

**AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) Policies Published to the AHCCCS website since 10-20-16 Tribal Consultation**

<b>AHCCCS MEDICAL POLICY MANUAL (AMPM)</b>			
<b>POLICIES</b>		<b>Consultation/Comment Period</b>	<b>Published Date</b>
1.	<p><b>AMPM Policy 310-D2, Arizona Long Term Care System Adult Dental Services</b></p> <p><u>Policy:</u> This policy describes AHCCCS covered medical and surgical dental services and coverage.</p> <p><u>Revisions:</u> Policy revised to include the new ALTCS Adult Dental Benefit pursuant to A.R.S. §36-2939. Legislature enacted a maximum amount per person of \$1,000 per contract year (10-1 to 09-30).</p>	10-24-16 to 11-07-16	11-23-16
2.	<p><b>AMPM Policy 310-U, Foot and Ankle Services</b></p> <p><u>Policy:</u> This policy described podiatry services and coverage.</p> <p><u>Revisions:</u> Policy retired to comport with A.R.S. §36-2907 that states: Podiatry services that are performed by a Podiatrist who are licensed pursuant to Title 32, Chapter 7 and are ordered by a primary care provider are covered services for all members; no need for a separate policy for these services.</p>	10-24-16 to 11-07-16	11-23-16
3.	<p><b>AMPM Policy 320-J, High Frequency Chest Wall Oscillation (HFCWO) Therapy</b></p> <p><u>Policy:</u> This policy described services and coverage for High Frequency Chest Wall Oscillation therapy (HFCWO), a mechanical form of chest physiotherapy used in patients with impaired ability to clear pulmonary secretions. This is also referred to as High Frequency Chest Wall Compression therapy (HFCWC) or Percussive Vest.</p> <p><u>Revisions:</u> Policy retired. Effective January 1, 2017, percussive vests are an AHCCCS covered benefit for all members subject to prior authorization criteria of the Contractor or AHCCCS, depending on Member enrollment.</p>	07-01-16 to 07-15-2016	11-23-16

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4.	<p><b>AMPM Appendix A, EPSDT and Adult Quarterly Monitoring Report Instructions &amp; Templates</b></p> <p><u>Templates:</u> Performance Measure Templates used by Contractor for EPSDT and Adult quarterly monitoring.</p> <p><u>Revisions:</u> Appendix A was updated to accommodate changes in 2016 Centers for Medicare and Medicaid Services (CMS) and 2017 HEDIS Measurement Standards, plus additional monitoring of standards for CMDP. At this time the 2017 CRS or GMH/SA templates are not yet available.</p>	N/A	12-19-16 and again 01-04-17 for edits/corrections
5.	<p><b>AMPM Exhibit 300-1, AHCCCS Covered Services – Acute Care</b></p> <p><u>Exhibit:</u> This exhibit consists of a table indicating acute covered services for Title XIX (&lt;21, &gt;21) and XXI (&lt;19) members.</p> <p><u>Revisions:</u> The Exhibit has been revised to list diagnostic testing as a covered service and to remove the reference to AMPM Policy 310-Z, Sleep Studies; sleep studies policy was retired.</p>	10-26-16 to 12-10-16	01-04-17

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6.	<p><b>AMPM Policy 320-I, Telehealth and Telemedicine</b></p> <p><u>Policy:</u> AHCCCS covers medically necessary consultative and/or treatment telemedicine services for all eligible members within the limitations described in Policy 320-I.</p> <p>Telemedicine Definition: The practice of health care delivery, diagnosis, consultation, and treatment, and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the member, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. Refer to A.R.S. §36-3601.</p> <p><u>Revisions:</u> Policy merged with <i>DHBS Policy 410, Use of Telemedicine</i> to include telemedicine requirements, including informed consent and confidentiality in telemedicine.</p> <p>If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. The responsibility of ensuring the informed consent is completed lies with the provider delivering the service.</p> <p>To ensure confidentiality of telemedicine sessions providers must adhere to the requirements of the policy when providing services via telemedicine (e.g. the videoconferencing room door must remain closed at all times).</p>	10-26-16 to 12-10-16	01-04-17
7.	<p><b>AMPM Policy 320-P, Serious Mental Illness Eligibility Determination</b></p> <p><u>Policy:</u> In order to ensure that persons with a serious mental illness are promptly identified and enrolled for services, AHCCCS has developed a standardized process for the referral, evaluation, and determination of SMI eligibility. The requirements associated with the referral for a SMI evaluation and SMI eligibility determination are set forth in this Policy 320-P.</p> <p><u>Revisions:</u> This is a new Policy in the AMPM to incorporate <i>DBHS Policy 106, SMI Eligibility Determinations</i> which outlines the SMI Eligibility determination process.</p> <p>Additionally, the Policy has been revised to include the two methods for removing an SMI designation (clinical and administrative).</p>	10-26-16 to 12-10-16	01-04-17

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<p>8. <b>AMPM Policy 320-Q, General and Informed Consent</b></p> <p><u>Policy:</u> AHCCCS recognizes two primary types of consent for behavioral health services: general consent and informed consent. This policy describes the requirements for reviewing and obtaining general, and informed consent, for members receiving services within the behavioral health system.</p> <p><b>General Consent</b> is a one-time agreement to receive certain services, including but not limited to behavioral health services that is usually obtained from a member during the intake process at the initial appointment, and is always obtained prior to the provision of any behavioral health services. General consent must be obtained from a member’s behavioral health recipient’s or legal guardian’s signature.</p> <p><b>Informed Consent</b> is an agreement to receive behavioral health services before the provision of a specific treatment that has associated risks and benefits. Informed consent is required to be obtained from a member or legal guardian prior to the provision of the following services and procedures:</p> <ol style="list-style-type: none"> <li>1. Complementary and Alternative Medicine (CAM),</li> <li>2. Psychotropic medications,</li> <li>3. Electro-Convulsive Therapy (ECT),</li> <li>4. Use of telemedicine,</li> <li>5. Application for a voluntary evaluation,</li> <li>6. Research,</li> <li>7. Admission for medical detoxification, an inpatient facility or a residential program (for members determined to have a Serious Mental Illness), and</li> <li>8. Procedures or services with known substantial risks or side effects</li> </ol> <p><u>Revisions:</u> This is a new Policy in the AMPM to incorporate <i>DBHS Policy 107, General and Informed Consent</i>.</p> <p>Additionally, Policy updated to update special requirements for children to include language regarding consent requirements regarding children removed from the home by DCS pursuant to A.R.S. §8-514.05(C)) and the clarification letter that went out to RBHAs and CRS from AHCCCS on 3-14-16 regarding clarification of consent for BH services.</p>	<p align="center">10-26-16 to 12-10-16</p>	<p align="center">01-04-17</p>

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9.	<p><b>AMPM Policy 920, Quality Management/Performance Improvement Program Scope</b></p> <p><u>Policy:</u> This policy outlines the requirements for Contractors QM/PI programs, including development of measurable objectives, workplan, program monitoring and evaluation activities, and implementation of actions to improve care.</p> <p><u>Revisions:</u> Policy revised to require Contractors to utilize clinical quality staff to conduct on-site reviews if there is a health and/or safety concern identified either by the Contractor, AHCCCS or other party.</p>	10-26-16 to 12-10-16	01-04-17
10.	<p><b>AMPM Policy 940, Medical Records and Communication of Clinical Information</b></p> <p><u>Policy:</u> Contractor are responsible for ensuring that a medical record (hard copy or electronic) is established when information is received about a member. The Contractor shall have written standards for documentation on the medical record for legibility, accuracy and plan of care, which comply with AMPM Policy 940. Medical records shall be maintained in a detailed and comprehensive manner, which conforms to professional standards, complies with records retention requirements, and permits effective medical review and audit processes, and which facilitates an adequate system for follow-up treatment.</p> <p><u>Revisions:</u> Policy merged with <i>DHBS Policy 802, Medical Records</i>. DBHS policy reviewed to merge appropriate provisions within this policy, including what is required for documentation of RBHA transportation services and appropriate medical record documentation for behavioral health evaluations and assessments as well clinical record requirements for Community Service Agencies, Home Care Training to Home Care Client Providers and Habilitation Providers.</p> <p>Policy also revised to reflect AHCCCS workgroup agreements in partnership with the Arizona Association of Health Plans. Including clarification that Contractors may utilize Arizona Association of Health Plans (AzAHP) to conduct medical record reviews and the methodology to be used for conducting medical record reviews.</p>	10-26-16 to 12-10-16	01-04-17

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11.	<p><b>AMPM Policy 950, Credentialing and Recredentialing Processes</b></p> <p><u>Policy:</u> This policy outlines temporary/provisional credentialing, credentialing, and recredentialing policies for both individual and organizational providers.</p> <p><u>Revisions:</u> Policy revised to clarify that the credentialing and recredentialing process includes all providers, including but not limited to acute, primary, behavioral, substance use disorders and Long Term Services and Support (LTSS) as described in 42 CFR 438.214.</p> <p>Additionally, policy revised to include criteria surrounding Contractor time standard for uploading credentialed providers into their systems.</p> <p>Additionally, per agreement with Arizona Association of Health Plans (AzAHP), Licensed Substance Abuse Technicians (LSATs) removed from credentialing as they cannot bill independently.</p>	10-26-16 to 12-10-16	01-04-17
12.	<p><b>AMPM Policy 1220-C, Pre-Admission Screening and Resident Review (PASRR)</b></p> <p><u>Policy:</u> Contractors shall ensure members are screened using the Pre-Admission Screening and Resident Review (PASRR) prior to admission to a nursing facility as specified in the AMPM Policy 1220-C.</p> <p>The PASRR screening consists of a two-stage identification and evaluation process (Level I and Level II screening) and is conducted to assure appropriate placement and treatment for those identified with Mental Illness (MI) and Intellectual Disability (ID). Level I screening is required for members entering a nursing facility to determine the presence of a diagnosis or other presenting evidence that suggests the possibility of a mental illness or intellectual disability. Level II screening, if indicated, is conducted by DES for members with an intellectual disability or by AHCCCS for members with a mental illness to further evaluate and make a determination as to whether the member is indeed mentally ill or has an intellectual disability.</p> <p><u>Revisions:</u> Policy merged with <i>DBHS Policy 1106, PASRR to include new Level 1 PASRR Tool and to update the current procedure.</i></p>	10-26-16 to 12-10-16	01-04-17

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13.	<p><b>AMPM Policy 320-U, Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment</b></p> <p><u>Policy:</u> Policy establishes guidelines for the provision of behavioral health services regarding the pre-petition screening, court-ordered evaluation, and court-ordered treatment process.</p> <p>Contractors shall develop collaborative processes with the counties to ensure coordination of care, information sharing and timely access to Title 36 screening, evaluation and treatment services. Reimbursement for court ordered screening and evaluation services are the responsibility of the County pursuant to A.R.S. §36-545. However, Arizona counties may contract with AHCCCS Contractors for pre-petition screening services, emergency/crisis petition filing, and court ordered evaluation services.</p> <p><u>Revisions:</u> This is a new Policy in the AMPM to incorporate <i>DBHS Policy 109, Pre-Petition Screening, Court Ordered Evaluation and Court Ordered Treatment</i>. Added clarifying language to state Arizona counties may contract with AHCCCS Contractors for pre-petition screening services, emergency/crisis petition filing, and court ordered evaluation services. Additionally, although the Contractor may not be contracted for pre-petition screening services, emergency/crisis petition filing, and court ordered evaluation services in all counties, the Contractor must provide policies and procedures for providers outlining these processes.</p>	11-09-16 to 12-24-16	01-04-17

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14.	<p><b>AMPM Policy 820, Prior Authorization Requirements</b></p> <p><u>Policy:</u> This Policy identifies AHCCCS Administration Fee-For-Service (FFS) Prior Authorization (PA) requirements for covered services for the general FFS population not in Federal Emergency Services Program (FESP).</p> <p><u>Revisions:</u> Policy revised to include prior authorization requirement for non-emergency transportation. Prior authorization is required for medically necessary non-emergency medical transportation to and from covered behavioral health services when the trip exceeds 100 miles one way or round trip. Prior authorization is required regardless of the diagnosis code billed on the claim. Policy also revised to include language regarding when hysterectomies were not covered and to clarify hysterectomy consent requirements, pursuant to 42 CFR 441.255.</p> <p>Hysterectomies are not covered when [42 CFR 441.255]:</p> <ol style="list-style-type: none"> <li>1. Performed solely for the purpose of rendering an individual permanently incapable of reproducing or</li> <li>2. If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.</li> </ol>	12-08-16 to 12-23-16	01-04-17

**AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM)**

<b>POLICIES</b>		<b>Consult/Comment Period</b>	<b>Published Date</b>
1.	<p><b>ACOM Policy 448, Housing</b></p> <p><u>Policy:</u> Provides guidelines for RBHA Contractors for the delivery of housing services, the development, implementation and management of housing programs and related funds for the eligible populations.</p> <p><u>Revisions:</u> This is a new Policy in the AMPM to incorporate <i>DBHS Policy 112, Housing for Individuals Determined to have Serious Mental Illness</i>. Policy revised to include the DBHS Housing Desktop Manual.</p>	10-4-16 to 10-19-16	11-02-16