



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

**DFSM Tribal ALTCS
3RD Quarterly Case Management
Supervisory Meeting**

Thursday, April 16, 2026

Welcome

Agenda Overview

- Opening Prayer: NN ALTCS
- Welcome: Rachel Conley, TALTCS Administrator
- Daily Rosters: Error Data -Updates- Amber Heard, TALTCS Program Manager
- PA WebPortal & Type 99 Provider Updates: Tianna Tso, TALTCS Program Specialist
- Quality Management: Lauren Coln, Program Administrator & Shannon Shiver, Program Manager
- 10 Minute Break
- Coordinator Updates (Service Communication, CA Screens-Review Errors, & CA165-Comment Screen): Amber Heard, TALTCS Program Manager
- 820 Q. Augmentative Communication AAC, 310-P Incontinence Briefs/Limitations & PA Letter Overview & Urgent PA Escalations: Vanessa Torrez, TALTCS Clinical Manager
- 1.5 Hour Lunch
- Supervisory Audit Quarterly Summary Report & Quarterly Deliverables: Rachel Conley, TALTCS Administrator
- Closing Remarks: Rachel Conley, TALTCS Administrator



Meeting Reminders

- Please mute your computer's microphone and/or phone when not speaking.
- Use the chat features to add in comments/questions.
- Meetings will no longer be recorded. In-person attendance is strongly encouraged.
- Presentation slides will be uploaded to DTB within 1 week post meeting.



Tribal ALTCS New Team Members



- Frank Villarreal, TALTCS Program Coordinator
- Caitlin Hasper, TALTCS Program Coordinator
- Gwendy Yazzie, TALTCS Nurse
- Bernadette Etsitty, TALTCS Nurse



Daily Rosters-Error Data-Updates

Amber Heard, TALTCS Program Manager

Daily Roster Errors & Outdated Action Codes

- We identified many codes showing on the Daily Roster and continue to track and monitor when and why these codes are appearing on the daily rosters. Many of these codes are not related to a member's LTC services.
- We have been working with DMPS on reducing the number of errors and catching members that may have reverted to another Health Plan assignment. We ask for your continued partnership in catching these errors by reviewing the daily rosters as well as monitoring members CA screens & RP160.

Daily Roster–Action Code Examples

ACTION CODES AND DESCRIPTIONS:

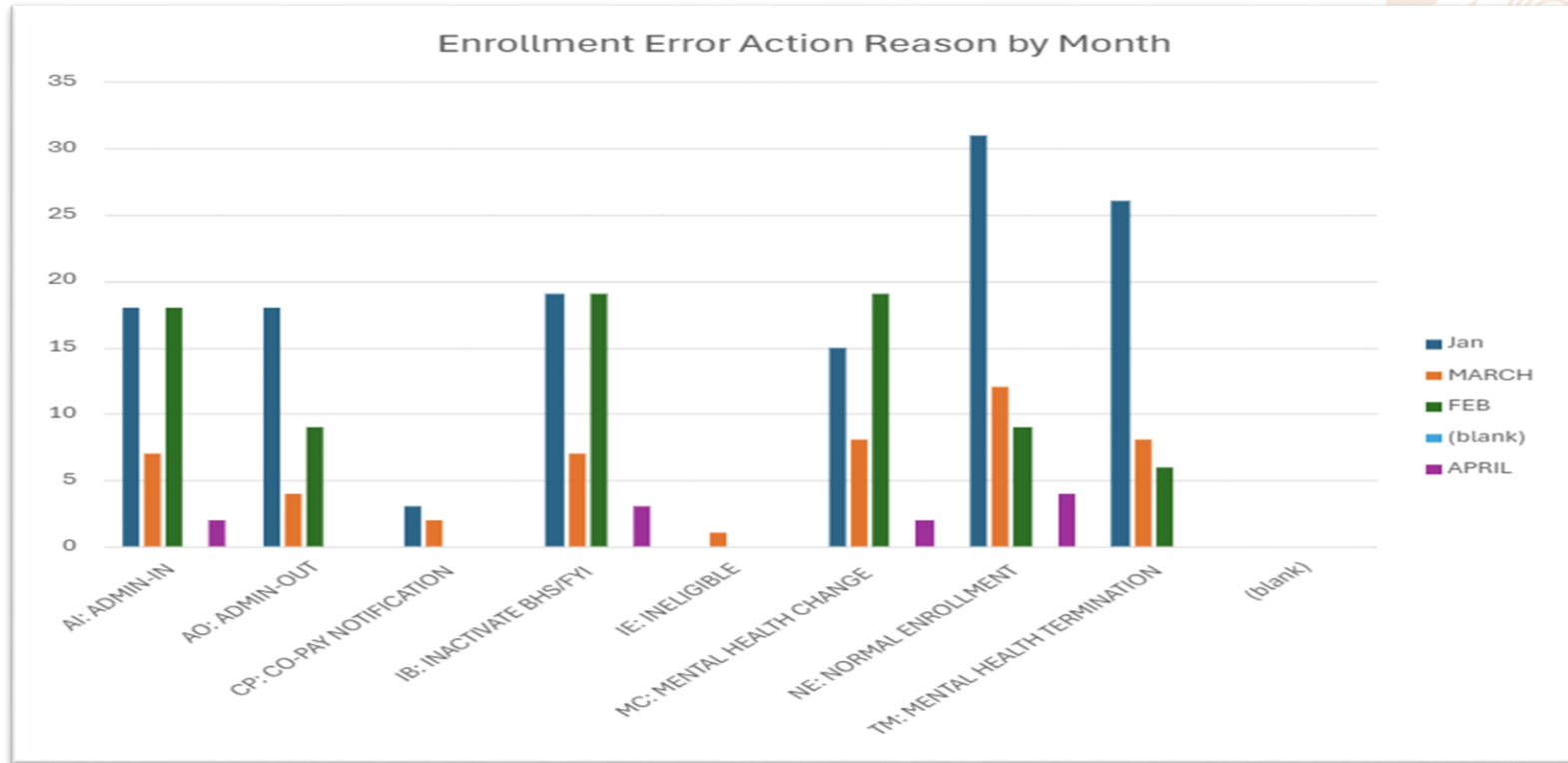
| | | |
|----|---------------------------|-----|
| TM | MENTAL HEALTH TERMINATION | 839 |
| RC | RATE CODE CHANGE | 3 |
| AO | ADMIN-OUT | 4 |
| IE | INELIGIBLE | 8 |
| CP | CO-PAY NOTIFICATION | 4 |
| NE | NORMAL ENROLLMENT | 2 |

ACTION CODES AND DESCRIPTIONS:

| | | |
|----|----------------------|---|
| AI | ADMIN-IN | 4 |
| IB | INACTIVATE BHS/FYI | 3 |
| MC | MENTAL HEALTH CHANGE | 4 |
| CO | COUNTY MOVE-OUT | 1 |
| AO | ADMIN-OUT | 1 |
| NE | NORMAL ENROLLMENT | 1 |



Daily Roster-Action Code Errors Data



Questions?

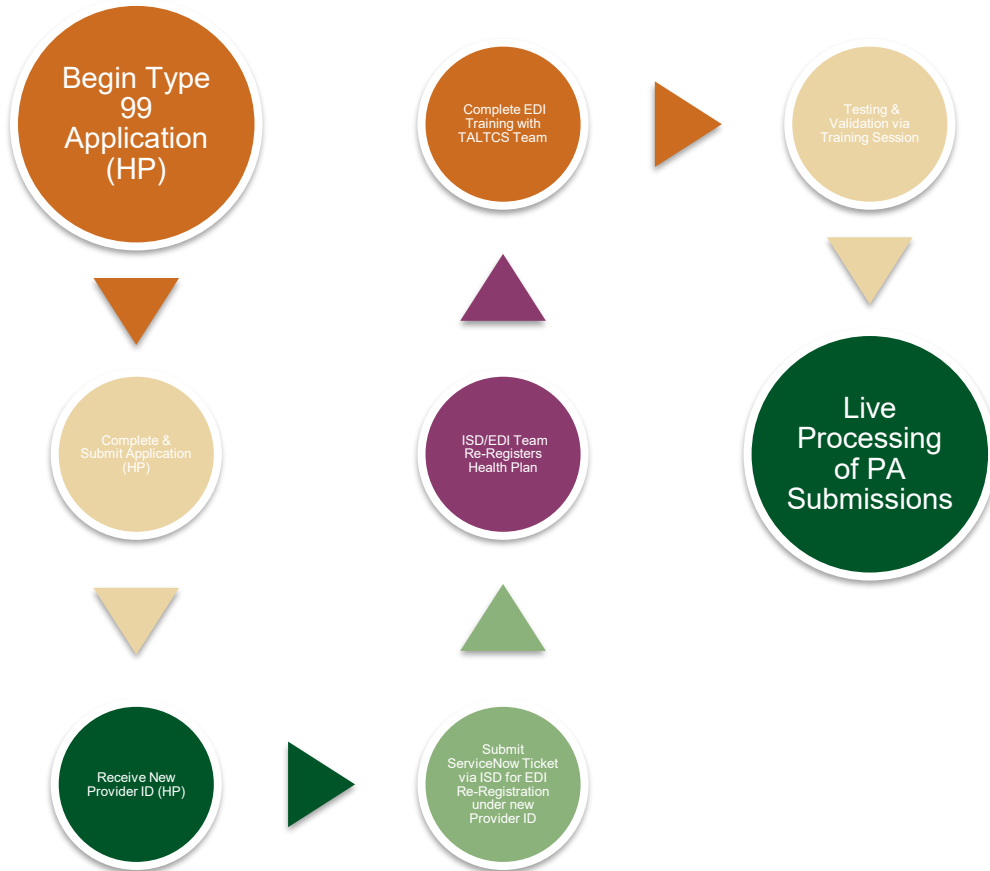




Type 99 Provider & PA WebPortal Update

Tianna Tso, TALTCS Program Specialist

Type 99 Provider



Type 99 Provider Status

| Health Plan | New Provider ID | Service Ticket Submitted | Training Scheduled | Full EDI Access |
|-------------|-----------------|--------------------------|--------------------|-----------------|
| 190000 | 227942 | | | |
| 190009 | PENDING | | | |
| 190017 | 244664 | | | |
| 190025 | 242847 | X | X | X |
| 190033 | PENDING | | | |
| 190075 | 242847 | X | X | X |
| 190083 | 235415 | X | | |
| 190091 | 236301 | X | | |

EDI Re-registration

- After completion of the Type 99 Provider application, HP will receive a new HP ID which will be used to re-register in EDI.
 - HP will submit a ServiceNow ticket to regain access to EDI. Email sent to all HPs to complete on 4/6/26.
 - Once, ISD/EDI team has completed the re-registration, I will contact HP to set up a meeting to begin working session and training.
 - The new HP ID should only be used for re-registration of EDI. All HPs will continue to use their 19XXXX IDs.
 - EDI Link: <https://servicenow.azahcccs.gov/edi>

EDI ServiceNow Ticket

Report an IT Issue

Please use this form to report any AHCCCS IT related issues you are experiencing.

Use this form to report any AHCCCS IT related issues you are experiencing

* Indicates required

Urgency ⓘ

2 - High

* Category

EDI

* Contact Full Name

Case Manager Name

* Contact Email

Case Manager Email

* External Callback Number ⓘ

Please enter a 10-digit phone number containing only numbers. ✕

* Please describe your issue below ⓘ

Gain access to EDI Portal with new Provider ID. (enter Provider ID)

Please confirm the Captcha below to proceed

I'm not a robot



Note: If you cannot see the captcha above, please try clearing your browser cache and refreshing the page.

Submit

PA WebPortal & ServiceNow

- Key Features
 - Secure, centralized platform for Tribal Health Plans that supports new and emerging technology for PA processing.
 - Ability to submit PAs, track PA submissions, and access PA decision letters (approvals/denials/missing information).
 - Reduces reliance on faxing and minimizes fax-related issues.
 - Submission of Service Provider Communication Form.
- Go Live for May 4, 2026.
 - As the target date approaches, I will conduct training sessions with each HP.

Questions?





Quality Management

Lauren Coln & Shannon Shiver

10 Minute Break



Case Manager Coordinator Reminders

Amber Heard, TALTCS Program Manager



Service Provider Communication Form

Service Provider Communication Form

As we prepare to transition to ServiceNow, we ask that you continue to utilize the SPRC Form when requesting assistance from the TALTCS Team.

Form Location:

[Digital ToolBox All About Forms](#)

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

150 N. 18th Avenue
Phoenix, AZ 85007
602.417.4000

KATIE HOBBS
GOVERNOR
ROBERTA HARRISON
INTERIM DIRECTOR

Service Provider Communication Form:

Please complete this form in its entirety and return to the PA Tribal ALTC team via email at tribalaltcs.generalmailbox.azahcccs.gov.

| | |
|---------------------------------|--------------------|
| Date: | |
| Health Plan ID: | Select Health Plan |
| Case Manager/CM Supervisor Name | |

Provider Info:

| | |
|-----------------------------------|--|
| Provider: | |
| Name for point of direct contact: | |
| Phone number for direct contact: | |
| Email address for direct contact: | |

Member Info:

| | |
|--|-----------------------------|
| Member Name: | |
| Member AHCCCS ID: | |
| Service Review Request: | System Technical Assistance |
| If "System Technical Assistance", please select System Type: | Member |
| Type of service: | SNF |

Please check each statement as they apply:

I reviewed the following information but was unable to resolve the issue:

Yes NA

- Did you review with your Supervisor?
- Did you review AMPM Policies?
- Did you review PMMIS Manual or PMMIS Screens?
- Was a service ticket submitted? (For PMMIS and Claims Issue)
Service Ticket #: _____ CRN #: _____
- Did you review the FAQs?

Comprehensive notes: (Include actions performed prior to escalating the issue to AHCCCS DFSM, such as Steps taken to try and resolve the issue at the Health Plan level.)

Case Manager/CM Supervisor Signature: _____

Date: _____

Service Provider Communication Form

What is the purpose of the new Service Provider Communication Form?

- To submit any issues or questions related to a specific service request for a member or provider.

Who is required to use the form?

- Supervisors and Case Managers

What will happen if an inquiry is submitted without the completion of the form?

- The emailed inquiry will be sent back to the submitter. The submitter will be advised to complete the form & resubmit via the TALTCS General Mailbox.

What specific types of issues/questions should be submitted using this form?

- Issues with PMMIS, Provider, Member, Forms, System Technical Assistance, PA Follow Up, Provider Refusing Services.

What steps and information should have been reviewed prior to submitting the form?

- Review with Supervisor, AMPM Policies, PMMIS Manual/Screen, Service Ticket Submission and/or FAQs. .



CA Screen Review Date Errors

PMMIS CA Screen

- Scenario: I did my review and entered it into PMMIS.

Why does it show 2025?

```
TR: CA165                AHCCCS - LONG TERM CARE                04/10/26
NTR: I                    CMP - SERVICE PLAN                15:36:44
KEY DATE: _____    WORKER ID: LT02L120
NAME: _____        AHCCCS ID: _____
LAST CES DATE: 12/30/2025  CURR CSMGR: _____    LATEST ACN: BHS:
LAST PC: _____    ENR DT: 02/19/2021  DISEN DT: _____    LST RVW DT: 01/27/2025
CUR: LOC: _____    PLACEMENT: H        DATE: 08/17/2021  RSN: 13    NXT RVW DT: 04/27/2025
PAS DIAG CDS: M62.81  J96.00        DIAG 1: MUSCLE WEAKNESS (GENERALIZED)
DIAG 2: ACUTE RESPIRATORY FAILURE, UNS  DIAG 3:
A  SER  -MOD-  EFF DATE  END DATE  UNITS UNIT  CST TOT  USD PROV  RSN  MNDD
-  S5125 U5   -    09/01/2025 09/30/2025  440   0.00   0 029108  -    08/01/25
-  S5125 U5   -    10/01/2025 10/31/2025  440   0.00   0 029108  -    10/01/25
-  S5125 U5   -    11/01/2025 11/30/2025  400   0.00   0 029108  -    11/01/25
-  S5125 U5   -    12/01/2025 12/31/2025  460   0.00   0 029108  -    12/01/25
-  S5125 U5   -    01/01/2026 01/31/2026  440   0.00   0 029108  -    01/01/26
-  S5125 U5   -    02/01/2026 02/28/2026  448   0.00   0 029108  -    02/01/26
-  S5125 U5   -    03/01/2026 03/31/2026  496   0.00   0 029108  -    03/01/26
-  S5125 U5   -    04/01/2026 04/30/2026  480   0.00   0 029108  -    04/01/26

COMMENTS: Y

Z171 ACTIVE IN HEA                Z022 MORE DATA AVAILABLE
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```



PMMIS CA Screen

- ISD found that the errors were due to functionality- enter key vs tab key on the CA161 screen.
- The following steps were advised by ISD-User will need to follow instructions - press the enter key at the NTR field after changing the I to C and repeat the process to ensure it has saved before leaving the screen.

PMMIS CA Screen

- Once that step has been completed, the user will see at the bottom right corner that **Z004 Record Changed**.

```
TR: CA161                AHCCCS - LONG TERM CARE                04/10/26
NTR: _____ C _____ PLACEMENT MAINTENANCE                16:09:30
                               WORKER ID: _____                LT02L115
NAME: _____                _____                AHCCCS ID: _____
LAST CES DATE: 12/30/2025  CURR CSMGR: _____                LATEST ACN: _____                BHS:
LAST REVIEW DATE: 01/27/2026  NEXT REVIEW DATE: 04/27/2026
LATEST PC: _____                ENROLL DATE: 02/19/2021  DISENROLL DATE: _____
CRTT TYPE: P                BEHAVIORAL HEALTH CODE: F
PLACEMENT RES PLACEMENT PLACEMENT PLACEMENT WORKER DATE LAST
CDE CDE REASON BEG DATE END DATE ID MODIFIED
  Q  2   11  02/19/2021 08/16/2021 _____ 08/25/2021
  H  1   13  08/17/2021 _____ 08/25/2021
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
  -  -   -   _____ _____ _____
                               COMMENTS: Y
                               2075 REVIEW CA162                Z004 RECORD CHANGED
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA160 6=CA162 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```



PMMIS CA Screen

- The user will then see that the review date has changed to reflect the correct dates of the last review and next review.

```
TR: CA165                AHCCCS - LONG TERM CARE                04/10/26
NTR: _____ I _____ CMP - SERVICE PLAN                16:34:06
KEY DATE: _____     WORKER ID: _____                LT02L120
NAME: _____         AHCCCS ID: _____
LAST CES DATE: 12/30/2025  CURR CSMGR: _____     LATEST ACN: _____     BHS:
LAST PC: _____ ENR DT: 02/19/2021 DISEN DT: _____ LST RVW DT: 01/27/2026
CUR: LOC: _____ PLACEMENT: H DATE: 08/17/2021 RSN: 13 NXT RVW DT: 04/27/2026
PAS DIAG CDS: M62.81 J96.00 DIAG 1: MUSCLE WEAKNESS (GENERALIZED)
DIAG 2: ACUTE RESPIRATORY FAILURE, UNS DIAG 3:
A SER -MOD- EFF DATE END DATE UNITS UNIT CST TOT USD PROV RSN MNDD
- S5125 U5 _____ 09/01/2025 09/30/2025 440 0.00 0 029108 _____ 08/01/25
- S5125 U5 _____ 10/01/2025 10/31/2025 440 0.00 0 029108 _____ 10/01/25
- S5125 U5 _____ 11/01/2025 11/30/2025 400 0.00 0 029108 _____ 11/01/25
- S5125 _____ 12/01/2025 12/31/2025 460 0.00 0 029108 _____ 12/01/25
- S5125 U5 _____ 01/01/2026 01/31/2026 440 0.00 0 029108 _____ 01/01/26
- S5125 U5 _____ 02/01/2026 02/28/2026 448 0.00 0 029108 _____ 02/01/26
- S5125 U5 _____ 03/01/2026 03/31/2026 496 0.00 0 029108 _____ 03/01/26
- S5125 U5 _____ 04/01/2026 04/30/2026 480 0.00 0 029108 _____ 04/01/26

COMMENTS: Y

Z171 ACTIVE IN HEA Z022 MORE DATA AVAILABLE
1=HELP 2=CA000 3=COM 4=EDSUM 5=CA162 6=CA166 9=SUP 10=SDN 11=CLR 21=TOP 22=BOT
```



Ca165 Comment Screen

CA165 Comment Screen

- Reminder that all case managers should be communicating with AHCCCS Tribal ALTCS by placing a comment in PMMIS that addresses the specific issues and dates on the weekly reports.
- For Example, If the member is in hospital without a discharge date, efforts to locate and communicate with member, any rescheduled review plans, difficulties in communicating with a provider, or past due specialty rate requests.

Comment Examples


- **If the member is in hospital without a discharge date:**
 - “MBR AT VALLEY HOSPITAL FOR KNEE INJURY 2/24/26. DISCHARGE DATE UNKNOWN AT THIS TIME. PCSP TO BE UPDATED WHEN RETURNED TO RESIDENCE. TENTATIVE DATE ON CALENDAR FOR 3/3/26.”
- **Efforts to locate and communicate with member:**
 - “CM ATTEMPTED CONTACTING MBR VIA TELEPHONE. NUMBER IS DISCONNECTED. CM TO CONTACT MBR’S FAMILY FOR UPDATES.”

Comment Examples

- **Rescheduled review plans:**
 - “MBR NOT FEELING WELL ON SCHEDULED PCSP DATE OF 2/26/26. REVIEW IS RESCHEDULED FOR 3/2/26.”
- **Difficulties in communicating with a provider:**
 - “FAXED REQUEST TO ALF ON 2/21/26. DOCUMENTATION NEEDED TO UPDATE PCSP. ONCE RECEIVED CM WILL UPDATE REVIEW.
- **Specialty rate requests:**
 - “SR SUBMITTED FOR DATES 01-01-2026 TO 03-31-2026 ON 2/21/26. CM TO UPDATE SERVICE LINES ONCE APPROVED.”

Questions?



The logo is a circular emblem on the left side of the slide. It features a central sun with rays, surrounded by various symbols including a fish, a tree, a flower, a hand, and a gear. The entire emblem is rendered in a light green color against the dark green background.

**820 Q. Augmentative
Communication AAC, 310-P
Incontinence
Briefs/Limitations, PA
Letter Overview & Urgent
PA Escalations
Vanessa Torrez, TALTCS Clinical
Manager**

Augmentative and Alternative Communication (AAC) Device Authorizations AMPM 820

Different types of AAC

- No-tech. No-tech communication needs no extra equipment - it is sometimes called “unaided communication”.
- Low-tech communication systems. Low-tech communication systems do not need power to function. ...
- High-tech communication systems. High-tech communication systems use batteries or mains power.

Required Documents

The documents below will now be required:

Member PCSP.

*Comprehensive speech and language evaluation within the last 3 years.

-If the member does not have a current comprehensive speech and language evaluation, please encourage Tribal Case Manager to reach out for assistance via General Mailbox.

*AAC evaluation prescription

- A valid Rx for an AAC evaluation must include:

- Dated prescription
- Provider NPI #
- PCP signature
- Member diagnosis

*Member PCSP.

1 year worth of Speech Therapy quarterly reports. *If applicable,

-If Speech Therapy quarterly reports are not available, please submit justification/explanation as to why there are no reports/timeline. *If applicable,
IEP or MET. *If applicable,



Division of Fee for Service Management: Training Resources

- https://www.azahcccs.gov/Resources/Training/DFSM_Training.html
- How to sign up for DFSM **email alerts**: (Full link below)
 - https://visitor.r20.constantcontact.com/manage/optin?v=001gF-kjPbNwUI4qTFXa25yg7PI-IJiYcG93XrtP+ORBVs5LfBVH0-8vbcm12yD-2XXtSsqjYUBOmMmlkrI8ahm_2YiyBfBDlwfMrmEGroVUOSP6DcA-KbmT-QI0Lmk0PEXgqaWuvz6fV2kNwVjevvo11fbEYfxSI5MtPdTd_x0b-d44ezL3scdyI-S4QgYEsLUgwtSDvtSPxE%3D

Example of Constant Contact

Upcoming DFSM Provider **Training** Sessions - Week of April 13, 2026

The DFSM Provider **Training** team presents weekly provider **training** sessions via Zoom. The materials are designed for Fee-for-Service programs, including AIHP, TRBHA, and Tribal ALTCS. AHCCCS also offers various online **learning** modules and **training** videos, which may be viewed on the [DFSM Provider Training Resources Web Page](#)

We want to make sure providers stay up-to-date with important information. The [DFSM Claims Clues](#) is an informational newsletter published monthly for Fee-For-Service (FFS) providers.

Submitting a Request for a Prior Authorization (AHCCCS Online Provider Portal)

Date: Tuesday, April 14, 2026
Time: 10:00 – 11:30 a.m.

This **training** provides guidance on how to submit a prior authorization request, attach necessary documents to the PA request.

[Zoom Registration Link](#)

Submitting a Correction / Replacement Claim

Date: Tuesday, April 15, 2026
Time: 10:00 – 11:00 a.m.

This **training** provides guidance on when a replacement claim is required and the documentation attachment process.

[Zoom Registration Link](#)

To register for a **training** session, click the Zoom registration link under the desired **training** and complete the registration form. Zoom will forward an email confirmation of your registration which will include the webinar link, passcode, call-in phone number, and the option to add the meeting to your calendar.

Please mute all devices including your desktop volume when in the webinar (e.g., mobile devices, desk phones, laptops, and computers). Do not place your phones "on hold", as this will disrupt the webinar for all participants. If you need to leave the webinar temporarily, please hang up and call back into the webinar.

Unable to attend a **training** session? Providers can view all **training** modules and videos on the [DFSM Training Resources web page](#).



AHCCCS-DFSM | 150 N. 18th Ave | Phoenix, AZ 85007 US

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[Constant Contact](#)



Acute PA Requests

- Acute PA requests for Tribal ALTCS members must be faxed into DFSM: **1-602-256-6591** .
 - If a Provider gets directed to you, instruct the Provider: **"The Provider would need to fax to DFSM Fax number: 602-256-6591. Please ensure to write "Acute Care Service" on the fax cover sheet."**
- If the Provider states they are being informed to contact CM by DFSM , please request a name of who they are getting the misinformation from.
- Provider can submit service ticket using ServiceNow
- Identify Member is Tribal ALTCS with HP - Acute Care Service - Assistance Needed.

IN THE EVENT A PROVIDER IS REQUESTING A TRIBAL CASE MANAGER TO ENTER THESE TYPES OF SERVICES. PLEASE FORWARD THE PROVIDERS CONTACT INFORMATION TO TRIBAL ALTCS NURSE.

AN EMAIL OR FAX RESPONSE WILL BE SENT TO THE PROVIDER TO PROVIDE ANY ADDITIONAL PRIOR AUTHORIZATION EDUCATION NEEDED.

ACUTE CARE SERVICE
PROVIDER TYPES: 02 - Acute Hospital (IP), 04 - Laboratory, 05 - Clinic, 07 - Dental, 08 -MD, 10 - Podiatrist, 12 - CRNA, 18 - PA, 19 - NP, 31 - DO, 43- Ambulatory Surgical Center, 69- Optometrist, C2- Integrated Clinic, C4- Specialty Per Diem Hospital , IC Integrated Clinic , Transplant , Transplant (Medicare Primary- Meals and Lodging)

ALL ACUTE CARE SERVICE PRIOR AUTHORIZATION REQUESTS NEED TO BE SENT TO DFSM VIA FAX: 602-256-6591 directly from the Provider , the Tribal Case Manager does not Authorize these requests.

TRIBAL CASE MANAGERS **WILL NOT** RECEIVE NOTIFICATION OF THE STATUS OF THE ACUTE CARE SERVICE REQUESTED.

DFSM TEAM WILL REVIEW THE PA REQUEST AND ENTER PRIOR AUTHORIZATION INTO PMMIS.

PROVIDER WILL GET A RESPONSE ON THE PROVIDER WEBPORTAL OR VIA FAX, THE (PROVIDER WILL NEED TO LOG INTO THEIR WEBPORTAL FOR PA DETERMINATION).



Incontinence Supply



Diaper Briefs



Incontinence Pads/Liners



Protective Underwear



Underpads



Accessories

- Briefs
- Incontinence Pads/Liners
- Chuxs / Underpads
- Wipes / Accessories

- ****Prior Authorizations requested to be extended at a 6-month interval based on review and medical necessity , Please ensure Rx covers DOS. If a new Rx is needed the PA will be extended up to expiration of Rx. ANY Changes in quantity , item , condition ect. will require a new PA packet for review.**



Urgent/Expedited Prior Authorization Requests

- Urgent / Expedited Prior Authorization should be submitted with supporting documentation, **AND an email must be made to Tribal ALTCS general mailbox** to notify PA staff that a request requiring expedited review has been submitted. *Note : Submission of request on short notice does not constitute an urgent request. An urgent / expedited request can take up to 3 days to review. Requests submitted as urgent that are determined to be routine in nature will be processed in accordance with standard review timeframes, ie. within 14 days.

Katie Hobbs, Governor
Carmen Heredia, Director

801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4900
www.ahcccs.gov



FEE-FOR-SERVICE AUTHORIZATION REQUEST FORM

(One Member and Provider Per Form. Per Fax Please)
* Mandatory Fields must be completed or information will be returned.
AHCCCS does not require authorization when Medicare or other insurance is primary.

TYPE OF ACUTE SERVICE REQUESTED

| | | | | | |
|--|---|---|---|--------------------------------------|--|
| <input type="checkbox"/> Prior Authorization | <input type="checkbox"/> Acute Medical IP MRR | <input type="checkbox"/> Acute Medical OP MRR | <input type="checkbox"/> Surgical Request | <input type="checkbox"/> DME | <input type="checkbox"/> Lodging/Meals |
| <input type="checkbox"/> LTC Acute | <input type="checkbox"/> NF | <input type="checkbox"/> Hospice | <input type="checkbox"/> BH Level 1 - IP Facilities | <input type="checkbox"/> Home Health | <input type="checkbox"/> Home Infusion |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Medical NEMT | <input type="checkbox"/> Behavioral Health NEMT | <input type="checkbox"/> GR | <input type="checkbox"/> PY TRBHA | <input type="checkbox"/> NN TRBHA |
| | | | <input type="checkbox"/> WM TRBHA | <input type="checkbox"/> Other | <input type="checkbox"/> Tribal ALTCS |
| | | | | | <input type="checkbox"/> DME |
| | | | | | <input type="checkbox"/> Home Modification |
| | | | | | <input type="checkbox"/> NF (Special Rates) |
| | | | | | <input type="checkbox"/> Assisted Living-Behavioral Health |
| | | | | | <input type="checkbox"/> Dental |

RECIPIENT NAME: MICKEY MOUSE AHCCCS ID (9 digits): [X] [1] [2] [3] [4] [5] [6] [7] [8]

PROVIDER NAME: DME COMPANY PROVIDER NPI: (10 digits) [] [] [] [] [] [] [] [] [] []

PROVIDER PHONE: [] [] [] [] [] [] [] [] [] [] AHCCCS ID: (6 digits) [4] [5] [6] [7] [8] [9]

PROVIDER FAX #: [] [] [] [] [] [] [] [] [] [] DATES OF SERVICE: 01/21/2026-02/28/20

DIAGNOSIS: R68.89 URGENT EXPEDITE
(BH NEMT: Use valid BH diagnosis)

*CPT/HCPCS/ Modifier: [] [] [] Unit: [] Tiers: ICU Date: [] [] []
CDT/ Routine

REV Code: E0566 1 [] [] [] [] [] [] [] [] [] []

*If CPT/HCPCS are BR (Non-Capped) price is needed (Code/Price): [] [] [] [] [] [] [] [] [] []

TRANSPORT: TRIP COUNT: [] TRIP FROM: []
(One Way-1 Round Trip=2) TRIP TO: []

REASON FOR TRIP: [] [] [] [] [] [] [] [] [] []

COMMENTS: URGENT REQUEST - (REASON REQUEST IS URGENT)

Return Fax # Prior Authorization 602-256-6591 Transportation 602-254-2431 LTC 602-254-2426 (Revised 2.13.2023)
BIS 602-253-4097 (Primary) BIS 602-364-4097 (Alternate)

*If this fax was received in error, please contact the Provider immediately at the Provider phone number above



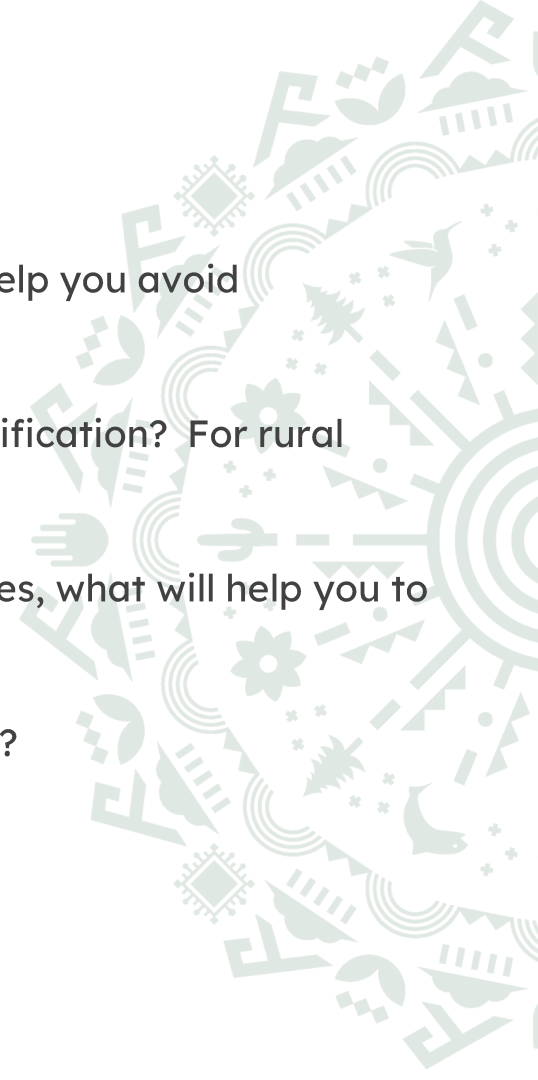
Home Modification Documents Required:

- Justification Form (1240-I ATTACHMENT A)
- Uniform Assessment Tool (UAT)
- PCSP (*7 page or 35 page acceptable – will need utility status: water & electric for rural areas*)
- Will need photos of the current HM ITEM in place, requesting replacement.
- Map
- Letter from the Home Owner with Home Modification Statement.
- Rx , Order written by the members PCP, dated within 90 days of request is required.

Missing items will result in resubmit of full the packet with all the additional documents at your earliest convenience so that we can continue with the processing of the HM request.

Review Questions

- What is the #1 takeaway from today's training on faxes that will help you avoid resubmissions?
- How many pages of the PCSP will now be accepted for Home Modification? For rural residential addresses which utilities need to be identified?
- When requesting 6 mo Prior Authorization for Incontinence Supplies, what will help you to avoid partial fills or resubmissions?
- If you need assistance with AAC which email, will you reach out to?
- For Urgent PA Requests which email, should you email?




Review Answers:

- What is the #1 takeaway from today's training on faxes that will help you avoid resubmissions? [Accurately completing the Fax Coversheet](#)
- How many pages of the PCSP will now be accepted for Home Modification? [7 page or 35 Page](#) For rural residential addresses which utilities need to be shown? [Water & Electric](#)
- When requesting 6 mo Prior Authorization for Incontinence Supplies, what will help you to avoid partial fills or resubmissions? [Ensure Rx Date covers the DOS requested](#)
- If you need assistance with AAC which email, will you reach out to? [General Mailbox](#)
- For Urgent PA Requests which email, should you email? [General Mailbox](#)

Questions?



Lunch – 1.5 Hour



Updated Tribal ALTCS Supervisor Audit Tool

Rachel Conley, TALTCS Administrator

New Enrolled Members Timeliness

ENSURING TIMELY INITIAL CONTACT, VISITS, AND SERVICE SETUP

Verifying Enrollment Date

Supervisors must confirm the member's official enrollment date in PMMIS or eligibility records to start the timeliness review.

Initial Contact Within 7 Days

Confirm that case managers attempted or completed initial contact with members within seven business days of enrollment.

On-site Visit Within 12 Days

Verify that an initial on-site visit occurred within twelve business days, or documented acceptable delay explanations.

Service Setup Within 30 Days

Ensure startup services were authorized and entered into service plans within thirty days to avoid service gaps.

Existing Members Reassessment Timeliness

REVIEWING PCSP, UAT, HNT, AND SUPPORTING DOCUMENTATION

Assessment Tools Review

Supervisors ensure PCSP, UAT, and HNT are complete, current, and consistent reflecting member needs.

Verification of Support Documentation

Documentation of informal supports, spouse care options, and acknowledgment forms must be confirmed.

Review of Compliance Documents

Supervisors verify assisted living agreements, placement records, PASRR screenings, and approval letters.

Ensuring Member Rights and Consent

Annual reviews of member rights, handbook distribution, satisfaction, and consent signatures are ensured.

Olmstead & PCSP Compliance

VALIDATING CHOICE, GOALS, AND SERVICE DELIVERY

Compliance with Olmstead Principles

Supervisors ensure audited PCSPs meet Olmstead principles and federally mandated person-centered planning requirements.

Documenting Service Choices

Member choices of services and providers must be clearly documented to support person-centered care.

Validating Service Plans and Delivery

Supervisors verify service plans address needs, goals, and risks and confirm services delivered as authorized.

Follow-up and Timely Reviews

Review dates align with AMPM Chapter 1600 timelines with documented member or decision-maker involvement.

Behavioral Health Coordination

REFERRAL, COORDINATION, AND MONITORING REQUIREMENTS

Timely Behavioral Health Referrals

Supervisors ensure behavioral health referrals are submitted within 24 hours after request or need identification.

Coordination Documentation

Documentation must show effective coordination among primary care providers, behavioral health professionals, and involved entities.

Quarterly Treatment Reviews

Supervisors review quarterly discussions covering patient status, treatment plans, medication effectiveness, and side effects.

Monitoring Unstable Members

Additional monitoring and discussions occur for unstable members, ensuring timely evaluations and crisis management.



Hospitalization Follow-Up

POST-DISCHARGE REVIEW AND TRANSITION SUPPORT

Confirm Discharge Date

Supervisors must verify the discharge date from inpatient or institutional care to begin their view process.

On-site Review Within 10 Days

An on-site review should occur within ten business days post-discharge, with exceptions documented as needed.

Service Reassessment and Coordination

Documentation must show reassessment and coordination of services prior to discharge to home or HCBS settings.

Support for Safe Transition

Ensure services are in place to support safe transition and prevent hospital readmission, complying with care standards.

System Screens & Notices of Action

CES, CA161, CA162, CA165, AND NOA REVIEW

Supervisory Screen Review

Supervisors verify CES, CA161, CA162, and CA165 screens against assessment tools and PCSPs for accuracy and updates.

Matching Documentation

Placement codes, services, dates, and authorizations are checked to match member needs and approvals per AMPM 1620-C.

Notice of Action Review

Supervisors ensure Notices of Action are timely, documented, sent to members, and retained in case files.

Ensuring Compliance and Rights

Accurate data and timely notices protect due process rights and meet regulatory requirements

Review Example Audit Tools

COMPLETING THE QUARTERLY AUDIT TOOLS

Monthly Complete Individual Audit Tools

- Supervisory Audit Report Template
- All new member cases needed to be reviewed monthly

Quarterly Complete Supervisory Audit Tool

- Supervisory Audit Quarterly Summary Report Template

Add Corrective Action Plan

- Provide a narrative or summary if for each measure found below the compliance standard

Submitting Audit Tool

- <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/CaseToolManagementDigitalToolBox/digitaltoolboxdeliverablereportsandschedule.aspx>



Questions?





Closing Remarks

Rachel Conley, TALTCS Administrator