age, children should begin to see a dentist for a checkup every six months.

Covered Services may include diagnostic, therapeutic and preventive care, including dentures.

DENTAL CARE



The Customer Care Center can help you in finding your service provider.

Or visit our website at www.BannerUFC.com/ALTCS to find a provider.

If urgent you should be able to schedule an appointment within three business days of your request.

How to Choose or Change a Primary Dental Provider (PDP)

It is important that you choose a PDP who makes you feel comfortable. When you have a PDP that you like, your PDP will be able to help you better with your health care. This relationship is very important in providing you the care you need. You can find a list of B – UFC/ALTCS dentists on our website at www.BannerUFC.com/ALTCS or by calling our Customer Care Center.

- If you wish to change your PDP, please call our Customer Care Center for help. You can also send a change request in writing to the address listed on the cover.
- We encourage you not to change your PDP frequently to provide the best continuity of care.
- If you are having problems with your PDP such as scheduling appointments, please call our Customer Care Center or your Case Manager. We are here to help you!
- A PDP change can be made effective the same date of the request.
- A listing of B – UFC/ALTCS dentists can also be found on our website.
- Please call our Customer Care Center if you would like to have a copy of our Dental Provider Directory sent to you at no cost.

How to Make, Change, or Cancel a Dental Appointment

TO MAKE AN APPOINTMENT:

- Call your PDP to schedule your appointment
- Tell the dental office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » Your dentist's name
 - » Why you need to see this dentist
 - » If you need an emergency or urgent appointment
 - » If needed, schedule transportation for your appointment at no-cost to you, by calling our Customer Care Center

TO CHANGE AN APPOINTMENT:

- Call your dental home at least 24 to 48 hours ahead of time
- Tell the dentist's office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » The date of your appointment
 - » Ask to set a new time and/or date to see your dentist
 - » If needed, change transportation appointment by calling our Customer Care Center

DENTAL CARE

TO CANCEL AN APPOINTMENT:

- Call your dental office 24 hours ahead of time
- Tell the dental office:
 - » Your name
 - » Your B – UFC/ALTCS Member ID number
 - » Date of your appointment
 - » That you want to cancel your appointment
 - » If needed, cancel your transportation appointment 24 to 72 hours in advance by calling our Customer Care Center

Pharmacy Services

PRESCRIPTIONS

Let your doctor know if you need medicine. The health plan has a list of covered drugs. Your doctor will choose a drug from that list. Your doctor will write you a prescription for the drug. Your doctor should make sure the drug is a covered by the plan. Not all drugs are on our list of covered drugs. If the drug your doctor wants you to have is not on our list, your doctor may request a prior authorization. You can get some drugs at the pharmacy without a prescription. Those drugs are called over-the-counter drugs. Some of those drugs are covered by our health plan, but your doctor must write a prescription for them first.

The health plan has a list of in-network pharmacies. You should get your drugs at one of those pharmacies.

If you have other insurance, our health plan will pay for part of the drug. Our health plan will pay for your copay if the drug is on our list of covered drugs.

E-PRESCRIPTIONS

Your doctor can send your prescription to the pharmacy electronically. This is called an e-prescription. The prescription is sent directly to your pharmacy. This way, your prescription will be ready when you arrive at the pharmacy.

WHAT YOU NEED TO KNOW ABOUT YOUR PRESCRIPTION

Your doctor or dentist may give you a prescription for medication. Be sure and let him/her know about any medications you get from another doctor or medications you buy on your own, including non-prescription or herbal products.

Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what your medicine is for and possible side effects. If you do not understand how to take your medicine or why you should take it, ask to speak to the pharmacist.



Please remember:
B – UFC/ALTCS
will only pay for the
services that are
ordered by your
PCP and have been
approved by
B – UFC/ALTCS.

In order for these
services to be
covered, they
must be medically
needed.



Prior authorization
means your doctor
has requested
permission for you to
get a special service.
B – UFC/ALTCS
must approve these
requests before the
delivery of services.
Prior authorization
is approved based
on a review of
medical need.

PHARMACY SERVICES



For pharmacy questions after hours or on holidays, you can call our Customer Care Center. The phone number is (800) 582- 8686, TTY 711.

WHAT HAS CHANGED FOR DUAL-ELIGIBLE MEMBERS?

B – UFC/ALTCS covers drugs which are medically needed, cost effective, and allowed by federal and state law.

For B – UFC/ALTCS recipients with Medicare, B – UFC/ALTCS does not pay for Medicare copayments, coinsurance, or the deductible for Medicare Part D medications. AHCCCS covers medications that are excluded from coverage under Medicare Part D when 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, refer to the B – UFC/ALTCS Over-the-Counter Drug List for a list of products available on our website at www.banneruca.com/searchtools/findamedication or call our Customer Care Center to request a printed copy.

REFILLS

The label on your medication bottle tells you how many refills your doctor has ordered for you. If your doctor has ordered refills, you may only get one 30-day refill at a time.

If your doctor has not ordered refills, you must call him/her at least five (5) days before your medication runs out. Talk to your provider about getting a refill. Your provider may want to see you before giving you a refill.

WHAT SHOULD I DO IF THE PHARMACY DENIES MY PRESCRIPTION?

Call our Customer Care Center and we can help you find out why your prescription is not approved to fill. Sometimes a primary insurance may be entered incorrectly, or it may be too soon to refill. Other times, the medication is not on our list of covered drugs. If a pharmacy turns you away or will not fill your prescription, ask if you and/or the pharmacist can call our Customer Care Center together to find out what is happening. We will work with you and the pharmacy to find the best options for you. When you call for help before leaving the pharmacy, we can try to take care of the problem so you will not need to make another trip. We want to make it easy for you.

EXCLUSIVE PHARMACY AND PROVIDER ASSIGNMENT

Our health plan checks members taking certain drugs to make sure they are using the right drug at a safe dose. These drugs include pain drugs and drugs for muscle pain. It includes drugs to help with sleep or anxiety, antipsychotic drugs, and stimulant drugs. A check of these drugs is done every three months.

If you are taking those drugs you may be restricted to using one pharmacy. You may also be restricted to using one doctor. There are different reasons for the restriction. You will have a restriction if you are getting four or more of these drugs from four or more doctors and using

PHARMACY SERVICES

four or more pharmacies in a three-month period. If you fill 12 or more of those drugs in three months you will have a restriction. If you try to fill an altered or fake prescription, you will have a pharmacy and/or doctor restriction.

The restriction can be in place for 12 months. You will get a restriction notification in writing. You may not agree with the restriction. You have the right to appeal the restriction. If you need a drug in an emergency, you can call our Customer Care Center. The phone number is (833) 318-4146.

Members can be excluded from restrictions. There are different reasons you can be excluded from the restrictions. One reason is if you have certain conditions. One of those conditions is cancer. You may be excluded if you are getting hospice care. You may also be excluded if you live in a skilled nursing facility.

Your primary care doctor will be able to write prescriptions for these drugs. They will make sure these drugs are helping to treat your condition. These drugs treat conditions including depression, anxiety, and attention deficit hyperactivity disorder. Talk with your doctor if you have one of these conditions.



BEHAVIORAL HEALTH SERVICES



You do not need a referral from your PCP to receive behavioral health services.

Behavioral Health Services

Behavioral health providers can help you with personal and emotional problems that may affect you and your family. Examples of situations when behavioral health services can help are when you are feeling anxious or depressed, more days than not; when you have experienced a trauma, such as a major accident, or you were the victim of a crime, or physical, emotional or sexual abuse; when you have lost a loved one; or if you are in a domestic violence situation. If you think you or your family member may have problems with a mental illness or substance abuse, behavioral health services can be very helpful.

You do not need a referral from your PCP to receive behavioral health services.

With your written consent, B – UFC/ALTCS will coordinate your care with other types of programs and services such as the Department of Economic Security, Division of Developmental Disabilities, Rehabilitative Services Administration, Administrative Office of the Courts/Juvenile Probation, Arizona Department of Corrections, Arizona Department of Juvenile Corrections, Administrative Office of the Courts, and the Department of Education including local schools and other local health departments or community service agencies, when applicable.

Additional information regarding school-based services can be found at: www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices.

You may qualify for a Serious Mental Illness (SMI) designation. This may be requested through your behavioral health provider, PCP or ALTCS case manager.



BEHAVIORAL HEALTH SERVICES

**IF YOU HAVE QUESTIONS ABOUT YOUR BEHAVIORAL
HEALTH SERVICES PLEASE CALL OUR CUSTOMER CARE CENTER
AT (833) 318-4146.**

FOR BEHAVIORAL HEALTH EMERGENCIES, CALL 911



If you have questions, please call our Customer Care Center at (833) 318-4146. TTY 711.

BEHAVIORAL HEALTH SERVICES THAT YOU MAY BE ELIGIBLE FOR INCLUDE:

- a. Behavior Management (personal care, family support/home care training, peer support)
- b. Behavioral Health Case Management Services
- c. Behavioral Health Nursing Services
- d. Emergency Behavioral Health Care
- e. Emergency and Non-Emergency Transportation
- f. Evaluation and Assessment and referral for obtaining an SMI evaluation
- g. Individual, Group and Family Therapy and Counseling
- h. Inpatient Hospital Services
- i. Non-Hospital Inpatient Psychiatric Facilities Services (Level I residential treatment centers and sub-acute facilities)
- j. Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- k. Opioid Agonist Treatment
- l. Partial Care (supervised day program, therapeutic day program and medical day program)
- m. Psychosocial Rehabilitation: (living skills training; health promotion; supported employment services. These services are designed to teach members skills to live, learn, work and socialize within their communities. (i.e. include self-care, budgeting, household management, social skills and activities to prepare someone for getting a job
- n. Psychotropic Medication
- o. Psychotropic Medication Adjustment and Monitoring
- p. Respite Care (limited to 600 hours per contract year - October 1 through September 30)
- q. Behavioral Health Substance Abuse Transitional Facilities
- r. Screening
- s. Home Care Training to Home Care Client
- t. Supported Housing (as funds are available)
- u. Auricular Acupuncture (as funds are available)
- v. Mental Health (other funds for special circumstances as funds are available)

BEHAVIORAL HEALTH SERVICES



SERIOUS MENTAL ILLNESS (SMI) REFERRAL AND DESIGNATION PROCESS:

Serious Mental Illness (SMI) is a designation used for people who need additional support because their mental illness impacts their ability to function. Member or Health Care Decision Maker may request referral for SMI screening from behavioral health (BH) provider. SMI screening is completed by behavioral health provider. If you don't have a behavioral health provider, your PCP can refer you to a BH provider for screening.

Member must be at least 17.5 years of age to have a SMI evaluation. A member or guardian must provide consent to be assessed. SMI evaluations must be completed within 7 business days of the SMI referral request. Solari Crisis and Human Services (Solari Inc.) is responsible for reviewing all applications and making SMI determinations for the State of Arizona. Solari Inc. has three (3) days to make the decision. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member's right to appeal the decision.

If member is determined to be SMI, member will transfer health plan services to the Regional Behavioral Health Agency (RBHA) in their county for behavioral health and physical health services. Member has option to stay with B – UFC/ALTCS for physical health services. For additional information contact our Customer Care Center.

ARIZONA'S VISION FOR THE DELIVERY OF BEHAVIORAL HEALTH SERVICES

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency

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.

BEHAVIORAL HEALTH SERVICES

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) Client-centered teams plan and deliver services, and
- 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 DCS and/or DDD caseworker, and the child's probation officer.
- d) The team:
 - a. Develops a common assessment of the child's and family's strengths and needs,
 - b. Develops an individualized service plan,
 - c. Monitors implementation of the plan, and
 - d. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:

- a) Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
- b) Case management is provided as needed,
- c) Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
- d) Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:

- a) Behavioral health services are provided by competent individuals who are trained and supervised,
- b) Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based "best practices."
- 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

BEHAVIORAL HEALTH SERVICES

similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members' lives, especially class 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.

BEHAVIORAL HEALTH 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 Spanish to children and parents whose primary language is Spanish.

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, will be made available.

12. Connection to natural supports:

- The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

NINE GUIDING PRINCIPLES FOR RECOVERY-ORIENTED ADULT BEHAVIORAL HEALTH SERVICES AND SYSTEMS

1. Respect-Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.
2. Persons in recovery choose services and are included in program decisions and program development efforts - A person 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 - A person 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.

BEHAVIORAL HEALTH SERVICES

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - A person 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 - A person 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 - A person 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. Persons in recovery define their own success - A person 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. Persons 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 - A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
9. Hope is the foundation for the journey towards recovery - A person 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. A person in recovery is held as boundless in potential and possibility.

BEHAVIORAL HEALTH SERVICES

Children's Rehabilitative Services (CRS) Program

WHAT IS CRS?

Children's Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members and are able to get care in the community, or in clinics called multispecialty interdisciplinary clinics (MSIC). MSICs bring many specialty providers together in one location. They provide family-centered, coordinated care to help meet the many needs of children in the CRS program. See page 83 for MSIC locations and a list of specialties available at each clinic. B – UFC/ALTCS will assist the member with a CRS designation with closer care coordination and monitoring to make sure special healthcare needs are met. Eligibility for a CRS designation is determined by the AHCCCS Division of Member Services (DMS).

WHO IS ELIGIBLE FOR A CRS DESIGNATION?

AHCCCS members may be eligible for CRS designation when they are under 21 years old AND have a qualifying CRS condition. The medical condition must also:

- Require active treatment; and
- Be found by AHCCCS Division of Member Services to meet criteria specified in Arizona law (ARS R9-22-1301-1305).

A CRS application can be submitted by anyone such as a family member, health care worker, doctor, or health plan staff. Applications must include medical records that show a CRS qualifying condition and active treatment need exist.

B – UFC/ALTCS is here to help children with CRS eligible conditions. If you have questions about the CRS Program, need help completing an application, or would like to speak to a member of our Pediatric Care Management team, please call our Customer Care Team at (833) 318-4146, TTY 711.

More CRS information is also available by contacting the AHCCCS CRS Enrollment Unit at: (602) 417-4545 or (855) 333-7828. Applications are available at www.azahcccs.gov.

CRS MEMBER ADVOCATE

A CRS Member Advocate is available to help you navigate the health care system and community resources. The CRS Member Advocate will work with families to help ensure timely access to care. If you need member advocacy support, please call our B – UFC/ALTCS Customer Care Center or email the Office of Individual and Family Affairs (OIFA) at oifateam@bannerhealth.com.



If you are unable to contact your CRS clinic or MCIS clinic and need help, please call B – UFC/ALTCS Customer Care Center.

OTHER BENEFITS

HOW TO MAKE, CHANGE, OR CANCEL A CRS/MCIS APPOINTMENT

To Make an Appointment:

- Call your assigned MSIC clinic to schedule your appointment
- Tell the clinic:
 - » Your name
 - » Your Member ID number
 - » Your provider's name
 - » Why you need to see this doctor

To Change an Appointment:

- Call your clinic at least 24 hours ahead of time
- Tell the clinic:
 - » Your name
 - » Your Member ID number
 - » The date of your appointment
 - » Ask to set a new date to see your provider
 - » If needed, change transportation appointment

To Cancel Your Appointment:

- Call your clinic 24 hours ahead of time
- Tell the clinic:
 - » Your name
 - » Your Member ID number
 - » Date of your appointment
 - » That you want to cancel your appointment
 - » If needed, cancel your transportation appointment



Please see our
Community
Resources
section.



OTHER BENEFITS

Multi-specialty interdisciplinary clinics (MSIC)

Children's Clinic

2600 N Wyatt Drive
Tucson AZ 85712
(520) 324-5437
www.childrensclinics.org

Specialties:

Audiology
Behavioral Analysis
Cardiology
Counseling
Dental & Orthodontia
Developmental Pediatrics
Endocrinology
ENT
Gastroenterology
Genetics
Hematology
Lab & Radiology
Nephrology
Neurology
Nutrition
Ophthalmology
Occupational Therapy
Orthopedics
Pediatric Surgery
Physical Therapy
Plastic Surgery
Primary Care
Psychiatry (Child & Adolescent)
Psychology
Pulmonology
Rheumatology
Speech & Language Therapy
Urology

District Medical Group

3141 N. 3rd Avenue,
Suite 100,
Phoenix, AZ 85013
(602) 914-1520
www.dmgcrs.org

Specialties:

Audiology
Behavioral Health Services
Cardiology
Dental
Endocrinology
ENT
Gastroenterology
Genetics
Lab and X-Ray
Nephrology
Neurology
Neurosurgery
Nutrition
Occupational Therapy
Ophthalmology
Orthopedics
Pediatric Surgery
Physical Therapy
Plastic Surgery
Psychiatry
Psychology
Pulmonology
Rheumatology
Speech and Language Therapy
Urology

Children's Rehabilitative Services

2851 S. Avenue B,
Building 25,
Yuma, AZ 85364
(928) 336-2777
[www.yumaregional.org/
Medical-Services](http://www.yumaregional.org/Medical-Services)

Specialties:

Audiology
Behavioral Health
Cardiology
Comprehensive Assessment
Craniofacial (Cleft Lip & Palate)
Ear, Nose & Throat
Endocrinology
Gastroenterology
Nephrology
Neurology
Nutrition
Ophthalmology
Orthopedics
Psychiatry
Speech & Language Therapy
Urology
Wheelchair Services

OTHER BENEFITS

AHCCCS Freedom to Work Program - Health Insurance for Working Individuals with Disabilities

If you have a disability and are working, AHCCCS has program for you. This is known as the Freedom to Work Program. It gives you coverage for a small premium. Being an ALTCS member qualifies you if you are working and paying taxes. You must also meet the other criteria:

- Ages 16-65
- Arizona resident
- U.S. citizen or qualified immigrant
- Have a Social Security number or apply for it
- Apply for other income such as unemployment or Social Security
- Receive Social Security disability or have been determined disabled
- Not eligible for any other AHCCCS program
- Have countable monthly earned income under \$2350.00 per month
- Earnings of family members do not count towards your total income. AHCCCS also does not count social security income. Only about half of your income is counted.
- Members pay a premium of up to just \$35.00 per month for this benefit.

Apply by calling the AHCCCS Freedom to Work Unit at (602) 417-6677 or (800) 654-8713 option 6.

OTHER BENEFITS

Member Advocacy Council (MAC)

B – UFC/ALTCS has a Member Advocacy Council (MAC). The council is made up of members just like you. It is also open to your family and/or representatives. The purpose of the council is to provide a place where you can share feedback about our services. You can be an advocate for issues that impact you and our members. Your input helps us in areas such as, but not limited to, education materials and internal processes that affect the way services are delivered.

LOCATION AND FREQUENCY

The council meets four (4) times a year virtually or in-person.

MAC GROUPS:

MAC 1 – Yuma and La Paz Counties

MAC 2 – Gila, Maricopa, Pinal Counties

MAC 3 – Cochise, Graham, Greenlee, Pima, Santa Cruz Counties

For meeting dates and times, please visit our website at www.BannerUFC.com/ALTCS.

HOW TO JOIN

Email oifateam@bannerhealth.com or please call your Case Manager if you would like to attend a MAC meeting. Your Case Manager can help you set up transportation to and from the meetings. A light meal or snack is provided. Children may attend the meeting.



OTHER BENEFITS

Approval and Denial Process

PRIOR AUTHORIZATION

Some services your doctor is requesting must be reviewed by our Prior Authorization department. Your doctor will send in a request with your information and our Prior Authorization nurses will review the request.

Your doctor will send the request for prior authorization to B – UFC/ALTCS Prior Authorization Department for the requested services.

B – UFC/ALTCS, per AHCCCS standards, has up to 72 hours to review and process an urgent request and up to 14 days for a routine request.

Banner – University Health Plans uses nationally recognized criteria when making prior authorization decisions. These criteria are available to you upon request or can be found on our website at www.bannerufc.com/altcs/plan-information/prior-authorizations. If B – UFC/ALTCS denies a service requested by your doctor, B – UFC/ALTCS sends a notice as soon as possible. The letter will provide you information on rights of what to do if you do not agree with B – UFC/ALTCS decision.

If you have any questions about the decision, if the letter is hard to read, or it is unclear, please call the B – UFC/ALTCS Customer Care Center at (833) 318-4146. Please see page 91 for more information about filing an appeal about a denied authorization.

Restrictions on Freedom of Choice Among Providers

As a B – UFC/ALTCS member, you have the freedom to choose providers from within the B – UFC/ALTCS network. We have many high quality providers. This includes PCPs, specialists, nursing facilities, assisted living facilities, and home-based service agencies. If you want to change providers, please discuss your plan with your Case Manager.

This will help you to make sure that the new provider is contracted with B – UFC/ALTCS and can provide the care you need.



The criteria that decisions are based on are available upon request.

OTHER BENEFITS

Share of Cost (SOC)

B – UFC/ALTCS members may have to pay a portion of their care, this is called share of cost (SOC). SOC is determined by your income, expenses and any services you may get. This is determined when you become qualified for the ALTCS program. Your SOC is given to you by your ALTCS eligibility office.

The SOC is applied by B – UFC/ALTCS toward your medical care, nursing homes, or home and community-based service expenses.

SOC may be different for members living in nursing facilities. If you live in a nursing home, the nursing home will collect your SOC. If you live in an Assisted Living Facility, room and board costs are paid by you, but you still may have a SOC. Some members may not have a SOC because they have a limited income. Your Case Manager will be able to answer any questions about your share of cost.

IF YOU ARE BILLED

If you get a B – UFC/ALTCS covered service, you should not get a bill. If you do, call your provider (*doctor or hospital*) right away. Tell them you have insurance with B – UFC/ALTCS and make sure they have your member ID number. Tell the provider to stop billing you and to send a claim to B – UFC/ALTCS. If the provider continues to bill you, call the Customer Care Center and let them know about the situation.

Providers may send a bill to AHCCCS members for services which are excluded from AHCCCS coverage or exceed AHCCCS limits if the provider obtains the member's written agreement to pay for the services in advance of providing the service.



OTHER BENEFITS



B – UFC/ALTCS members are exempt from Medicaid copayments.

Coordination of Benefits/ Third Party Liability (COB/TPL)

It is important to tell us if you have other insurance or Medicare. It does not change any of the services or benefits you get from B – UFC/ALTCS and AHCCCS. Try to choose a PCP who is with both B – UFC/ALTCS and your other insurance. This will help us coordinate your benefits. If you get services from a doctor that is not contracted with B – UFC/ALTCS, you must have prior authorization, or you may be responsible for payment.

Members that have both AHCCCS and Medicare are called “dual eligible.” B – UFC/ALTCS may help pay your coinsurance and deductibles if you use Medicare providers that are also contracted with B – UFC/ALTCS or who follow all of B – UFC/ALTCS’s cost sharing rules. Always tell your doctor if you have other insurance. Your other insurance or Medicare is considered your primary insurance. They may pay for your medical services. You must use your primary insurance plan first. B – UFC/ALTCS is your secondary insurance. B – UFC/ALTCS may help you pay co-pays, coinsurance or deductibles that other insurance may charge you. Do not pay the doctor. Tell your doctor to bill B – UFC/ALTCS. Make sure to show the doctor your B – UFC/ALTCS Member ID Card and your other insurance. This will help them to know where to send the bill. If you do not tell your doctor that you have other insurance, this may delay payment from B – UFC/ALTCS.

If you have questions about how your primary insurance will impact your B – UFC/ALTCS coverage, call our Customer Care Center prior to receiving services from your doctor.

OTHER BENEFITS

Special Information for our Members who have Medicare Coverage

If you are a “dual eligible” member, it often means that you have more benefits that may not be covered under AHCCCS. When we know about your other insurance, it helps us coordinate the care you get with the other plan.

If you have Medicare coverage and you see a doctor that is not on our plan, the charges may not be covered. If you are a non-Qualified Medicare Beneficiary and you choose to do that without our approval, B – UFC/ALTCS will not pay for those services because they were done by a doctor that is not on our plan. It is important that you work with your PCP to be referred to the right doctors. *(This does not include emergency services).*

If you are a non-Qualified Medicare Beneficiary, B – UFC/ALTCS will not cover co-pays or deductibles for services provided outside of the network without prior authorization.

IMPORTANT INFORMATION FOR AHCCCS MEMBERS WITH MEDICARE PART D COVERAGE:

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 been designated to 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), B – UFC/ALTCS OTC Drug List for a list of products available on our website at www.bannerufc.com/altcs/search-tools/find-a-medication or call our Customer Care Center to request a printed copy.

PRIOR AUTHORIZATION FOR MEDICATIONS:

24 hours to review and make a decision from initial date and time of receipt.

If inadequate information is given to make a decision, provider is notified with request for more information within the initial 24 hours and then we have seven business days to render a final decision from initial date and time of receipt.



If you need additional advocacy support through the complaint and/or grievance process, a member advocate can be requested through our B – UFC/ALTCS Customer Care Center or by emailing Member Advocacy at oifateam@bannerhealth.com.

MEMBER RIGHTS

Concerns or Grievances about B – UFC/ALTCS

For inquiries to any of the following questions, or to file a complaint, please contact our Grievance & Appeals Department. A complaint can be written or verbal. If you need help filing a complaint, call our Customer Care Center at (833) 318-4146.



Banner – University Family Care
Attn: Grievance & Appeals Department
2701 E. Elvira Road
Tucson, AZ 85756
Phone: (833) 318-4146, ask for Grievance & Appeals
Fax: (520) 874-3462 or (866) 465-8340

**You can file a
complaint with
B- UFC/ALTCS or
AHCCCS**

WHAT IF YOU HAVE QUESTIONS, PROBLEMS OR COMPLAINTS ABOUT B – UFC/ALTCS?

Call our Customer Care Center if you have a specific grievance or dissatisfaction with any aspect of your care. Examples of grievances are: service issues, transportation issues, quality of care issues, and provider office issues. Interpretation services are available in any language at no cost to you. You may call our Customer Care Center to file a grievance (complaint). You may also file your grievance in writing by mailing it to the address listed above. Your grievance will be reviewed, and a response will be provided no later than ninety (90) days from the date that you call us at (833) 318-4146.

If B – UFC/ALTCS denies a requested service, you will get a letter called the Notice of Adverse Benefit Determination (NOABD). You can also file a complaint about the adequacy of the NOABD letter, for a denial of service by B – UFC/ALTCS. If we cannot take care of your concern with the adequacy of the NOABD letter or have not effectively resolved the issue, you have the right to contact the AHCCCS Office of Medical Management:

Email: MedicalManagement@azahcccs.gov
Write: Arizona Health Care Cost Containment System (AHCCCS)
ATTN: Division of Health Care Management
801 E. Jefferson St., MD 8500 Phoenix, AZ 85034.

When you get your NOABD in the mail, you will see a section in that letter called 'Facts about Your Condition or Situation That Support our Decision'. If you do not understand the facts of the decision in this section, call our Customer Care Center at the available phone number included in the NOABD to get more specific information. B – UFC/ALTCS uses the most current evidence based medical guidelines in this country, for all clinical decision-making. You and your physician can request those guidelines or any other information that was used to make the decision. We want you and your physician to be able to fully understand the reason and evidence-based criteria that were used.

MEMBER RIGHTS

Appeal and Request for Fair Hearing

WHAT IF YOU DISAGREE WITH A DENIED SERVICE?

If you are dissatisfied with denial of services by B – UFC/ALTCS, you may file an “appeal”. An appeal must be filed within sixty (60) days from B – UFC/ALTCS’s Notice of Adverse Benefit Determination letter. The appeal can be written or verbal. If you need help with filing an appeal, call our Customer Care Center at (833) 318-4146, TTY 711.

WHO MAY FILE AN APPEAL?

You, as the enrollee, may file an appeal. An enrollee representative, a legal representative of a deceased enrollee’s estate, or a provider acting on behalf of an enrollee, and with the enrollee’s written consent, may file an appeal.

WHAT CAN YOU FILE AN APPEAL FOR?

The reasons you may file an appeal are:

- Denial or limited authorization of a requested service, including the type or level of service
- Reduction, suspension, or termination of a previously authorized service
- Denial, in whole or in part, of payment for a service
- Failure to provide services in a timely manner
- Failure to act within the timeframe required for standard and expedited resolution of appeals and standard disposition of grievances
- The denial of a rural enrollee’s request to get services outside the contractor’s network under 42 CFR 438.52 (b)(2)(ii), when the contractor is the only contractor in the rural area.

HOW DO YOU FILE AN APPEAL?

Appeals may be requested by telephone or in writing. You may call and ask to speak to the Grievance and Appeals Team to file an appeal. You can also mail or fax the Grievance & Appeals Department. B – UFC/ALTCS will provide you with a written decision within (30) days of filing the appeal.

Additionally, the timeframes for standard and expedited appeals may be extended up to (14) days if you ask an extension or if we establish a need for an extension when the delay is in your best interest.



Contact information for Grievance & Appeals:

Banner – University
Family Care/ALTCS
Attn: Grievance &
Appeals Department

2701 E. Elvira Road
Tucson, AZ 85756

Phone:
(833) 318-4146,
TTY 711, ask for
Grievance & Appeals

Fax: (520) 874-3462 or
(866) 465-8340

MEMBER RIGHTS

HOW DO YOU ASK FOR A STATE FAIR HEARING?

If you are not satisfied with the appeal decision, you may file a request for State Fair Hearing with B – UFC/ALTCS. This request must be made in writing to B – UFC/ALTCS within 90 days of the date of receipt of the appeal decision. You can mail or fax your request. B – UFC/ALTCS will send your appeal file to AHCCCS and a hearing date will be scheduled for you to attend. AHCCCS Administration will decide if B – UFC/ALTCS's decision was correct. If AHCCCS decides that B – UFC/ALTCS's decision was incorrect, B – UFC/ALTCS will authorize and pay for services. Additionally, there are Legal Services Programs in your area that may be able to help you with the hearing process. General legal information about your rights can also be found online at the following website: www.azlawhelp.org.

WHAT IS AN EXPEDITED APPEAL?

You may file an expedited appeal, or it may be filed on your behalf by your provider if you need a decision more quickly than (30) days. An expedited appeal will be approved if B – UFC/ALTCS finds that the time to process a standard appeal would seriously jeopardize your health, life or ability to attain, maintain or regain maximum function. If an expedited appeal request is not approved, B – UFC/ALTCS will notify you within (24) hours and transfer the appeal to the 30-day timeframe for a standard appeal. If we agree to accept your request for an expedited appeal, B – UFC/ALTCS will make a decision not later than (72) hours from the receipt of the expedited appeal with a possible extension of up to (14) calendar days if the member or provider requests an extension or if B – UFC/ALTCS establishes a need for more information and the delay is in the member's best interest.

IF YOU ARE CURRENTLY RECEIVING THE SERVICES REQUESTED, CAN YOU CONTINUE TO RECEIVE THEM DURING THE APPEAL PROCESS?

Yes, but the request must be in writing and must be received by B – UFC/ALTCS within 10 days of the receipt of the Notice of Adverse Benefit Determination letter. However, you may be responsible for payment of those services if B – UFC/ALTCS or a State Fair Hearing decision upholds the denial.

HOW DO YOU FILE A GRIEVANCE/APPEAL/REQUEST FOR HEARING WITH THE RBHA REGARDING CRISIS SERVICES PROVIDED BY THE RBHA?

If you had crisis services provided by the Regional Behavioral Health Authority (RBHA) and want to file a grievance, submit and appeal or request for hearing, please contact the RBHA Customer Service Department below:

Mercy Maricopa Integrated Care - Attn: Customer Service
4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040
For complaint via phone call: (602) 586-1719 or (866) 386-5794

MEMBER RIGHTS

Care1st Health Plan -
Attn: Customer Service
1870 West Rio Salado Pkwy., Tempe, AZ 85281
For complaint via phone call: (866) 560-4042

Arizona Complete Health -
Attn: Customer Service
1870 West Rio Salado Pkwy, Tempe, AZ 85281
For complaint via phone call: (888) 788-4408
AZLawHelp.org - Arizona Law Help

SMI Grievance and Request for Investigation Process

If you have been found to have a Serious Mental Illness (SMI) and feel that your rights have been violated, you have the right to file a grievance and ask for an investigation.

Members, their legal guardians, or authorized representatives can file a SMI grievance and ask for an investigation if:

- They are an adult who has been found to have a SMI.
- If the services received by the member are behavioral health services.
- The member believes their rights have been violated.
- The member believes they have been abused or mistreated by a provider or their staff; or
- The member believes that they have been subjected to illegal, dangerous, or inhumane treatment.

Members, their legal guardians, or authorized representatives have 12 months from the time their rights were violated to file an SMI grievance and ask for an investigation. SMI Grievances and requests for an investigation can be filed orally or in writing to:

Banner – University Family Care/ALTCS
Attention: Grievance and Appeals
2701 East Elvira Road
Tucson, AZ 85756
(833) 318-4146, TTY 711

Forms to file an SMI Grievance and ask for an investigation are available at the above address or at any contracted behavioral health provider.

Once a member's SMI Grievance and ask for an investigation is received, B – UFC/ALTCS will respond in writing within five days and will explain how the grievance and request for an investigation will be handled.

MEMBER RIGHTS



SMI members may utilize either the SMI appeal process or the TXIX appeal process to appeal decisions related to Behavioral Health Services.

Grievances and requests for investigations about physical or sexual abuse, or death should be reported directly to AHCCCS at:

Phone: (602) 417-4000

Fax: (602) 252-6536

Mail: AHCCCS

Attention: Behavioral Health Grievance and Appeals
801 E. Jefferson St. Phoenix, AZ 85034

SERIOUS MENTAL ILLNESS (SMI) ELIGIBILITY DETERMINATIONS

SMI determinations are made by the Solari Crisis and Humans Services (Solari Inc), is responsible for reviewing all applications for SMI services and making these determinations for the state of Arizona.

APPEAL PROCESS FOR MEMBERS WHO HAVE BEEN FOUND TO HAVE A SERIOUS MENTAL ILLNESS (SMI)

Members who are found to have an SMI may appeal decisions about their behavioral health services, including:

- Decisions about fees or waivers
- The assessment report
- Service plans
- Treatment plans
- Discharge plans
- Decisions regarding services funded through Non-Title 19/21 funds;
- Capacity to make decisions, need for guardianship, or other protective services or needs for special assistance;
- Decisions about the loss of eligibility for SMI services; and/or
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member

In addition, members also have the right to appeal the initial determination for eligibility for SMI services. SMI eligibility appeal determinations will be handled by the Solar, Inc.

To appeal an SMI determination, please call Solari Inc. at (855) 832-2866

SMI APPEAL TIMELINES:

B – UFC/ALTCS will send the member a written notice within five business days of when the request for an appeal was received.

B – UFC/ALTCS will have an informal conference with the member, their legal guardian, or authorized representative within seven business days of when the appeal was received.

B – UFC/ALTCS will notify the member of the time and location of the conference, in writing, at least two days prior to the date of the conference. If the member cannot come to the conference, they can request that the conference be conducted over the phone.

MEMBER RIGHTS

If the member is satisfied with the resolution of the issue at the informal conference with B – UFC/ALTCS, they will receive a written notice that summarizes the appeal, the resolution, and the date of when the resolution will be implemented.

If a resolution is not reached at the informal grievance with B – UFC/ALTCS, and if the appeal is not related to the member's eligibility for behavioral health services, then an informal conference will be held with AHCCCS within 15 business days of when the appeal was received. The informal conference with AHCCCS is not required and the member can request to skip the second conference.

If a resolution is still not reached at the informal conference with AHCCCS, or if the member chose to skip the informal conference with AHCCCS, then the member will be provided with information on how to request an Administrative Hearing through the AHCCCS office of Behavioral Health Grievance and Appeals.

SMI EXPEDITED APPEAL TIMELINES:

B – UFC/ALTCS will resolve expedited appeals within 72 hours after the date of receipt of the appeal request unless an extension is in effect. B – UFC/ALTCS will extend the timeframe up to an extra 14 days, if more information is needed to make a decision and the extension is in the best interest of the member.

CONTINUING SMI SERVICES DURING THE APPEAL PROCESS

If your appeal relates to a change in your behavioral health services, the services under appeal will be continued until a final AHCCCS decision unless:

- A provider determines that the change is necessary to avoid a serious health or safety issue; or
- You or your guardian agree in writing to the change.



MEMBER RIGHTS

You or someone who represents you can take part in healthcare decisions. You or your representative can submit concerns that include but not limited to:

The inability to receive health care services

Concerns about the Quality of Care (QOC) received

Issues with health care providers, d.

Issues with health plans, or

Timely access to services.

Member Rights and Responsibilities

OUR COMMITMENT TO YOU

Our goal is to provide high-quality medical care and advanced medical treatment. We also promise to listen, treat you with respect, and understand your individual needs. Members have rights and responsibilities. The following is a description of your rights and responsibilities.

MEMBER RIGHTS:

1. You have the right to complain to us about B – UFC/ALTCS and/or care provided.
2. You have the right to ask for information on the structure and operation of B – UFC/ALTCS or its subcontractors.
3. You have the right to information about B – UFC/ALTCS's services, health care providers, admission, transfer, discharge, billing policies, and members' rights and responsibilities.
4. You have the right to the following:
 - You have the right to be treated fairly regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition (intellectual) or physical disability, sexual preference, genetic information, or ability to pay.
 - You have the right to request information on Physician Incentive Plans that affect the use of referral services.
 - You have the right to know that B – UFC/ALTCS is required to participate in a stop-loss insurance program.
 - You have the right the types of plans B – UFC/ALTCS uses for compensation.
 - You have the right to get a summary of member survey results.
5. You have the right to get care that meets your needs in a way that doesn't judge race, gender, religious beliefs, values, language, how much a person is able to do, age, physical or mental disability, or ability to pay.
6. B – UFC/ALTCS and their participating providers will safeguard the confidentiality of your information as required by state and federal law. This includes your B – UFC/ALTCS specific record set and your medical (care) records kept by your provider(s).
B – UFC/ALTCS specific record set: The law states that you're the right to read or get copies of your medical claim history, pharmacy claim history, grievance and appeals documents, and B – UFC/ALTCS phone call records, your alternative HCBS Needs Tool (HNT), your Uniform Assessment Tool (UAT), and your Integrated Assessment, at no cost to you from B – UFC/ALTCS.

To get those records, B – UFC/ALTCS must have the request in writing.

MEMBER RIGHTS

You may make this request by calling our Customer Care Center or asking your B – UFC/ALTCS Case Manager. You will be sent an authorization form to complete and will return it to the Compliance Department with a copy of a picture ID, so we can make sure we only send your records to you or someone you allow to get your records. We can also get verification from your B – UFC/ALTCS Case Manager for you or your authorized representative. You can receive your records in paper form or by email (encrypted or not) if you prefer. There is some level of risk that a third party could get your Protected Health Information (PHI) without your consent when electronic media or email is unencrypted. We are not responsible for unauthorized access to unencrypted media or email or for any risks (e.g., Virus) potentially introduced to your computer/device when receiving PHI in an electronic format or email.

7. Coordination of care with schools and state agencies may occur within the limits of applicable regulations.
8. You have the right to a second opinion from a qualified health care professional within B – UFC/ALTCS's network. If an in-network second opinion is not available, you have the right to have a second opinion arranged outside of the B – UFC/ALTCS network at no cost to you.
9. You have the right to receive information on available treatment options and alternatives regardless of cost or benefit coverage in a manner that is appropriate to your condition and is easy to understand.
10. You have a right to develop a contingency plan with their provider agency to decide their preferences for each service provided by the provider when a service is short, late or missed.
11. You can make Advance Directives and appoint someone to make health care decisions for you. You or your representative can change your Advance Directives at any time. You have the right to be provided with information about formulating Advance Directives (B – UFC/ALTCS must ensure involvement by you or your representative in decisions to withhold resuscitative services, or to forgo or withdraw life-sustaining treatment within the requirements of federal and state law with respect to Advance Directives [42 C.F.R. 438.6]). For members in an alternative HCBS or a behavioral health residential setting that have completed an Advance Directive, the document must be kept confidential but be readily available. For example, in a sealed envelope attached to the refrigerator.
12. **MEDICAL CARE RECORDS:** The law states that you have the right to read, or annually request and get a copy of your medical care records at no cost to you (from any provider who provides care for you). Contact your provider to ask to see or get a copy of your medical record. You will receive a response to your request within thirty (30)

MEMBER RIGHTS

days. However, your right to access medical care records may be denied if the information is psychotherapy notes, compiled for, or in a reasonable anticipation of a civil, criminal or administrative action, protected health information subject to the Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to 42 C.F.R. 493.3(a)(2), or a licensed health care professional has found that receiving or accessing your records would likely endanger the life or safety of you or another person. If your access is denied for some of these reasons, you have the right to have the denial reviewed. Providers must allow you to review your records by reading them at the provider's office or giving you a copy or both. If your provider does not give you the records or does not respond to your request within 30 days, please contact B – UFC/ALTCS Customer Care Center for help.

13. B – UFC/ALTCS must reply to your request for medical records no later than thirty (30) days. after receipt of your request. If B – UFC/ALTCS is unable to take action within thirty (30) days, B – UFC/ALTCS may take an extra 30 days. B – UFC/ALTCS will let you know the reason for the delay and the date the request will be completed. This response will either be a copy of your records in the manner you requested, permission for you to view your records on-site, or a reason for denying your request. If a request is denied, in whole or in part, B – UFC/ALTCS must give you a reason for the denial and your rights to a review of the denial of access.
14. You have the right to ask any provider who provides care for you to amend or correct your medical care records that are kept by your treating provider. You may initiate this request by calling our Customer Care Center and your response will be required in writing.
15. You have the right to full access to benefits of community living including receiving services in the most integrated, least restrictive setting and receiving services to the same degree of access as individuals not receiving home and community-based services including the following:
 - The setting is integrated in and supports full access to the greater community
 - The setting is selected by the individual from among setting options
 - The setting options are identified and documented in the person-centered service plan are based on the individuals' needs, preferences, and, for residential settings, resources available for room and board.
 - Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - Optimizes, but does not regiment individual initiative, autonomy,

MEMBER RIGHTS

and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

- Facilitates individual choice regarding services and supports and who provides them.
- In a provider-owned or controlled home and community-based residential settings, the following additional requirements:
 - » The individual has a lease or other legally enforceable agreement providing similar protections
 - » The individual has privacy in their sleeping or living unit
 - » The individual has freedom and support to control his/her own schedules and activities including access to food at any time
 - » The individual can have visitors at any time; and
 - » The setting is physically accessible

Rights maybe limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others.

16. You have the right to the information needed to help you make informed decisions.
17. You have the right to receive information on beneficiary and plan information.
18. You have the right to participate in treatment decisions. You have the right to help in decision-making about your health care and Advance Directives (decisions about what kind of care you would like to receive if you become unable to make medical decisions). This includes the right to refuse treatment.
19. You have the right to be treated with respect and with due consideration for your dignity and privacy. We understand your need for privacy and confidentiality including protection of any information that identifies you.
20. You have the right to have a list of available providers, including those who speak a language other than English, and access to a sign language interpreter for the hearing impaired.
21. You have the right to have language interpretive services from a provider who speaks your primary language, if other than English.
22. You have the right to written materials in alternate formats.
23. You have the right to seek Emergency Care at any hospital or other Emergency Room facility (*in or out of network*).
24. You have the right to be treated in a safe, supportive and smoke-free environment.
25. You have the right to choose your PCP within the B – UFC/ALTCS network.



If you ask for more copies of your information, we may charge you for our costs to print the information.

MEMBER RIGHTS



**NOT REPORTING
HOUSEHOLD
CHANGES TO
AHCCCS COULD
BE CONSIDERED
FRAUD**

26. You have the right to help in decision making about your health care and Advance Directives (*decisions about what kind of care you would like to get if you become unable to make medical decisions*).
27. You or someone who represents you can take part in resolving problems about your health care decisions.
28. You have the right to involve family members or other people you choose to help you make decisions about your treatment plans.
29. You have the right to ask for a copy of the Notice of Privacy Practices at no cost to you. The notice describes B – UFC/ALTCS's privacy practices and how we use health information about you and when we may share that health information with others.
30. You have the right to request the criteria that decisions are based on.
31. 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.
32. You have the right to exercise your rights and that the exercise of those rights shall not negatively affect service delivery to you [42 C.F.R. 438.100(c)].
33. You have right to receive services in a timely manner. These services include:
 - Attendant care
 - Personal care
 - Companion care
 - Habilitation
 - Home health services
 - Nursing
 - Home health aide
 - Physical therapy
 - Occupation therapy
 - Respiratory therapy
 - Speech therapy
 - Private duty nursing
 - Homemaker
 - Personal care
 - Respite

A gap in services happens when an agency authorized to provide the care is not able to provide the total scheduled services. When a caregiver cancels, does not show up at the scheduled time, or has to leave early, you should immediately contact the agency who scheduled the caregiver. They can offer you another caregiver to provide the care. If you do not want another caregiver in the same day, it is still important to notify the agency directly. You have a right to a replacement caregiver within 2 hours. If the provider agency doesn't

MEMBER RIGHTS

respond in 15 minutes, contact Sandata Customer Care at (855) 928-1140. If the gap is not resolved, you should contact your Case Manager for help. In the event the gap occurs after-hours on holidays or weekends, follow the same process of calling the provider agency, contact Sandata Customer Care. If needed, you can also file a grievance by calling our Customer Care Center.

34. You have the right to file a complaint and B – UFC/ALTCS will provide you with assistance in filing your complaint. If you have a complaint against B-UFC/ALTCS, you can file the complaint with B – UFC/ALTCS or with AHCCCS. To file the complaint with AHCCCS, please call the Clinical Resolution Unit within Maricopa County at (602) 364-4558 or statewide at (800) 867-5808.
35. You have the right to appeal any denial of services you feel B – UFC/ALTCS should pay for. We will also assist you in filing an appeal.
36. You have the right to make recommendations regarding the organization's member right and responsibility policy.

What is Fraud, Waste and Abuse?

Fraud is purposely giving wrong or misleading information in order to get a benefit or some type of service. Waste is over using services or misusing resources or practices. Abuse of the program is provider practices or member practices that result in an unnecessary cost to the AHCCCS or Medicare program.

Unfortunately, Fraud, Waste and Abuse are not as uncommon as you would think. Please see some of the most common examples.

Member Fraud, Waste, and Abuse include, but are not limited to:

- Lending or selling your AHCCCS Identification Card to anyone
- Not stating true income or living arrangements
- Providing false materials or documents
- Leaving out important information
- Failing to report another insurance that you have
- Continuing to use AHCCCS for services when you move out of the state or out of the country

YOU WILL NOT LOSE YOUR HEALTH BENEFITS FOR REPORTING FRAUD, WASTE, OR ABUSE. WE WILL KEEP YOUR REPORT PRIVATE TO THE EXTENT ALLOWED UNDER THE LAW.

Provider Fraud, Waste, and Abuse include, but are not limited to:

- Billing for a service they didn't provide
- Ordering test, lab work, or x-rays that aren't needed
- Charging for medical services not provided

**Confidential
and Anonymous
Compliance
(ComplyLine)
Hotline:
(888) 747-7989**

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ALLOWED
UNDER THE LAW.

ADDITIONAL RESOURCES

- Billing multiple payers and receiving double payments
- Using billing codes that pay higher rates to get more money
- Billing for services under a member that is not their member

How do I report changes?

If you need to report a change of where you live, mailing address, your income, number of household members, or change of job, contact the place where you applied for AHCCCS, see list below or call B – UFC/ALTCS at (833) 318-4146.

- DES www.healthearizonaplus.gov or (855) HEA-PLUS, (855) 432-7587
- KidsCare www.healthearizonaplus.gov or (855) HEA-PLUS, (855) 432-7587
- SSI MAO www.healthearizonaplus.gov or (602) 417-5010/ (800) 528-0142 Outside Maricopa County
- Social Security Administration (800) 772-1213
- ALTCS Local Office (888) 621-6880

Be on the lookout for Phone Scams.

There are a lot of phone scam calls happening right now. One type is the caller will be able to describe your ID card and will ask you to give them your ID number to “Start” your services. If you give your ID number to the caller, someone other than you may be able to use your services.

What you need to know:

1. Someone including your doctor will not call you and ask you for something (ID number or address information)
2. Check your caller ID
3. Listen to the tone of voice and/or if the caller is pushy or in a hurry.
4. If it seems too good to be true, it most likely is a scam.

What you can do:

1. Just Hang Up.
2. Don't answer phone numbers you don't know
3. Block phone numbers you don't know
4. Call AHCCCS (888) 487-6686 or B – UFC/ALTCS Customer Care Center at (833) 318-4146
5. Ask the caller questions to get information about the caller.
6. Tell them you want to call them back. Real companies will want you to call them back.

WHO CAN REPORT FRAUD, WASTE, OR ABUSE? Absolutely anyone can report fraud, waste, or abuse. There are no restrictions. Fraud, Waste, and Abuse hurts everyone. If you suspect a possible case, please report it right away.

ADDITIONAL RESOURCES

HOW TO REPORT FRAUD, WASTE, AND ABUSE:

If you suspect a B – UFC/ALTCS provider or member of fraud, waste or abuse, please contact us at any of the following:

- B – UFC/ALTCS Customer Care Phone: (833) 318-4146
- B – UFC/ALTCS Compliance Officer's Phone:
(520) 874-2847 or (520) 548-7862
- B – UFC/ALTCS Compliance Department Fax: (520) 874-7072
- B – UFC/ALTCS Compliance Department Email:
BHPCompliance@bannerhealth.com
- B – UFC/ALTCS Compliance Department Mailing Address:
Banner – University Family Care/ALTCS
Compliance & Audit Department
2701 E. Elvira Rd., Tucson, AZ 85756

Confidential and Anonymous Compliance (ComplyLine) Hotline: (888) 747-7989

You can also report directly to AHCCCS Office of
the Inspector General at:
Provider Fraud: (602) 417-4045 or (888) 487-6686
Member Fraud: (602) 417-4193 or (888) 487-6686
Online: www.azahcccs.gov clicking on "Fraud and Abuse"
Mail: Inspector General
801 E. Jefferson St. MD 4500 Phoenix, AZ 85034

For members of the Dual-Special Needs Plan – Banner Medicare Advantage, you can also report fraud, waste or abuse directly to the Federal Government:

Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489 Washington, DC 20026
Phone: 1-800-HHS-TIPS ((300) 447-8477)
Fax: (800) 223-8164
TTY: (800) 377-4950
Website: www.forms.oig.hhs.gov/hotlineoperations

PENALTIES:

A person who is suspected of fraud, waste, and/or abuse of the AHCCCS system, will be reported to AHCCCS. Penalties for people involved in fraud, waste, and/or abuse may be both civil and criminal.

YOU WILL NOT LOSE YOUR HEALTH BENEFITS FOR REPORTING FRAUD, WASTE, OR ABUSE. WE WILL KEEP YOUR REPORT PRIVATE TO THE EXTENT ALLOWED UNDER THE LAW

ADDITIONAL RESOURCES



Learn more
about Tobacco
Cessation at:
[www.azdhs.gov/
prevention/
tobacco-chronic-
disease/tobacco-
free-az/index.php](http://www.azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php)
or call our
Customer
Care Center.

Tobacco Education and Prevention

Tobacco use raises your chances of getting cancer of the mouth, throat, and lungs. Some studies say smoking can cause breast and prostate cancer. Smoking also increases your chances of getting serious lung diseases. It can also raise your chances for having a heart attack or a stroke. Half of Americans who keep smoking will likely die from one or more of these diseases. However, tobacco use is one of the most preventable causes of death. And, there are many ways to help you quit.

The B – UFC/ALTCS Tobacco Cessation Program offers a number of nicotine replacement products. This includes patches, lozenges, gum, and medications to help you quit tobacco. When you and your doctor decide which is best for you, a twelve-week supply is available by prescription every six months as needed. Only one product can be selected at a time. Members also have no cost telephone support from the Arizona Smoker's Hotline (ASHLine). ASHLine is sponsored by the Arizona Department of Health Services and Prevention Program (ADHS-TEPP). ASHLine can help you at no cost by setting a quit date and giving you support. If you would like more information about quitting tobacco, please call the ASHLine at **(800) 556-6222**. Or visit their website at www.ashline.org.

Freedom From Smoking - American Lung Association

www.lung.org. This is a program to help adult smokers quit.

Freedom From Smoking® is available as a group clinic, an online program and a self-help book. Talk to a cessation counselor at the Lung HelpLine at (800) LUNGUSA, (800) 586-4872.



COMMUNITY RESOURCES



Family Support Information and Community Resources

There may be times when you need help, resources, support and services from a community-based organization. For example: advocacy services, legal help, food resources, and utility or housing help. Here is a list of some resources that can help.

Ability 360

Ability 360 advocates and empowers people with disabilities by helping them achieve self-sufficiency. Visit www.abil.org or call (602) 256-2245, (800) 280-2245 for more information.

Alzheimer's Association

The Alzheimer's Association provides education and resources to those affected by Alzheimer's disease. Visit www.alz.org or call (800) 272-3900 for more information.

Area Agencies on Aging (AAA)

The AAA provides advocacy, home and community-based services and family caregiver support for adults aged 60+ and adults aged 18+ with disabilities and long-term care needs. Call your local AAA office or visit www.azdes.gov/daas/aaa for more information.

Cochise, Graham, Greenlee & Santa Cruz Counties -
Southeastern Arizona Governments Organization (SEAGO)
(520) 432-2528

La Paz & Yuma Counties –
Western Arizona Council of Governments (WACOG)
(800) 782-1886

Maricopa County –
Area Agency on Aging, Region One
(888) 783-7500 or (602) 264-HELP (4357)

Pinal & Gila Counties –
Pinal-Gila Council for Senior Citizens (PGCSC)
(520) 836-2758

Pima County –
Pima Council on Aging (PCOA)
(520) 790-7262

Yavapai County –
Northern Arizona Council of Governments (NACOG)
(877) 521-3500 or (928) 213-5215

Arizona 2-1-1 Community Information and Referral Services

Arizona 2-1-1 provides up-to-date information on community, health and human service resources in Arizona. Visit www.211arizona.org or call 2-1-1 or (877) 211-8661.

COMMUNITY RESOURCES

Arizona Coalition to End Sexual & Domestic Violence (ACESDV)

ACESDV provides advocacy and support services to victims and survivors of sexual and domestic violence. Visit www.acesdv.org or call the Legal Advocacy Hotline (800) 782-6400 / (602) 279-2900, TTY (602) 279-7270.

Arizona@Work

Brings together the state's leading sources to help you find the employment and labor market information you need. www.arizonaatwork.com

Arizona Disability Benefits 101 (AZDB101)

Thinking about working but unsure about how it will affect your benefits? AZDB101 provides valuable information and tools for learning how work impacts benefits such as Social Security and AHCCCS coverage. Visit www.az.db101.org for more information.

Arizona Early Intervention Program (AzEIP)

AzEIP (pronounced Ay-zip) provides early intervention support and services for families of children birth to age three with disabilities or developmental delays. Visit www.azdes.gov/services/disabilities/developmental-infant or call (602) 532-9960. The toll free central referral line is (888) 592-0140.

Arizona Department of Health Services (AZDHS) Division of Public Health Services

The AZDHS mission is to protect and improve the public's health through health education, help and prevention programs. Visit www.azdhs.gov or call (602) 542-1025 to locate your local health department office.

Arizona Department of Health Services (AZDHS) Breastfeeding Program

Pregnancy and Breastfeeding Hotline provides many resources to assist with the care of both moms and babies. Visit www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding or call (800) 833-4642 for the 24-hour Breastfeeding Hotline.

Arizona Smokers' Helpline (ASHLine)

The ASHLine provides coaching, medication help and support to anybody wishing to quit using tobacco. Visit www.ashline.org or call (800) 556-6222 for more information.

AZLinks.gov

AZ Links is the website for Arizona's Aging and Disability Resource Consortium (ADRC). AZ Links provides help finding resources and services for seniors, people with disabilities, caregivers and family members. Visit www.azlinks.gov for more information.

Birth to 5 Helpline

The Birth to 5 Helpline supports parents and caregivers with children ages 0-5, with child development, and fussy baby experts. They can also provide referrals to valuable community resources. Call (877) 705-5437 for more information.

COMMUNITY RESOURCES

Children's Rehabilitative Services (CRS)

CRS provides health services for children from birth through 20 years old with chronic or disabling health conditions. Call the Maternal Child Health Program at (855) 333-7828 for more information about CRS.

Centers for Medicare and Medicaid Services Region 990

7th Street Suite 5-300 San Francisco, CA 94103
(415) 744-3501 / (800) 633-4227

Head Start

Head Start and Early Head Start programs provide high quality early childhood education, individualized child development, parent education, nutrition, health, mental health, disabilities and social services to families and children birth to age 5. Visit www.azheadstart.org or call (866) 763-6481 for more information.

Health-e-Arizona Plus (HEAPlus)

Use HEAPlus to apply for or renew your AHCCCS, KidsCare, Nutrition Assistance, TANF and Cash Assistance benefits. You can also use HEAPlus to find out if you qualify for Tax Credits and Cost Sharing Reduction programs. Visit www.healthearizonaplus.gov or call (855) 432-7587 for more information.

Low-Cost Dental Services Mountain Park Dental Clinic

(602) 243-7277 (scheduling for all locations) www.MPHC-AZ.org

- 1492 S. Mill Ave. Suite 312 Tempe, AZ 85281
- 3930 E. Van Buren St, Phoenix, AZ 85008
- 635 E Baseline Rd. Phoenix, AZ 85042
- 6601 W. Thomas Rd. Phoenix, AZ 85033

NAMI (National Alliance on Mental Illness) Arizona

NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups in Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness. Phone: (602) 244-8166 Website: www.nami.org/Home

Native American Community Health Center

4401 N. Central Avenue, Bld. C Phoenix, AZ 85012
Phone: (602) 279-5262 Website: www.NativeHealthPhoenix.com

OAR - Substance Use Hotlines

Arizona Opioid Assistance and Referral (OAR) (888) 688-4222. This line can help you answer questions about use, overdose, and withdrawal.

Postpartum Support International

PSI provides resources and learning materials about Postpartum Depression. For help or more information about Postpartum Depression, call the PSI Helpline at (800) 944-4773 or text at (800) 944-4773 (English) (971) 203-7773 (Spanish). You can also visit their website at www.postpartum.net.

COMMUNITY RESOURCES

Power Me A2Z

Provides vitamins for women at no cost from the Arizona Department of Health Services. Important for women's health. www.powermea2z.org

Raising Special Kids

Raising Special Kids is a program that helps improve the lives of children with disabilities, from birth to 26 years of age. They offer support, training, information and assistance for families. To learn more, visit www.raisingpecialkids.org or call (800) 237-3007.

Social Security Administration

Find your local Social Security Office to apply for Medicare, Disability and Supplemental Security Income (SSI) benefits or to obtain a new, replacement or corrected Social Security Card or Medicare Card. Phone: (800) 772-1213 / TTY (800) 325-0778 Website: www.SSA.gov.

Strong Families AZ

This is a network of no-cost home visiting programs for pregnant women & families with children up to age 5. These programs help families raise children who are ready to succeed in both school and in life. Contact Strong Families at www.strongfamiliesaz.com

Teen Lifeline

Help for teens, parents, family members, caregivers, and educators regarding topics such as depression, suicidality, bullying, relationships, and other needs for teens. Call (602) 248-8336, statewide (800) 248-8336 or visit www.teenlifeline.org.

Text4Baby

Get three messages a week, at no cost to you, to guide you through your pregnancy and baby's first year. Text4baby delivers tips and info-through text messages and a no-cost app-covering a wide range of pregnancy and baby health topics, including safety, immunizations, nutrition, safe sleep, developmental milestones and more. You can also get appointment reminders. Simply text BABY (or BEBE for Spanish) to 511411.

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. Website: www.azdes.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr

Women, Infants, and Children (WIC)

WIC provides nutrition education, breastfeeding support, nutritious foods and health referrals. Services are for pregnant, postpartum, and breastfeeding women as well as those with infants and children under age five. Phone: (800) 252-5942, Website: www.azwic.gov

COMMUNITY RESOURCES

Family Planning Community Resources

Cochise County

BISBEE

Chiricahua Community

Health Center

108 Arizona St.
Bisbee, AZ 85603
(520) 432-3309

DOUGLAS

Jennifer “Ginger” Ryan Clinic

1205 D. Ave.
Douglas, AZ 85607
(520) 364-3285

ELFRIDA

Chiricahua Community

Health Center

10566 N. Hwy. 191
Elfrida, AZ 85610
(520) 642-2222

Gila County

GLOBE/MIAMI

Hope Family Care

285 N. Broad St.
Globe, AZ 85501
(928) 425-8200

Red Rock Health Care

5990 S. Hospital Dr.
Globe, AZ 85501
(928) 425-8151

PAYSON

Payson Christian Clinic

701 S. Ponderosa St. #D
Payson, AZ 85541
(928) 468-2209

YOUNG

Pleasant Valley Community

Medical Center

288 Tewksbury Dr.
Young, AZ 85554
(928) 462-3435

Graham County

Canyonlands Healthcare –

Safford

2016 W. 16th St.
Safford, AZ 85546
(928) 428-1500

Greenlee County

Canyonlands Healthcare –

Clifton

10 Ward Canyon Rd.
Clifton, AZ 85533
(928) 865-2500

Canyonlands Healthcare –

Duncan

227 Main St.
Duncan, AZ 85534
(928) 359-1380

La Paz

BOUSE

LPRH Bouse Medical Clinic –

Rural Health Clinic

44031 E. Plumosa Rd.
Bouse, Az 85325
(928) 851-2177

QUARTZSITE

La Paz Medical Services –

Rural Health Clinic

150 E. Tyson Rd.
Quartzsite, AZ 85359
(928) 927-8747

SALOME

LPRH Tri-Valley Medical Clinic –

Rural Health Clinic

39726 Harquahala Rd.
Salome, AZ 85348
(928) 927-8747

COMMUNITY RESOURCES

Maricopa

AVONDALE

Adelante Healthcare Avondale

3400 Dysart Rd. #F121

Avondale, AZ 85392

(623) 583-3001

Avondale Family Health Center

950 E. Van Buren St.

Avondale, AZ 85323

(623) 344-6800

BUCKEYE

Adelante Healthcare Buckeye

306 E. Monroe Ave.

Buckeye, AZ 85326

(877) 809-5092

CHANDLER

Chandler Family Health Center

811 S. Hamilton St.

Chandler, AZ 85225

(480) 344-6100

EL MIRAGE

El Mirage Family Health Center

12428 W. Thunderbird Rd.

El Mirage, AZ 85335

(602) 655-2220

GILA BEND

Adelante Healthcare Gila Bend

100 N. Gila Blvd.

Gila Bend, AZ 85337

(887) 809-5092

GLENDALE

Glendale Family Health Center

5141 W. Lamar St.

Glendale, AZ 85301

(602) 655-2220

NOAH Copperwood Health Center

6677 W. Thunderbird Road Suite A124

Glendale, AZ 85306

(480) 882-4545

Terros Health

6153 W. Olive Avenue

Glendale, AZ 85302

(602) 389-3560

GOODYEAR

Mountain Park Health Center -

Goodyear Clinic

140 N. Litchfield Rd.

Goodyear, AZ 85338

(602) 243-7277

GUADALUPE

Guadalupe Family Health Center

5825 E. Calle

Guadalupe, AZ 85283

(480) 344-6000

LAVEEN

Gila River Health Care -

Komatke Health Center

17487 S. Health Care Dr.

Laveen, AZ 85339

(520) 550-6000

Tribal members only

MESA

Adelante Healthcare Mesa

1705 W. Main St.

Mesa, AZ 85201

(877) 809-5092

Mesa Family Health Center

59 S. Hibbert

Mesa, AZ 85210

(480) 344-6200

Whole Health Home Clinic -

PIR East Valley

4330 E. University Drive

Mesa, AZ 85205

(602) 344-2504

PEORIA

Adelante Healthcare

15525 N. 83rd Ave #104

Peoria, AZ 85382

(877) 809 5092

COMMUNITY RESOURCES

PHOENIX

Adelante Healthcare West Phoenix

7725 N. 43rd Ave. Ste. 510
Phoenix, AZ 85051
(877) 809-5092

Adelante Healthcare Central Phoenix

500 W. Thomas Rd.
Phoenix, AZ 85013
(877) 809-5092

Comprehensive Health Center

2525 Roosevelt St.
Phoenix, AZ 85008
(602) 344-1015

Desert Mission Community Healthcare Center

9201 N. 5th St.
Phoenix, AZ 85020
(602) 331-5792

Maryvale Family Medical

4700 N. 51 Ave., Ste. 1
Phoenix, AZ 85031
(623) 344-6900

McDowell Family Health Center

1101 N. Central Ave. #201
Phoenix, AZ 85004
(602) 344-6550

Midtown Health Center

3330 N. 2nd St. # 500
Phoenix, AZ 85012
(480) 882-4545

Mountain Park Health Center - Baseline

635 E. Baseline Rd.
Phoenix, AZ 85042
(602) 243-7277

Mountain Park Gateway Clinic

3830 E. Van Buren Rd.
Phoenix, AZ 85009
(602) 889-9401

Mountain Park Cristown YMCA

5517 N. 17th Ave.
Phoenix, AZ 85015
(602) 243-7277

Mountain Park Maryvale

6601 W. Thomas Rd.
Phoenix, AZ 85033
(602) 243-7277

Mountain Park South Phoenix

635 E. Baseline
Phoenix, AZ 85042
(602) 243-7277

Mountain Park East Phoenix

3830 E. Van Buren St.
Phoenix, AZ 85008
(602) 243-7277

Native American Community Health Center, Inc.

4041 N. Central Ave. Building C
Phoenix, AZ 85012
(602) 279-5262

NOAH Palomino Health Center

15833 N. 29th St.
Phoenix, AZ 85008
(480) 882-4545

NOAH Venado Valley Health Center

20440 N. 27th Ave.
Phoenix, AZ 85027
(480) 882-4545

NHW Community Health Center

2423 W. Dunlap Ave. #140
Phoenix, AZ
(602) 279-5351

Palomino Health Center

16251 N. Cave Creek Rd.
Phoenix, AZ 85032
(480) 882-4545

COMMUNITY RESOURCES

Sunnyslope Family Health Center

934 W. Hatcher Rd.
Phoenix, AZ 85021
(602) 344 2500

Valleywise Health Center

2601 E. Roosevelt St.
Phoenix, AZ 85008
(602) 344-5011

Valleywise - Sunnyslope Family Health Center

934 W. Hatcher Rd.
Phoenix, AZ 85021
(602) 344-5011

Valleywise Maryvale Family Health Center

4011 N. 51st Ave.
Phoenix, AZ 85031
(623) 344-6900

Valleywise - South Central Family Health Center

33 W. Tamarisk St.
Phoenix, AZ 85041
(602) 344-2503

Wesley Health Center

1300 S. 10th St.
Phoenix, AZ 85034
(602) 257-4323

Wesley Health Center

Golden Gate
1625 N. 39th Ave.
Phoenix, AZ 85009
(602) 257 4323

QUEEN CREEK

Horizon Health and Wellness
22711 S. Ellsworth Rd. #G105
Queen Creek, AZ 85142
(480) 983-0065

SURPRISE**Adelante Healthcare Surprise**

15351 W. Bell Rd.
Surprise, AZ 85374
(887) 809-5092

TEMPE**Mountain Park Tempe****Community Health Center**

Tempe 1492 S. Mill Ave. #312
Tempe, AZ 85281
(602) 243-7277

WICKENBURG**Adelante Healthcare Wickenburg**

811 N. Tegner St., Ste. 113
Wickenburg, AZ 85390
(877) 809-5092

Community Hospital**Clinic-Wickenburg**

519 Rose Lane
Wickenburg, AZ 85390
(928) 668-1833

Pima**AJO****Pima County Department of Public Health**

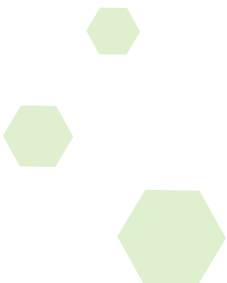
120 Estrella
Ajo, AZ 85321
(520) 387-7207

Desert Senita Community Health Center

410 N. Malacate St.
Ajo, AZ 85321
(520) 387-5651

GREEN VALLEY & SAHUARITA**United Community Health Center**

81 W. Esperanza Blvd #201
Green Valley, AZ 85614
(520) 407-5600



COMMUNITY RESOURCES

UHC at Continental Family Medical Center

1260 S. Campbell Rd.
Green Valley, AZ 85614
(520) 407-5900

UHC at Presidio Pointe

275 W. Continental Rd #141,
Green Valley, AZ 85614
(520) 407-5400

UHC at Sahuarita School Wellness Center (Intermediate School)

350 W. Sahuarita Rd.
Sahuarita, AZ 85629
(520) 625-3502 ext 1211

MARANA

Dove Mountain Health Center and MHC Urgent Care

5224 W. Dove Centre Rd.
Marana, AZ 85658
(520) 616-1445

Marana Main Health Center

13395 N. Marana Main St.
Marana, AZ 85653
(520) 682-4111

THREE POINTS

UHC at Three Points

15921 W. Ajo Way
Tucson, AZ 85735
(520) 407-5700

TUCSON

Pima County Department of Public Health

3550 N. 1st Ave.
Tucson, AZ 85719
(520) 724-2850

Pima County Department of Public Health

3950 S. Country Club Rd #100
(520) 724-7770

El Rio Health Center – Cherrybell Clinic

1230 S. Cherrybell Stravenue
Tucson, Arizona 85713
(50) 670-3909

El Rio Health Center – Congress Clinic

839 W. Congress St.
Tucson, AZ 85745
(520) 670-3909

El Rio Health Center – Pueblo Clinic

101 W. Irvington Rd. Building 10
Tucson, Arizona 85714
(520) 670-3909

El Rio's HealthOn Broadway

1 W. Broadway Blvd. Suite 151,
Tucson, AZ 85701
(520) 309-4200

El Rio's HealthOn University

434 E. University Blvd. Suite 100
Tucson, AZ 85705
(520) 309-4250

El Rio Health Center – Northwest Clinic

320 W. Prince Rd,
Tucson, AZ 85705
(520) 670-3909

El Rio Health Center – OB/GYN Associates

225 W. Irvington Rd.
Tucson, AZ 85714
(520) 670-3909

El Rio Health Center – Pascua Yaqui Clinic

7490 S. Camino De Oeste
Tucson, AZ 85746
(520) 879-6225



COMMUNITY RESOURCES

**El Rio Health Center –
Southeast Clinic**

6950 E. Golf Links
Tucson, AZ 85730
(520) 670-3909

**El Rio Health Center –
Southwest Clinic**

1500 W. Commerce Court Bldg 1
Tucson, AZ 85746
(520) 670-3909

St. Elizabeth's Clinic

140 W. Speedway Blvd. #100
Tucson, AZ 85705
(520) 670-3909

Clinica Del Alma Health Center

3690 S. Park Ave. Suite 805
Tucson, AZ 85713
(520) 616-6760

MHC East Side Health Center

8181 E. Irvington Rd.
Tucson, AZ 85709
(520) 574-1551

Ellie Towne Health Center

1670 W. Ruthrauff Rd.
Tucson, AZ 85705
(520) 616-6797

**Flowing Wells Family Health
Center**

1323 W. Prince Rd.
Tucson, AZ 85705
(520) 887-0800

Freedom Park Health Center

5000 E. 29th St.
Tucson, AZ 85711
(520) 790-8500

MHC Westside

1707 W. Saint Mary's Rd. Suite 175
Tucson, AZ 85745
(520) 616-6790

Keeling Health Center

435 E. Glenn St.
Tucson, AZ 85705
(520) 616-1560

MHC OB and Women's Health

2055 E. Hospital Dr. Suite 115
Tucson, AZ 85704
(520) 797-0011

MHC Integrated Care

2325 N. Wyatt Dr.
Tucson, AZ 85711
(520) 616-1511

Pinal

CASA GRANDE

Sun Life Family Health Center

865 N. Arizola Rd.
Casa Grande, AZ 85222
(520) 836-3446

COOLIDGE

**Sun Life Family Health Center –
Coolidge Satellite**

1284 N. Arizona Blvd.
Coolidge, AZ 85228
(520) 723-9131

ELOY

**Sun Life Family Health Center –
Eloy Satellite**

205 N. Stuart Blvd.
Eloy, AZ 85131
(520) 466-7883

MARICOPA

**Sun Life Family Health Center –
Maricopa Satellite**

44765 W. Hathaway Ave.
Maricopa, AZ 85239
(520) 568-2245

COMMUNITY RESOURCES

ORACLE

Sun Life Family Health Center, Oracle Satellite

1870 W. American Way
Oracle, AZ 85623
(520) 896-2092

SAN MANUEL

Sun Life Family Health Center, San Manuel Satellite

23 S. McNab Pkwy.
San Manuel, AZ 85631
(520) 385-2234

Santa Cruz

NOGALES

Mariposa Nogales West

1209 W. Target Range Rd.
Nogales, AZ
(520) 287-4747

Mariposa Community Health Center

1852 N. Mastick Way
Nogales, AZ 85621

RIO RICO

Mariposa CHC – Rio Rico

1103 Circulo Mercado
Rio Rico, AZ 85648
(520) 281-1550

Yuma

SAN LUIS

Sunset Community Health Center –

Arizona Desert Elementary

1245 N. Main St.
San Luis, AZ 85349
(928) 627-3822

San Luis Medical Clinic

815 E. San Juanrez Sanchez Blvd.
San Luis, AZ 85349
(928) 627-3822

San Luis Walk-In Clinic

1896 E. Babbitt Ln. Ste. D
San Luis, AZ 85349
(928) 627-3822

SOMERTON

Sunset Community Health Center - Somerton Medical and Dental Clinic

15 N. Somerton Ave.
Somerton, AZ 85350
(928) 627 2051

YUMA

Sunset Community HC-Yuma Medical Clinic

2060 W. 24th St.
Yuma, AZ 85364
(928) 539-3140

Sunset Community Health Center – Pecan Grove Elementary

600 21st Ave.
Yuma, AZ 85364
(928) 539-3140

Sunset Community Health Center – North Yuma Medical Clinic

675 S. Avenue B
Yuma, AZ 85364
(928) 539-3140

Sunset Community Health Center – Rancho Viejo- Crane Elementary

930 S. Avenue C
Yuma, AZ 85364
(928) 539-3140

ADVOCACY RESOURCES

Advocacy Services

There may be times when you need help, resources, support and services from a community-based organization. For example legal help, ombudsman, and housing assistance. Here is a list of some resources that can help.

Legal Aid

COCHISE COUNTY

Southern Arizona Legal Aid 2

Copper Queen Plaza, Upstairs P.O. Box AL, Bisbee, AZ 85603

Phone: (520) 432-1639 / (800) 231-7106

GILA COUNTY

White Mountain Legal Aid a division of Southern Arizona Legal Aid

5658 Highway 260, Suite 15 Lakeside, AZ 85929

Phone: (928) 537-8383 / (800) 658-7958

GRAHAM COUNTY/GREENLEE COUNTY

Southern Arizona Legal Aid 2

Copper Queen Plaza, Upstairs P.O. Box AL Bisbee, AZ 85603

Phone: (520) 432-1639 / (800) 231-7106

LA PAZ COUNTY

Community Legal Services

201 South 1st Avenue Yuma, AZ 85364

Phone: (928) 782-7511 / (800) 424-7962

MARICOPA COUNTY

Community Legal Services

P.O. Box 21538 Phoenix, AZ 85036

Phone: (602) 258-3434 / (800) 852-9075

Community Legal Services East Side Office

1220 South Alma School Road, #206 Mesa, AZ 85210

Phone: (480) 833-1442 / (800) 852-9075

PINAL COUNTY

Southern Arizona Legal Aid

766 North Park Avenue Casa Grande, AZ 85222

Phone: (520) 316-8076 / (877) 718-8086

PIMA COUNTY

Southern Arizona Legal Aid (SALA) Community Legal Services

2343 E. Broadway Boulevard Suite 200 Tucson, AZ 85719

Phone: (520) 623-9465 / (800) 640-9465

Website: www.sazlegalaid.org

ADVOCACY RESOURCES

SANTA CRUZ COUNTY

Southern Arizona Legal Aid

1071 N. Grand Avenue, Suite 110 Nogales, AZ 85621

Phone: (520) 623-9465 ext: 4141

YUMA COUNTY

Community Legal Services

201 S. 1st Avenue Yuma, AZ 85364

Phone: (928) 782-7511 / (800) 424-7962

STATEWIDE

Arizona Center for Disability Law

5025 E. Washington Street, Suite 202 Phoenix, AZ 85034

Phone: (602) 274-6287 / (800) 927-2260

Arizona Senior Citizens Law Project

1818 S. 16th Street Phoenix, AZ 85034

Phone: (602) 252-6710 Website: www.azlawhelp.org

Arizona Attorney General's Office

1275 W. Washington Street Phoenix, AZ 85007

Phone: (602) 542-5025 Website: www.azag.gov

Arizona Attorney General's Office - Tucson

400 W. Congress South Building, Suite 315 Tucson, AZ 85701

Phone: (520) 628-6504 Website: www.azag.gov

OMBUDSMAN

Disability Benefits 101

Website: www.az.db101.org Phone: (866) 304-WORK (9675)

Area Agency on Aging

1366 E. Thomas Rd. Suite 108 Phoenix AZ, 85014

Phone: (602) 264- 2255 FAX: (602) 230-9132 or

Toll-Free: (888) 783-7500 Website: www.aaaphx.org

Arizona Center for Disability Law- Maricopa County

5025 E. Washington Street Suite 202 Phoenix, AZ 85034

Phone: (602) 274-6287 or (800) 927-2260

Website: www.acdl.com/contact.html

Ability 360

5025 E. Washington St. Phoenix, AZ 85034

Phone: (602) 280-2245

LTC Ombudsman - Maricopa Division of Aging and Adult Services

Code 950A Phoenix, AZ 85007

Phone: (602) 542-4446 Website: www.azdes.gov/daas/ltco

LTC Ombudsman - Pinal/Gila

8969 W. McCartney Road Casa Grande, AZ 85194

Phone: (520) 836-2758 / (800) 293-9393 Website: www.pgscsc.org

ADVOCACY RESOURCES

LTC Ombudsman- Graham/ Greenlee/ Cochise South Eastern Arizona Governments Organization (SEAGO)

300 Collins Road Bisbee, AZ 85603

Phone: (520) 432-2528 Website: www.seago.org

Southern Arizona Legal Aid (SALA) Community Legal Services

2343 E. Broadway Boulevard Suite 200 Tucson, AZ 85719

Phone: (520) 623-9465 / (800) 640- 9465

Website: www.sazlegalaid.org

Tohono O'odham Legal Services (division of SALA)

2343 E. Broadway Boulevard Suite 200 Tucson, AZ 85719

Phone: (520) 623-9465 / (800) 248-6789

Housing Resources

Your Case Manager can help you in finding local low-income housing that is available or here is a list of some resources that can help:

Area Agency on Aging, Region 1 (Maricopa County)

1366 E. Thomas Road, Suite 108 Phoenix, AZ 85014

Phone: (888) 783-7500 Website: www.aaaphx.org

Area Agency on Aging, Region V (Pinal/Gila Counties)

Pinal-Gila Council for Seniors

8969 W. McCartney Road Casa Grande, AZ 85294

Phone: (520) 836-2758 / (800) 293-9393 Website: www.pgscsc.org

Area Agency on Aging, Region VI (Cochise/Graham/Greenlee Counties)

300 Collins Road Bisbee AZ 85603

Phone: (502) 432-5301 Website: www.seago.org

Arizona Department of Housing

1700 W Washington, #210 Phoenix, Z 85007

Phone: (602) 771-1000 Website: www.housingaz.com

Community Information and Referral Services

2200 N Central Avenue Suite 211 Phoenix, AZ 85004

Phone: (877) 211-8661 Dial 2-1-1 within Arizona / TTY 711

Website: www.211arizona.org

Housing and Urban Development (HUD)

HUD.GOV Online search engine to locate subsidized apartments in Arizona Website: www.hud.gov/apps/section8/step2.cfm?state=AZ%2CArizona

HUD Wait List Information for Section 8 & Public Housing

Website: www.hud.gov/local/az/renting/phwaitinglist.pdf

Socialserve.com

An online search engine to help Arizona

Website: www.socialserve.com



ADVOCACY RESOURCES

Arizona's Community Health Center Network

If you or a loved one should lose your benefit eligibility you can still access primary and preventative care through Arizona's Community Health Center network.

Arizona's Community Health Centers (CHCs) serve as medical homes assuring access to primary care services for Arizonans throughout diverse communities in the state of Arizona. Through high-quality primary care and complementary healthcare services such as dental, ophthalmology, behavioral health, social services, immunizations, and other invaluable initiatives, Community Health Centers work to improve the health of individuals and communities in Arizona.

Community Health Centers or CHC's are non-profit medical clinics located throughout Arizona. They share a mission of making comprehensive primary and preventative care accessible to anyone regardless of insurance status or your ability to pay. CHC's accept most insurance plans as well as offer services on a Sliding Fee Scale, based on your income, if you do not have insurance.

A Sliding Fee Schedule (SFS) is used by medical providers offering discounted fees for services to persons without health insurance. The SFS determines, based on gross family income, the percentage or portion of billed charges that an individual who does not have health insurance will be responsible for.

Community Health Centers are not insurance plans. They can help you determine what you may be eligible for, such as AHCCCS or CHC's can help set up affordable medical visits at their clinics for you if you do not have insurance or do not qualify.

Some of the services provide by Community Health Centers include; primary care, behavioral health, pediatrics, specialty care, pharmacy, lab services, OB/Gyn, Women, Infant and Children services, Immunizations, eyes and vision, dental services, radiology, physical therapy, nutrition counseling, domestic and sexual violence intervention, wellness classes, transportation, and interpretation services.

There are numerous Community Health Centers and Sliding Fee Schedule (SFS) clinics throughout Arizona that provide no cost or low-cost primary, mental and dental health services to persons without health insurance.



Use the interactive SFS Clinics map below to find a clinic in your neighborhood or download a complete listing of primary care or behavioral health SFS providers below.

[www.aachc.org
community
healthcenters/map](http://www.aachc.org/communityhealthcenters/map)
or
[www.azdhs.gov/
gis/sliding-fee-
schedule/
index.php](http://www.azdhs.gov/gis/sliding-fee-schedule/index.php)

ADVOCACY RESOURCES



Behavioral Health Advocacy

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view.

Below are resources for you to use when you feel like you need someone to help you advocate for your rights.

Office of Human Rights:

Pinal County: (520) 509 3555;

Pima, Santa Cruz, Cochise, Graham, Greenlee, Yuma or La Paz County: (520) 770-3100.

Human Rights Committee Coordinator: (602) 364-4577 / (800) 421-2124

Area Agencies on Aging – Information and Referral

Family Assistance Helpline (800) 782-1886 (*Yuma*)

Senior Information and Referral (520) 432-2528

(*Cochise, Graham, Greenlee and Santa-Cruz Counties*)

Senior Information and Referral (800) 293-9393

(*Gila and Pinal Pinal County*)

Senior Helpline (602) 264-4357 (*Maricopa County*)

Senior Helpline (520) 790-7262 (*Pima*)

Arizona Center for Disability Law – Mental Health

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems in the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

Phone: (602) 274-6287 (*Phoenix/voice or TTY*)

Toll-free: (800) 927-2260 (*statewide except Tucson*)

Website: www.azdisabilitylaw.org

Arizona Coalition to end Sexual and Domestic Violence

2800 N. Central Ave., Suite 1570 Phoenix, AZ 85004

Phone: (602) 279-2900

Toll-free: (800) 782-6400 TTD/TTY: (602) 279-7270

Arizona Suicide Prevention Coalition

Website: www.azspc.org

Lifeline Chat: www.suicidepreventionlifeline.org/chat

Centers for Independent Living - Disability Rights and Advocacy

Centers for Independent Living (CILs) are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all

ADVOCACY RESOURCES

types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities. Independent Living Centers also serve as a strong advocacy voice on a wide range of issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services.

ABILITY360

5025 East Washington St., Ste. 200, Phoenix, AZ 85034

Phone: (602) 256-2245 Voice/TDD (800) 280-ABIL

Website: www.ability360.org

S.M.I.L.E. (Services Maximizing Independent Living and Empowerment)

1931 South Arizona Avenue, Suite 4, Yuma, AZ 85364

Phone: (928) 575-6671 / Voice/TDD (928) 782-7458

Website: www.smile-az.org

DIRECT Advocacy and Resource Center

1001 North Alvernon Way, Tucson, AZ 85711

Phone: (800) 342-1853

www.directilc.org

ABILITY360 Pinal-Gila County Office

Phone: (520) 424-2834

Arizona Relay 711

1419 N. Arizona Blvd. Coolidge, AZ 85128

Website: www.ability360.org

David's Hope (Mental Health and Criminal Justice Advocacy)

1909 E Ray Road, Suite 9-178 Chandler, AZ 85225

Phone: (602) 774-4382

Family Involvement Center

Family Involvement Center (FIC) is a not-for-profit, family-run organization. FIC was established to serve as a partner in developing a new system of care for children with emotional, physical, and/or behavioral healthcare needs in Arizona.

Phone: (877) 568-8468

Email: info@familyinvolvementcenter.org

Website: www.familyinvolvementcenter.org

Mentally Ill Kids In Distress (MIKID)

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

ADVOCACY RESOURCES

MIKID Casa Grande (520)509-6669

MIKID Nogales (520) 377-2027

MIKID Phoenix (602) 253-1240

MIKID Tucson (520) 882-0142

MIKID Yuma (928) 344-1983

Website: www.mikid.org

NAMI (National Alliance on Mental Illness) Arizona

NAMI Arizona has a helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

Phone: (602) 244-8166

Website: www.namiaz.org

Raising Special Kids

Raising Special Kids is a 501 (c) 3 non-profit organization that provides support and information for parents of children, from birth to age 26, with a full range of disabilities and special health care needs. Programs are offered at no cost to families and are available in English and Spanish.

5025 E. Washington St., Ste. 204 Phoenix, AZ 85034.

Phone: (800) 237-3007

Email: info@raisingspecialkids.org

Website: www.raisingspecialkids.org

HOPE Wellness Connections

Based in Southeast Arizona, HOPE Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives. Phone: (520) 452-0080

Website: www.hopearizona.org/index.php/services/114-other-sites/253-wellness-connections

Teen Life Line

Help for teens, parents, family members, caregivers and educators regarding topics such as depression, suicidality, bullying, relationships and other needs for teens. Call (602) 248-8336, statewide (800) 248-8336 or visit www.teenlifeline.org

Dump the Drugs AZ

www.azdhs.gov/gis/dump-the-drugs-az

Unwanted, unused or expired prescription drugs can present substantial risks to our community by either falling into the wrong hands, or by damaging our environment through improper disposal.

This 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.

ADVOCACY RESOURCES

Special Assistance for Members Found to have Serious Mental Illness

What is Special Assistance?

Special Assistance is the support provided to an individual who is unable, due to a specific condition, to communicate his or her preferences and/or to participate effectively in the development of his/her service plan, discharge plan, the appeal process and/or grievance/investigation process.

Special Assistance is only available to members that have been determined to have Serious Mental Illness (SMI) and can be provided by a friend or family member, a guardian, or a special advocate through the Office of Human Rights. For additional information contact Office of Human Rights (OHR): (602) 364-4585 or (800) 421-2124 (toll free) If you qualify, this can be set up through your behavioral health provider or your ALTCS case manager. If you have questions or need help please contact our Customer Care Center at (833)318-4146, TTY 711.



ADVOCACY RESOURCES



Centers for Independent Living

ARIZONA BRIDGE TO INDEPENDENT LIVING (ABIL)

5025 E. Washington St., Ste. 200

Phoenix, AZ 85034

Phone: (602) 256-2245

Toll-Free: (800) 280-2245

Fax: (602) 254-6407

TTY: (602) 296-0591

DIRECT CENTER FOR INDEPENDENCE

1001 N. Alvernon Way,

Tucson, AZ 85711

Phone: (520) 624-6452

FAX: (520) 792-1438

Email: direct@directilc.org

NEW HORIZONS INDEPENDENT LIVING CENTER

8085 E. Manley Dr.

Prescott Valley, AZ 86314

Voice/TTY: (928) 772-1266

Toll-Free: (800) 406-2377

Fax: (928) 772-3808

ASSIST! TO INDEPENDENCE

P.O. Box 4133

Tuba City, AZ 86045

Phone: (928) 283-6261

Toll-Free: (888) 848-1449

TTY: (928) 283-6267

SMILE (SERVICES MAXIMIZING INDEPENDENT LIVING EMPOWERMENT)

1929 S. Arizona Ave, Suite 12

Yuma, AZ 85364

Phone: (928) 329-6681

Cochise Ability

Phone: (520) 417-0901

Toll-Free: (877) 417-0901

Fax: (520) 417-0902

Information and Referral: (520) 456-118

ADVOCACY RESOURCES

Legal Help

COMMUNITY LEGAL SERVICES, INC.

www.clsaz.org

Maricopa County

Central: (602) 258-3434 / (800) 852-9075, TTY (602) 254-9852

East Valley: (480) 833-1442 / (800) 852-9075

Farmworker Law Program: (602) 258-3434 / (800) 356-7115

Yavapai County: (928) 445-9240 / (800) 233-5114

Yuma County: (928) 782-7511 / (800) 424-7962

Farmworker Law Program San Luis: (928) 627-8023 / (800) 356-7115

SOUTHERN ARIZONA LEGAL AID, INC.

www.sazlegalaid.org

Cochise, Graham & Greenlee Counties: (800) 231-7106

Pima County: (520) 623-9461 / (800) 248-6789 / (800) 640-9465

Tohono O'odham Legal Services: (520) 623-9465 / (800) 248-6789

Pinal County: (877) 718-8086 / (520) 316-8076

Four Rivers Indian Legal Services: (866) 312-2290

Santa Cruz: (520) 287-9441 / (800) 248-6789



GLOSSARY

Terms

You will see the following terms used in this handbook.

Here is what they mean:

ACC	AHCCCS Complete Care
AHCCCS	Arizona Health Care Cost Containment System
AHCCCSA	Arizona Health Care Cost Containment System Administration
ALF	Assisted Living Facility
ALTCS	Arizona Long Term Care System
BHS	Behavioral Health Services
B–UFC/ALTCS	Banner - University Family Care/ALTCS
CRS	Children’s Rehabilitative Services
DES	Department of Economic Security
D-SNP	Dual Eligible Special Needs Plan
EPSDT	Early and Periodic Screening, Diagnosis & Treatment
GMH/SA	General Mental Health/Substance Abuse
MCH	Maternal Child Health
MSIC	Multi-Specialty Interdisciplinary Clinic
OB/GYN	Obstetrics/Gynecology
PA	Prior Authorization
PCP	Primary Care Provider
PDP	Primary Dental Provider (<i>also known as Dental Home</i>)
QMB	Qualified Medicare Beneficiary
RBHA	Regional Behavioral Health Authority
SEABHS	Southeastern Arizona Behavioral Health Services, Inc.
SNF	Skilled Nursing Facility
SOBRA	Sixth Omnibus Budget Reconciliation Act
SOC	Share of Cost
SMI	Serious Mental Illness
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families
TRBHA	Tribal Regional Behavioral Health Authority

GLOSSARY

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 (DME): 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 Room Care: Care you get in an emergency room.

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

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.

Hospitalization: Being admitted to or staying in a hospital.

GLOSSARY

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

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

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.

Perinatal Services: Medical services for the treatment and management of obstetrical patients and neonates

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.

Postpartum: The period beginning the day pregnancy ends, and ends the last day of the month in which the 60th day following the end of the pregnancy occurs.

Prauthorization: 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.

GLOSSARY

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.



GLOSSARY

Maternity Care Definitions

Certified Nurse Midwife (CNM): Is 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 Center: 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 provide assistance with labor and delivery services. They 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 condition in which the mother, fetus, or newborn is anticipated to be at increased risk for morbidity or mortality before or after delivery. High risk is determined with the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tool.

Licensed Midwife: An individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code 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 identification of pregnancy, prenatal care, 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: The following are provider types who may provide maternity care when it is within their training and scope of practice:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers

GLOSSARY

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: 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. Quality measures used in maternity care quality improvement may utilize different criteria for the postpartum period.

Postpartum Care: Health care provided for a 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.

Preconception Counseling: 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 wellwoman 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:

- a. Early and continuous risk assessment,
- b. Health education and promotion, and
- c. Medical monitoring, intervention and, follow-up.



VACCINATIONS

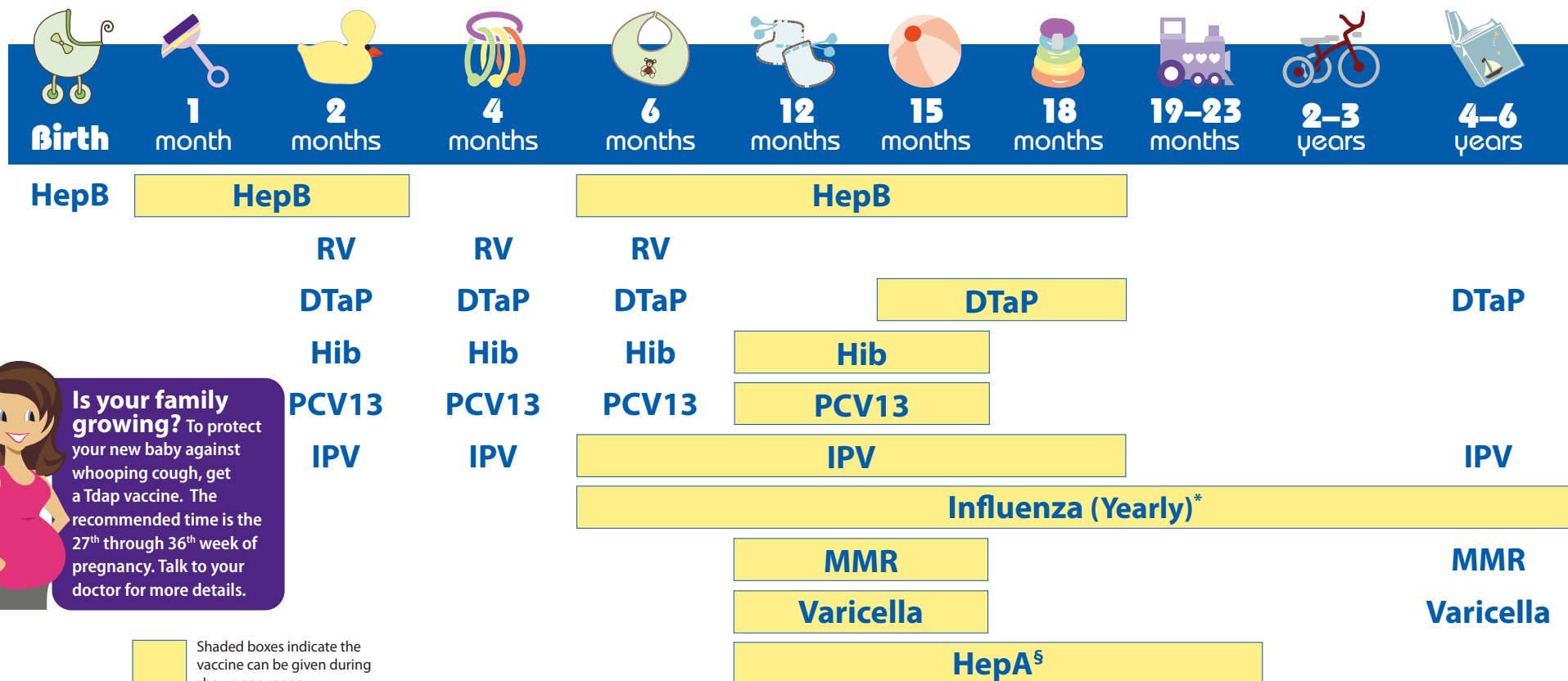


When Do Children and Teens Need Vaccinations?

Please use the grid to help you schedule immunizations for children.

Birth	
1 month	
2 months	
4 months	
6 months	
12 months	
15 months	
18 months	
19-23 months	
2-3 years	
4-6 years	
7-8 years	
9-10 years	
11-12 years	
13-15 years	
16-18 years	

2022 Recommended Immunizations for Children from Birth Through 6 Years Old



COVID-19 VACCINATION IS RECOMMENDED FOR AGES 5 YEARS AND OLDER.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - ^s Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable

diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Dengue	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB							
7-8 Years	★	▶		🏠		🏠		▶	▶	▶	▶	▶
9-10 Years	★	▶	🏠	🏠	🏠	🏠	★ ONLY in	▶	▶	▶	▶	▶
11-12 Years	★	★	★	★	🏠	🏠	★ places where dengue spreads	▶	▶	▶	▶	▶
13-15 Years	★	▶	▶	▶	🏠	🏠	★	▶	▶	▶	▶	▶
16-18 Years	★	▶	▶	★ ▶	🏠 ◊	🏠	★	▶	▶	▶	▶	▶

**More
information:**

Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications

All 11- through 12- year olds should get one shot of Tdap.

All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.

Ages 10 years and older at increased risk **should** receive a serogroup B meningococcal (MenB) vaccine. Ages 16–18 years old who are not at increased risk **may** be vaccinated with a MenB vaccine.

Ages 9-16 years who live in dengue endemic areas AND have laboratory confirmation of previous dengue infection

COVID-19 vaccination is recommended for ages 5 years and older.

Talk to your child's doctor or nurse about the vaccines recommended for their age.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.



These shaded boxes indicate the vaccine **SHOULD** be given if a child is catching up on missed vaccines.



This shaded box indicates children not at increased risk **MAY** get the vaccine if they wish after speaking to a provider.



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of
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Control and Prevention

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Dengue	Dengue vaccine protects against dengue.	Bite from infected mosquito	May be no symptom, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to liver, heart, and lungs, death
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Human Papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Meningococcal Disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Mumps	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Pneumococcal Disease	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Rubella	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

*Tdap combines protection against diphtheria, tetanus, and pertussis.

**Td combines protection against diphtheria and tetanus.

***MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

ADVANCE DIRECTIVES

Advance Directives

The law requires providers and health care facilities to inform you, in writing, of your right to create "Advance Directives" relating to your medical care. Advance Directives are used to allow you to make medical decisions about yourself should you no longer be able to do so. The two most common Advance Directives are the Living Will and the Durable Power of Attorney.

The Living Will gives information about whether you want or don't want life sustaining procedures if you have a condition that cannot be cured or improved. A Medical Power of Attorney allows you to name a person you trust to decide what type of treatment you will get if you are unable to decide for yourself.

These forms can be found at two (2) state approved websites:
Arizona Attorney General's Office – Life Care Planning
www.azag.gov
and Arizona Secretary of State
www.azsos.gov/services/advance-directives

Even though you have made Advance Directives, your PCP may still choose whether to follow your wishes. You cannot be denied care without these documents. Without written instructions, a judge may have to make a personal and medical decision for you. Tell your family and PCP where you keep your Advance Directives. Ask your PCP to make the Advance Directive a part of your medical record.



CHILDHOOD SERVICES

Early Childhood Services

If you are concerned your child is not growing like other same age children, tell your pediatrician or provider. Your provider can refer you to specialists. Specialists can help you learn if your child is on track with the following:

- Talking
- Moving
- Using hands and fingers
- Seeing
- Hearing

If your child is behind on one or more of these areas, there are services to help your child improve. If your child is from birth to three years, there is help. The provider may refer you to the Arizona Early Intervention Program (AzEIP).

Developmental Screenings

Your PCP should use an approved screening tool for developmental screening during your child's 9, 18 and 30-month EPSDT visits.

Autism Spectrum Disorder (ASD) specific screenings should also occur at the 18 and 24-month visits.

These screenings help your provider find any developmental problem early. The provider will be able to assess that your child is growing and developing well.



NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

Effective date: October 1, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At B–UFC/ALTCS, we take the privacy of your health information seriously. This notice explains how we protect health information for current and former members. By law we must maintain the privacy of your health information. We must also provide you with a description of our legal duties and privacy practices. We must abide by the terms of this notice and notify you if your health information is subject to a breach of unsecured protected health information.

Our Customer Care Center can answer questions about this Notice or send another copy. Please call them at **(833) 318-4146, TTY 711**. Weekdays, 8 a.m. to 5 p.m.

OUR PRIVACY PRACTICES

This notice tells you how we use your health information and when we may share it with others. It also explains your rights regarding your health information. The law says we must keep your health information private, give you a copy of this Privacy Practices Notice and we must follow the practices listed in this Notice.

HEALTH INFORMATION COVERED BY THIS NOTICE

B–UFC/ALTCS keeps health information about you that we get from you, your doctors, and your other health care providers. This includes your name, address and date of birth. It also includes information that describes your current or past health condition and the care you received. This information to ensures you receive appropriate health care services and to abide with the law.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

This Notice tells how we use and share your health information. We explain each way and give you some examples to help you understand each of them. We will not use or share your health information in any way that is not mentioned in this Notice of Privacy Practices unless we get your written permission.

NOTICE OF PRIVACY PRACTICES

FOR TREATMENT

We may share your health information with your doctors and other health care providers who you see for medical treatment and services. For example, we may give a pharmacist or your doctor information about your past prescriptions. This may help them decide if a new prescription may be harmful to you.

FOR PAYMENT OF HEALTH CARE SERVICES

We may use your health information to decide if you are eligible for plan benefits, to pay providers for treatment and services you receive, or to handle benefits with your other health care coverage, if you have it. For example, this may include telling your health care provider about your medical history. This can help determine if treatment is medically necessary and whether the plan will cover the cost of the treatment. We may also share your health information with another health plan to handle coordination of benefits between the health plans.

FOR HEALTH CARE OPERATIONS

We may use and share your health information for health care operations. This includes any activities necessary to operate our health plan and to make sure all members receive quality care.

Health care operations include:

- Reviewing quality of care and ways we can improve our service.
- Reviewing provider and health plan performance.
- Carrying out medical reviews to define medical needs, level of care and to decide if there was a good reason for the services.
- Performing audit functions.
- To fix internal complaints, such as problems or complaints about your access to care or satisfaction with services.
- To make a benefit decision, manage a benefit plan and provide customer services.
- Other uses approved by law.

We may also use and share health information with other people or companies, which we call "Business Associates." We do this to help carry out payments or health care operations. These Business Associates only get information for what they need to perform their job. Before sending the information, we require them to agree in writing to protect the privacy of that information.

For information about our quality improvement projects, please visit: www.bannerufc.com/altcs/resources/performance-measures-and-surveys.

NOTICE OF PRIVACY PRACTICES

TO KEEP YOU INFORMED

We may use your health information when we need to contact you about appointment reminders or to describe or suggest treatments. Also, we may use it, give you other information about health-related topics that may interest you. For example, we may tell you about a class or seminar we offer when it relates to a condition your records say you have, such as diabetes. We may also inform you about changes to your health plan coverage.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may tell a friend or family member involved in your care or who helps pay for your care some details from your health information. If you cannot tell us not to share your information, we may use our professional judgment to determine if it is in your best interest. Remember, you can tell us to keep this information private by calling our Customer Care Center at **(833) 318-4146, TTY 711**.

SPECIAL SITUATIONS

Special situations may require sharing your health information. For example, we may release your information for any of the following reasons:

- When the disclosure or use is required to comply with state, federal or local law
- To report information to state and federal agencies who manage our business. These include, the U.S. Department of Health and Human Services, the Arizona Health Care Cost Containment System (AHCCCS) and other federal and state regulatory agencies. We may release information for audits, research, inspection, and licensure purposes. Also, it may include reports to patient registries for conditions such as tumors, traumas and burns. The government requires this to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws, and to improve patient outcomes.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY AND FOR PUBLIC HEALTH PURPOSES

When necessary, we may use and share your health information to prevent a serious health and safety threat to you or the public. This may include disaster relief efforts. We may also share your health information to help with public health activities. This might include:

NOTICE OF PRIVACY PRACTICES

- Preventing or controlling disease, injury, or disability
- Reporting births and deaths
- Reporting abuse or neglect
- Reporting reactions to medications or problems with a product to the Food and Drug Administration or to a product manufacturer
- Notifying people of product recalls of things they may be using
- Telling a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
- To tell government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this if you agree or when we are required by law

RESEARCH

We may allow researchers to use and disclose your health information when we have your written authorization. When this happens, we have a special process to protect the confidentiality of your health information. The institutional review board, an ethics board, reviews all research proposals to, ensure your privacy of your health information before approving research. We may also use your information to contact you about your interest in participating in research studies. We may also permit researchers to review your information to prepare for research studies, as long as they do not remove or take a copy of your information.

ORGAN AND TISSUE DONATION

If you are an organ donor, we may share health information to places that receive organs, eye or tissue transplantation. This may include, an organ donation bank, as needed to fulfill your donation wishes.

MILITARY AND VETERANS

If you are a member of the armed forces, we may share your health information with military personnel, when needed. We may also share health information about foreign military personnel with the correct military authority.

WORKERS' COMPENSATION

We may share your health information if you get sick or hurt on the job. Typically, the state's workers compensation laws require this.

LAWSUITS AND DISPUTES

We may share your health information in legal matters. This includes responses to a court or administrative order, subpoena, or discovery request. It may also include other lawful means by someone involved in the dispute.

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LAW ENFORCEMENT

We may share your health information if asked to do so by a law enforcement official. Specific reasons we will do this include:

- If we are required by law to do so.
- In response to a court order, subpoena, warrant, summons or similar process.
- For the reporting of certain types of wounds.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To inform them about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To inform them about a death we believe may be the result of criminal conduct.
- To inform them about criminal conduct on our premises.
- In the case of an emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may share your health information with a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to decide the cause of death. We may also share your health information with funeral directors as needed to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

By law we may share your health information with authorized federal officials for intelligence, counterintelligence, and other national security events.

INMATES

An inmate does not have any of the rights in this Notice or the right to receive this Notice. We may release your health information to a correctional facility or law enforcement official when you are incarcerated. This release ensures inmates and those under custody receive needed health care. This also protects the health and safety of others.

INFORMATION NOT PERSONALLY IDENTIFIABLE

We may use or share your health information when it cannot be used to identify you. We may also use a "limited data set" that does not contain any information that can directly identify you. We only use this for the purposes of research, public health matters or health care operations. For example, a "limited data set" may include your city, county and zip code, but not your name or street address.

NOTICE OF PRIVACY PRACTICES

Your Rights Regarding Your Health Information

The following are your health information rights. If you would like to use the following rights, please call our Customer Care Center to request the forms or to get further information.

- **Review and Copy Your Record.** You have the right to review and get copies of your own health information annually. B – UFC/ALTCS has a specific record set. This includes your medical claims history, pharmacy claim history, grievance and appeals documents, your uniform assessment tool, and integrated assessment and home and community-based needs assessment tool and your B – UFC/ALTCS phone call record. You can receive these at no cost to you. You can request through your B – UFC/ALTCS Case Manager or you can contact our Customer Care Center to initiate the request and the Compliance Department will respond.
- We will send you an authorization form to complete. Please return it to the Compliance Department with a copy of a picture ID so we can make sure we only send your records to you or someone you request to receive your records. We can also make sure it is you if your B – UFC/ALTCS Case Manager says it is you or your authorized representative. You can receive your records in paper form or by email (*encrypted or not*) if you prefer.
- Remember, a third party can gain access to Protected Health Information (PHI) without your consent when electronic media or email is unencrypted. We are not responsible for unauthorized access to unencrypted media or email or for any risks, such as a computer virus, potentially introduced to your computer/device when receiving PHI in electronic format or email.
- We must reply to your request for medical records no later than thirty (30) days, we may take any additional 30 days after telling you of the reason for the delay. In that case, we will provide you with a new date the request will be completed. This response will either be a copy of your records in the manner you requested, permission for you to view your records on-site or a reason for denying your request. If a request is denied, in whole or in part, we must give you a reason for the denial. We must also explain your rights to a review of the denial of access.
- If you request additional copies of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.
- Under very limited situations, your request may be denied, such as a request for psychotherapy notes. You may request a review of a denial by contacting our Customer Care Center at (833) 318-4146.
- **Request an Amendment of Your Record.** If you feel the health

NOTICE OF PRIVACY PRACTICES

information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your information. We require you to provide a request in writing to our Customer Care Center and it must provide a reason supporting your request. We may deny your request if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information created by someone else, is not part of the record used to make decisions about you, is not part of the information you are permitted to inspect or copy, or is accurate and complete.

- **Accounting of Disclosures.** You have the right to receive a list of disclosures of your health information for any purposes other than your treatment, payment, or health care operations. You may request disclosures for up to six years prior to the date of your request. We will provide the first list to you at no cost to you, we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost. You must submit your request for an Accounting of Disclosures to our Customer Care in writing on an authorization form we will provide to you.
- **Request Restrictions on Use or Disclosure of Your Health Information.** You have the right to ask us not to use or disclosure your health information in times we normally would. For example, in cases where the information is needed for treatment, getting paid, or our health care operations. We are not required to agree to your request. However if we do agree, we will comply with that agreement unless the information is needed to provide you emergency treatment. Your request for restriction must be made in writing to our Customer Care Center. You must tell us what information you want to limit and to whom you want it limited. You must also tell us if you want to limit our use, our disclosure or both.
- **Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you may ask us to contact you at work instead of your home. Your request for confidential communications must be made in writing to our Customer Care Center.

NOTICE OF PRIVACY PRACTICES

RIGHT TO A PAPER COPY OF THIS NOTICE

You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may download a copy of our current notice from our website at www.BannerUFC.com/ALTCS.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by calling our Customer Care Center at **(833) 318-4146**. You may also choose to write us:

Banner – University Family Care/ALTCS
Customer Care Center
2701 East Elvira Road
Tucson, AZ 85756

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services or the Office of Civil Rights (www.hhs.gov/ocr). All complaints must be sent in writing. You will not receive a penalty if you decide to file a complaint.

DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We require written authorization for certain uses and disclosures of your health information. For example, we must obtain your authorization to use or disclose your psychotherapy notes in all situations, except the following:

- When the person who wrote the notes is using or use or disclosing for treatment
- For us to do certain training programs
- For us to use for defense if a legal action was made by you
- If the disclosure is to you regarding your request under HIPAA, the disclosure is required by law or is to the Department of Health and Human Services
- The use or disclosure is for health oversight for the person who wrote the notes
- The use or disclosure is to the coroner, medical examiner or funeral director as described in this Notice
- The use or disclosure is needed to stop or lessen a serious and real threat to health or safety.

We must also obtain your written authorization to use or disclose your information for certain marketing activities or if we sell your information. You may revoke your authorization as described in the following paragraph.

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OTHER USES AND DISCLOSURES

If we wish to use or disclose your health information for a purpose that is not discussed in this Notice, we will seek your permission.

If you give your permission, you may take back that permission any time, unless we have already relied on it to use or disclose the health information. We are unable to take back any disclosures we have already made with your permission. To take back your permission, please contact Customer Care Center. We must also continue to keep certain records in our files even if you leave our health plan.

CHANGES TO THIS NOTICE

Please note we can change this Notice at any time. We can revise or change this Notice effective for health information we already have about you or may get in the future. We will post a copy of the current Notice on our website at www.BannerUFC.com/ALTCS.

IS MY BEHAVIORAL HEALTH INFORMATION PRIVATE?

There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (*for example, HIV/AIDS information*) cannot be shared with others without your written permission.

You should know that your health information may not be protected if you include it in an e-mail. It's always better to talk by phone with your provider.

At times your permission is not needed to share your behavioral health information to help arrange and pay for your care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services;
- Your medical primary care provider;
- Certain state agencies involved in your care and treatment, as needed; and members of the clinical team involved in your care.

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared. There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. You can ask to see the behavioral health information in your medical record. You can also ask that the record be changed if you

AUTHORIZED CONTACT

do not agree with its contents. You can also receive one copy per year of your medical record at no cost to you. Contact your provider to ask to see or get a copy of your medical record. You will receive a response to your request within 30 days. If you receive a written denial to your request, you will be provided with information about why your request to obtain your medical record was denied.

EXCEPTIONS TO CONFIDENTIALITY

There are times when we cannot keep information confidential. The following information is not protected by the law: If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police. If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police. We must also report suspected child abuse to local authorities.

If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other Counselors) to protect you. Only necessary information to keep you safe is shared.

The image shows a "MEDICAL HISTORY QUESTIONNAIRE" form. The form includes fields for Name, Date of Birth, Date, Date of last eye exam, and a section for listing medications. It also has a section for allergies with "YES" and "NO" options. There is a section for major illnesses (glaucoma, diabetes, high blood pressure, heart attack, etc.) or injuries (concussion). A section for surgeries you have had (cataract, endectomy) is also present. The form has a "Details" column and a "YES" column. A stethoscope and a pen are resting on the form.

AUTHORIZED CONTACT

Women, Infants and Children (WIC)

As a member of B – UFC/ALTCS, you may be eligible for the WIC program. WIC helps families with young children get food, formula and even offers nutrition classes. For more information or help finding a WIC office near you, please call (800) 252-5942.

Authorized Contact

An Authorized Contact is a person you trust and have given permission to inquire or make changes on your account. You make this official by telling B – UFC/ALTCS of people you give permission to call Customer Care Center for more information. We will ask your authorized contact for personal information so we can also verify their identity each time they call.

B – UFC/ALTCS only gives your medical information to people you trust and give permission to get your private health information. If a friend or family member calls, and we do not have them listed as an Authorized Contact, we will not give them information about your account. We do this to protect your medical information. If a friend or family member calls and we have permission, we will verify their information and yours to protect your account. Then we can answer any questions they may have.

If you would like to add someone to your account, please call us. You can also write us at the address on the cover. We will add this person and give them permission to access your account information for up to a year. They will be able to call and ask questions about your medical information. You can remove an Authorized Contact at any time.

Other documents you can mail to add an Authorized Contact includes: Notarized letters, Court guardianship papers, Court Custody papers, or a Power of Attorney.



AUTHORIZED CONTACT



If you are a dual eligible member, B – UFC/ALTCS additional authorization forms may be required.



Banner
University Family Care

AUTHORIZED CONTACT FORM

Fax the completed form to our Customer Care Center
to (520) 874-3434 or mail to:

B – UFC/ALTCS, Attention Customer Care Center
2701 E. Elvira Road, Tucson AZ 85756

I, _____
(member name)

ID# _____, am giving written permission to

(Friend, family, other name)

so that he/she can have access to my medical information with my health plan.
I am also including information about this person so that B – UFC/ALTCS can
verify this person when they speak on my behalf.

Required Information _____

Name of Authorized Contact: _____

Date of Birth: _____

Relationship: ☐ Friend ☐ Family ☐ Other

Address: _____

Phone Number: _____

☐ I give this person permission to access **my health information**.

(Example: The name of my PCP or the status of a referral.)

☐ I give this person permission to **make changes** on my behalf.

(Example: Changing my PCP or setting up transportation.)

Signature of Member

Date

Valid for one (1) year from date of signature.

My Appointments

My Appointments

Notes

A series of 14 horizontal gray bars, each approximately 30 pixels high, stacked vertically to provide space for handwritten notes. The bars are evenly spaced and span the width of the page content area.

Notes

Member Information

MEDICAL EMERGENCY or LIFE THREATENING: Call 9 1 1

My Member ID #:

My Primary Care Provider:

Phone:

My Case Manager:

Phone:

My Behavioral Health Provider:

Phone:

My Eye Doctor:

Phone:

My Dentist:

Phone:
