ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

DFSM Tribal ALTCS
4th Quarterly Case Management Supervisory Meeting

Thursday, July 9, 2026

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.

Welcome

Agenda Overview

- Opening Prayer: TBA
- Welcome: Rachel Conley, TALTCS Administrator
- AHCCCS Solutions Center, EDI & PA Web Portal Updates: Tianna Tso, TALTCS Specialist
- Open Line Request Refresher: Frank Villarreal, TALTCS CM Coordinator
- Invalid Service Placements: Caitlin Hasper, TALTCS Program Coordinator
- 10-Minute Break
- Coordinator Updates & Hot Topics: Amber Heard, TALTCS Program Manager
- Fax Forms & Submission Requirements, Additional Info Needed (COB Notification), Feedback & DME PA Requirements: Gwendy Yazzie & Bernadette Etsitty, TALTCS Nurses
- CSS (New ServiceNow) & Digital Toolbox All About Forms: Vanessa Torrez, TALTCS Clinical Manager
- 1.5 Hour Lunch
- IGA Process Review: Rachel Conley, TALTCS Administrator
- Closing Remarks: Rachel Conley, TALTCS Administrator

AHCCCS Solutions Center, EDI & PA Web Portal Updates

Tianna Tso, TALTCS Specialist

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AHCCCS Solutions Center

AHCCCS Solutions Center – Provider Registration

- Provider ID: Given when completing Type 99 Provider Application
- Provider Administrator/Manager Registration - Please complete the Provider Administrator registration first, as this account is required before any additional users can be added.
    - Once the Provider Administrator account is established, the administrator will be able to approve Provider Delegate access for case managers and other staff when they register and select their appropriate role.
- Provider Administrator Registration
  Steps: https://servicenow.azahcccs.gov/gsp?id=gsp_kb_view&sys_id=3561170b87680b50d2e5ca66cebb35e5

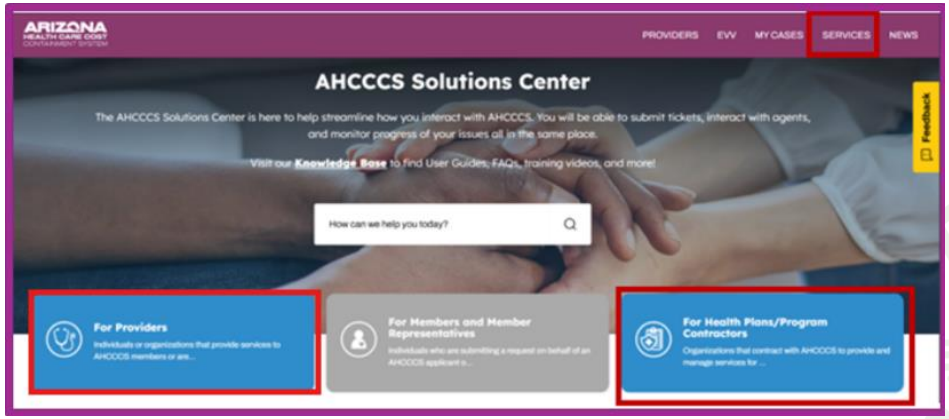
AHCCCS Solutions Center - Case Manager/New User Registration

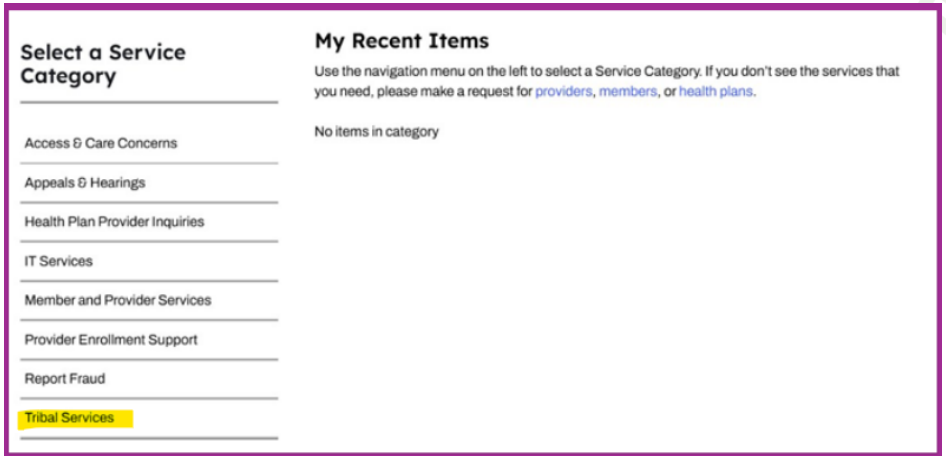
- After the Provider Administrator account has been created, case managers and other users may register using the link below:
- Registration Steps: https://servicenow.azahcccs.gov/gsp?id=gsp_kb_view&sys_id=5f957d5797204b506d8639b0f053afee

AHCCCS Solutions Center – Health Plan Registration

- While you have registered as a Provider, you will also need to register as a Health Plan. This allows you all to submit Service Provider Communication Forms via AHCCCS Solutions Center (ASC). Please complete the Health Plan registration using the instructions below and this must be completed by all Supervisors/Leads/Case Managers.
- Health Plan Registration Code: Provided by Tianna via Email.
- Registration Steps: https://servicenow.azahcccs.gov/gsp?id=gsp_kb_view&sys_id=2f0b799f97604b506d8639b0f053af0e

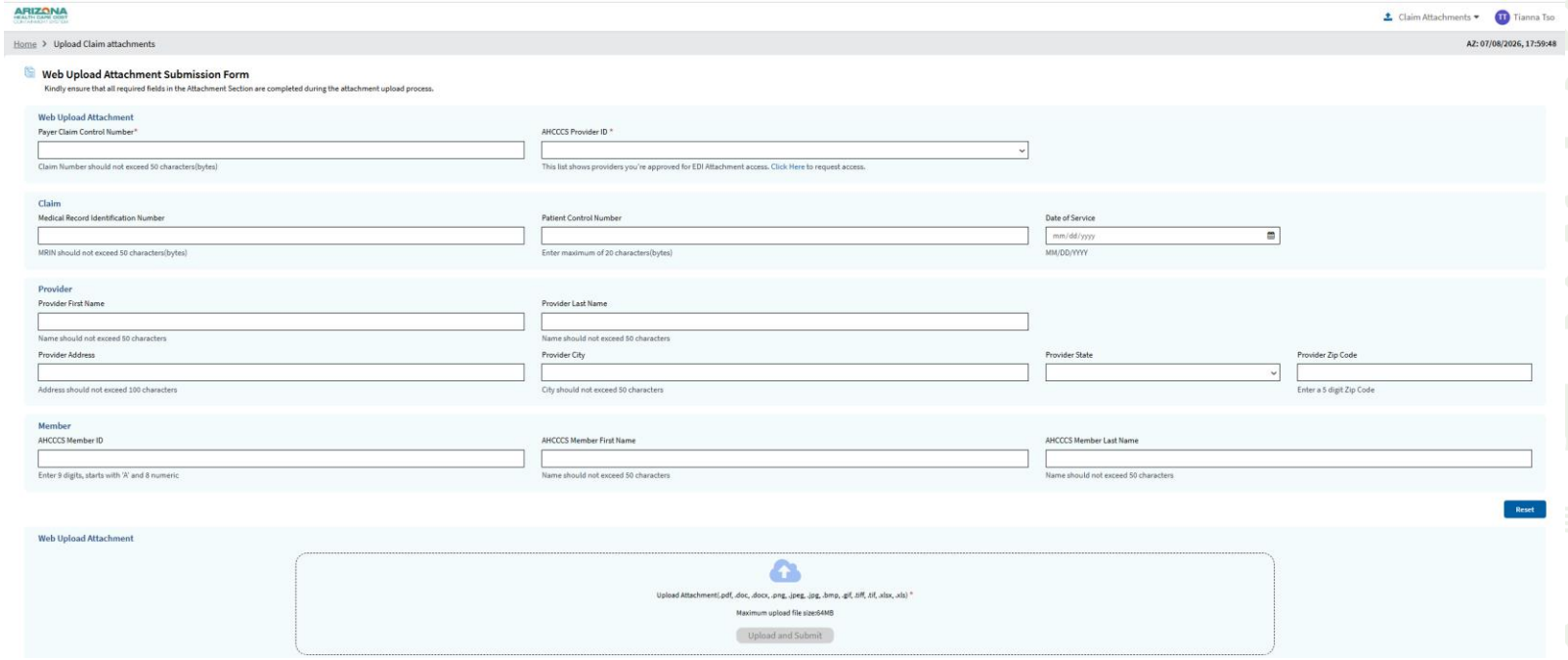
AHCCCS Solutions Center





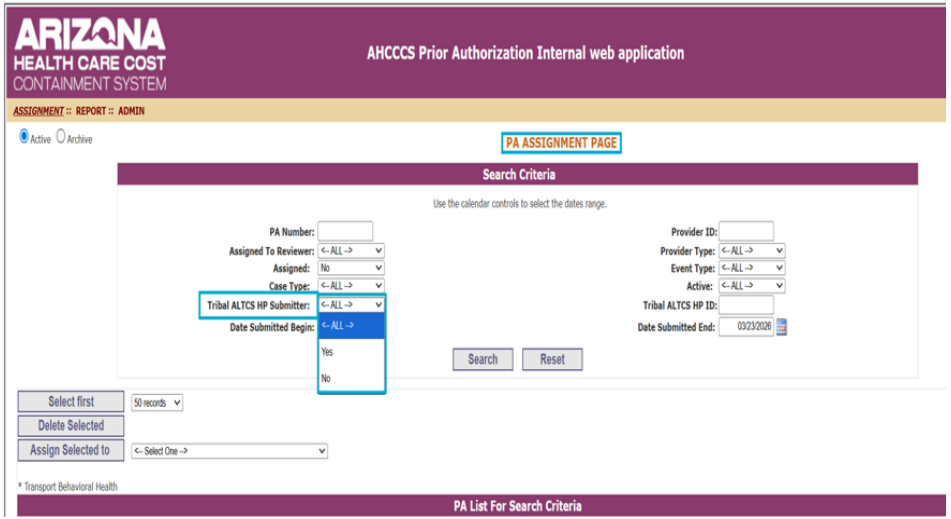
EDI

- Once the ASC Provider Registration Process has been completed, you will gain access to the EDI system with you Provider ID.



PA Web Portal

- The PA Web Portal is a new system we will be utilizing soon for Prior Authorizations. Like EDI, this will allow you to submit PA and receive decisions of letters through the system.
- To access the PA Web Portal, please create an account using the registration link below:
  - Registration Link: https://ao.azahcccs.gov/Account/Register.aspx
- Once your registration has been completed and your access has been verified, a registration code will be sent to you via MAIL within approximately 15 days.
  - Ensure mailing address is correct to receive code.



Questions?

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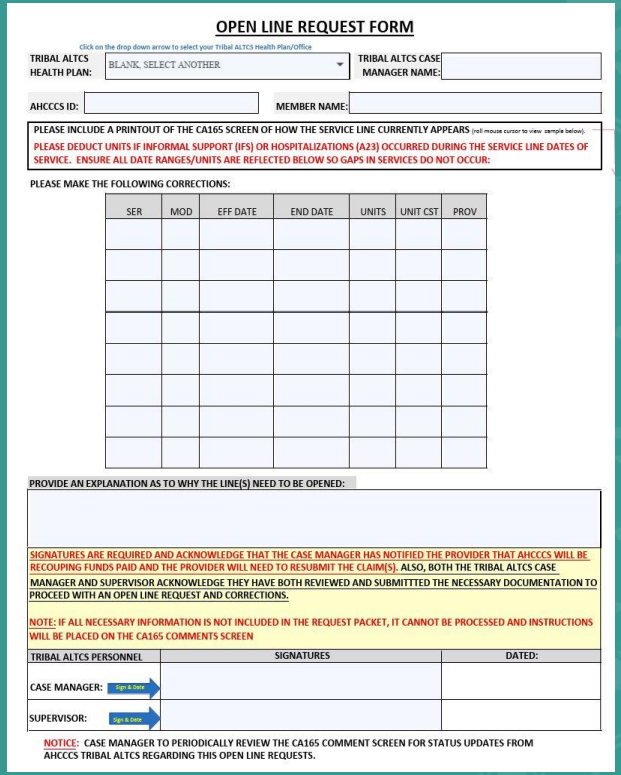
Open Line Request (OLR): Completing the Form

Frank Villarreal: TALTCS CM Coordinator



OPEN LINE REQUEST FORM

Click on the drop down arrow to select your Tribal ALTCS Health Plan/Office

TRIBAL ALTCS HEALTH PLAN: BLANK, SELECT ANOTHER

TRIBAL ALTCS CASE MANAGER NAME:

AHCCCS ID:

MEMBER NAME:

PLEASE INCLUDE A PRINTOUT OF THE CA165 SCREEN OF HOW THE SERVICE LINE CURRENTLY APPEARS (roll mouse cursor to view sample below).

PLEASE DEDUCT UNITS IF INFORMAL SUPPORT (IFS) OR HOSPITALIZATIONS (A23) OCCURRED DURING THE SERVICE LINE DATES OF SERVICE. ENSURE ALL DATE RANGES/UNITS ARE REFLECTED BELOW SO GAPS IN SERVICES DO NOT OCCUR:

PLEASE MAKE THE FOLLOWING CORRECTIONS:

SER	MOD	EFF DATE	END DATE	UNITS	UNIT CST	PROV

PROVIDE AN EXPLANATION AS TO WHY THE LINE(S) NEED TO BE OPENED:

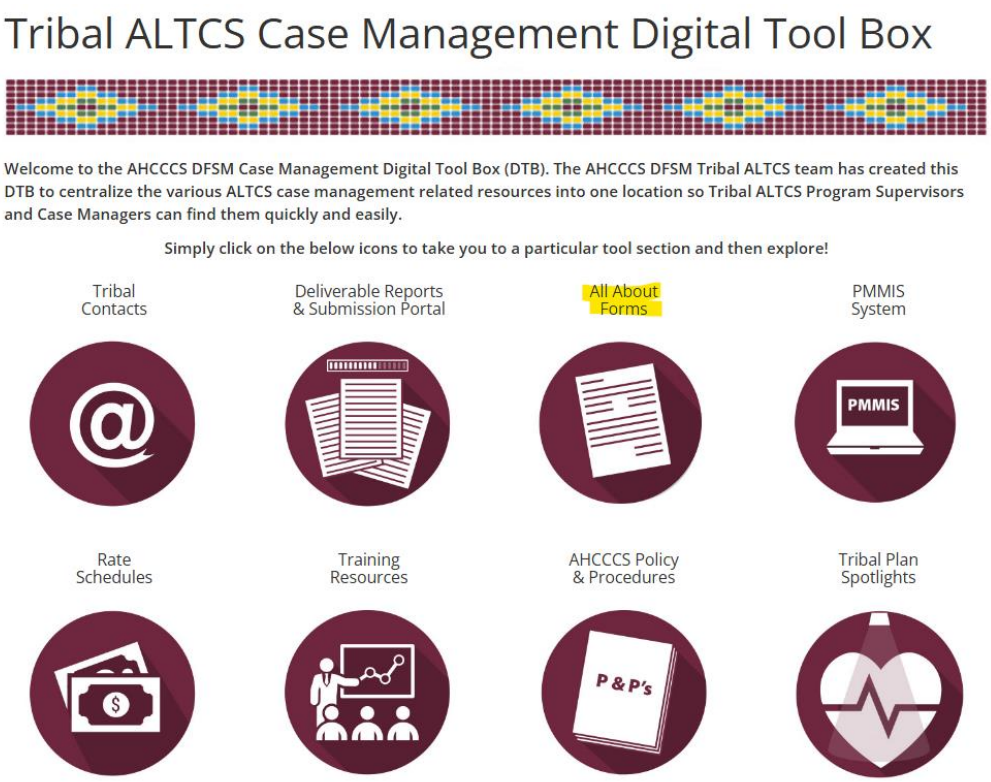
SIGNATURES ARE REQUIRED AND ACKNOWLEDGE THAT THE CASE MANAGER HAS NOTIFIED THE PROVIDER THAT AHCCCS WILL BE RECOUPING FUNDS PAID AND THE PROVIDER WILL NEED TO RESUBMIT THE CLAIM(S). ALSO, BOTH THE TRIBAL ALTCS CASE MANAGER AND SUPERVISOR ACKNOWLEDGE THEY HAVE BOTH REVIEWED AND SUBMITTED THE NECESSARY DOCUMENTATION TO PROCEED WITH AN OPEN LINE REQUEST AND CORRECTIONS.

NOTE: IF ALL NECESSARY INFORMATION IS NOT INCLUDED IN THE REQUEST PACKET, IT CANNOT BE PROCESSED AND INSTRUCTIONS WILL BE PLACED ON THE CA165 COMMENTS SCREEN

TRIBAL ALTCS PERSONNEL	SIGNATURES	DATED:
CASE MANAGER: Sign & Date		
SUPERVISOR: Sign & Date		

NOTICE: CASE MANAGER TO PERIODICALLY REVIEW THE CA165 COMMENT SCREEN FOR STATUS UPDATES FROM AHCCCS TRIBAL ALTCS REGARDING THIS OPEN LINE REQUESTS.

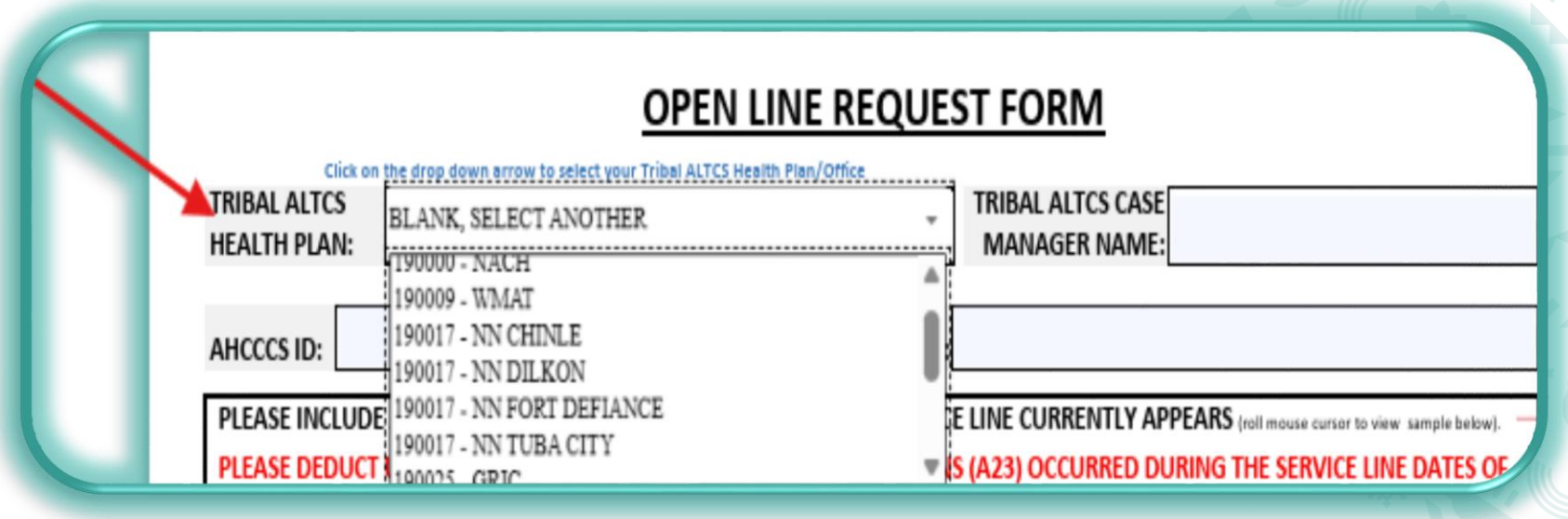
OLR- Locating the Form



- Utilize the OLR Form in PDF Format, located on the TALTCS Digital ToolBox under "All About Forms" or click on the LINK to open the form in a separate tab.

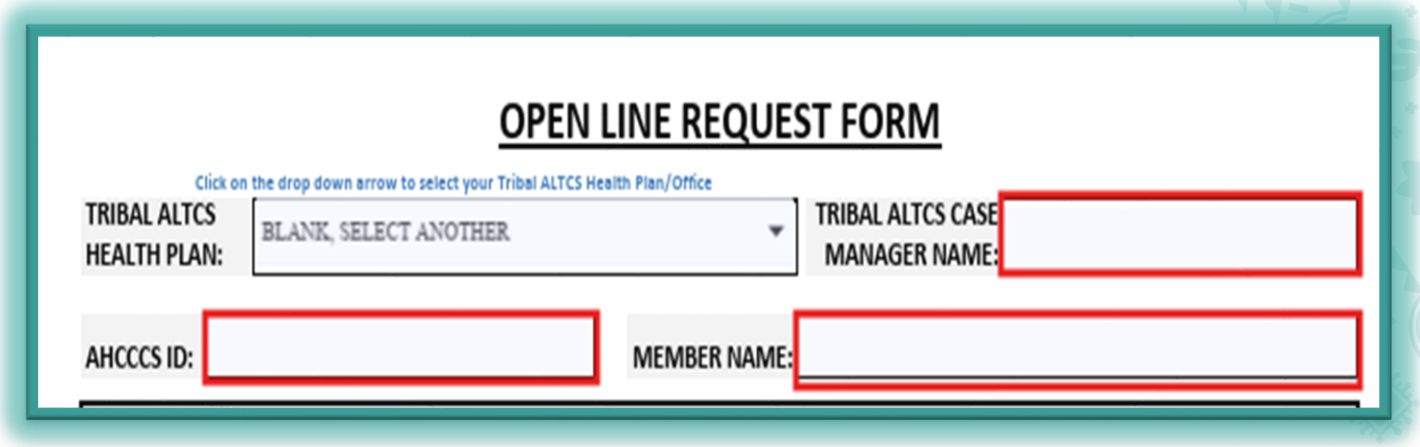
OLR -Filling out the Form

A dropdown box will allow you to select the PROGRAM/OFFICE.



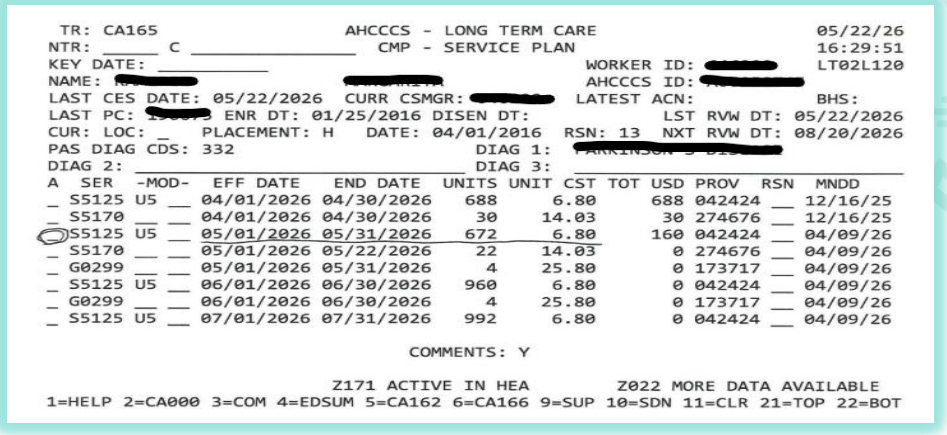
OLR -Filling out the Form

- Tab next and fill in the Case Manager Name, Member's AHCCCS ID and the Member's Name.



OLR -Filling out the Form

- When completing the OLR Form the Case Manager must include a printout of the CA165 Screen, showing the current Service Line, prior to the corrections.



```
 TR: CA165                    AHCCCS - LONG TERM CARE                    05/22/26
NTR: _____ C _____________     CMP - SERVICE PLAN                        16:29:51
KEY DATE: _____                                        WORKER ID: [redacted] LT02L120
NAME: [redacted]                                       AHCCCS ID: [redacted]
LAST CES DATE: 05/22/2026  CURR CSMGR: [redacted]  LATEST ACN:          BHS:
LAST PC: [redacted] ENR DT: 01/25/2016 DISEN DT:          LST RVW DT: 05/22/2026
CUR: LOC: _   PLACEMENT: H   DATE: 04/01/2016  RSN: 13  NXT RVW DT: 08/20/2026
PAS DIAG CDS: 332                          DIAG 1: [redacted]
DIAG 2: _____________________________ DIAG 3: _____________________________
A  SER   -MOD-  EFF DATE   END DATE   UNITS UNIT CST TOT USD PROV  RSN  MNDD
_ S5125 U5 __ 04/01/2026 04/30/2026   688     6.80     688 042424 __ 12/16/25
_ S5170 __ __ 04/01/2026 04/30/2026    30    14.03      30 274676 __ 12/16/25
_ S5125 U5 __ 05/01/2026 05/31/2026   672     6.80     160 042424 __ 04/09/26
_ S5170 __ __ 05/01/2026 05/22/2026    22    14.03       0 274676 __ 04/09/26
_ G0299 __ __ 05/01/2026 05/31/2026     4    25.80       0 173717 __ 04/09/26
_ S5125 U5 __ 06/01/2026 06/30/2026   960     6.80       0 042424 __ 04/09/26
_ G0299 __ __ 06/01/2026 06/30/2026     4    25.80       0 173717 __ 04/09/26
_ S5125 U5 __ 07/01/2026 07/31/2026   992     6.80       0 042424 __ 04/09/26

                          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
```

- If the CA165 Printout Screen is not provided or reflects incorrect information, the request will be returned as Missing Information.

OLR- Filling out the Form

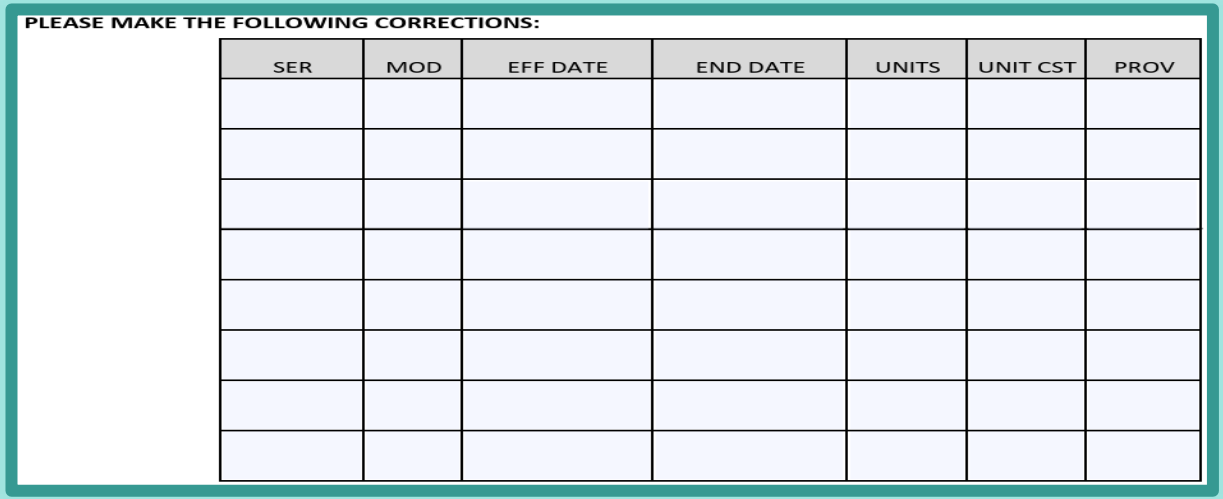
- If a member is hospitalized or receives Informal Support (IFS) during the month, ensure that the service line information before and after the hospitalization/IFS is also provided, along with all applicable units, unit costs, and the correct PID.

PLEASE INCLUDE A PRINTOUT OF THE CA165 SCREEN OF HOW THE SERVICE LINE CURRENTLY APPEARS (roll mouse cursor to view sample below).

PLEASE DEDUCT UNITS IF INFORMAL SUPPORT (IFS) OR HOSPITALIZATIONS (A23) OCCURRED DURING THE SERVICE LINE DATES OF SERVICE. ENSURE ALL DATE RANGES/UNITS ARE REFLECTED BELOW SO GAPS IN SERVICES DO NOT OCCUR:

OLR -Filling out the Form

- The case manager will then tab next and ensure that the entire date span of the original service line is accounted for and there are no gaps or overlapping services. The case manager will enter how they want the service lines set up to include, the correct units and unit cost.

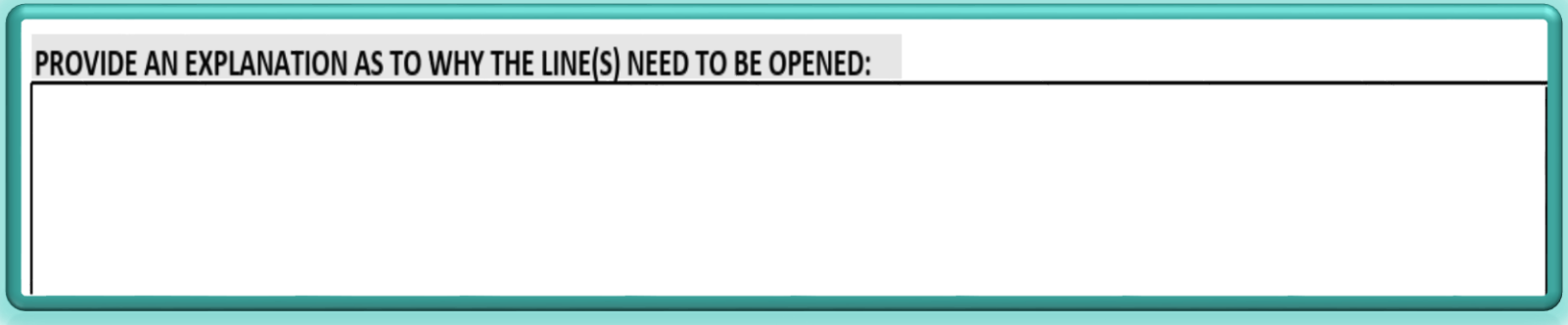


PLEASE MAKE THE FOLLOWING CORRECTIONS:

SER	MOD	EFF DATE	END DATE	UNITS	UNIT CST	PROV

OLR -Filling out the Form

- The case manager will then complete the explanation field and provide a brief explanation for the need for an OLR, i.e. Member hospitalized; Member received IFS, etc.



OLR Form -Signatures

- Both the Case Manager and Supervisor need to sign the OLR request to attest that the Case Manager has notified the provider that AHCCCS will be recouping the paid funds as corrections need to be made to a service line, and that the Provider will need to resubmit claim(s) in order to be paid once the service line has been edited. Another reason both signatures are required, is to confirm that the CM and supervisor have both reviewed and submitted the necessary documentation to proceed with the open line request.

SIGNATURES ARE REQUIRED AND ACKNOWLEDGE THAT THE CASE MANAGER HAS NOTIFIED THE PROVIDER THAT AHCCCS WILL BE RECOUPING FUNDS PAID AND THE PROVIDER WILL NEED TO RESUBMIT THE CLAIM(S). ALSO, BOTH THE TRIBAL ALTCS CASE MANAGER AND SUPERVISOR ACKNOWLEDGE THEY HAVE BOTH REVIEWED AND SUBMITTTED THE NECESSARY DOCUMENTATION TO PROCEED WITH AN OPEN LINE REQUEST AND CORRECTIONS.

NOTE: IF ALL NECESSARY INFORMATION IS NOT INCLUDED IN THE REQUEST PACKET, IT CANNOT BE PROCESSED AND INSTRUCTIONS WILL BE PLACED ON THE CA165 COMMENTS SCREEN

TRIBAL ALTCS PERSONNEL	SIGNATURES	DATED:
CASE MANAGER: Sign & Date		
SUPERVISOR: Sign & Date		

OLR -Status Update

- Below the signature line there is a statement which reflects the following:

> **NOTICE:** CASE MANAGER TO PERIODICALLY REVIEW THE CA165 COMMENT SCREEN FOR STATUS UPDATES FROM AHCCCS TRIBAL ALTCS REGARDING THIS OPEN LINE REQUESTS.

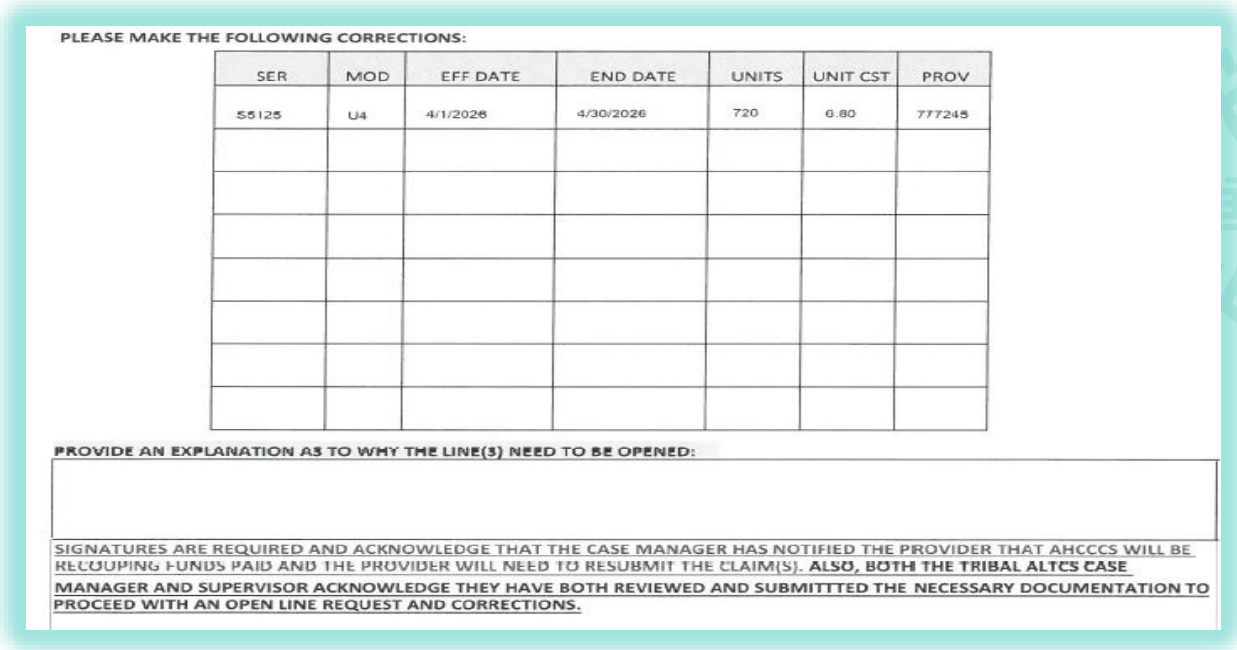
- This statement alerts the case manager to review the CA165 comment screen in PMMIS for status updates from TALTCS regarding their Open line request. We ask that you allow up to 14 business days from the submission. Any Open Line requests that are unable to be processed will be emailed back to the case manager and supervisor.

Reasons Open Line Requests Are Returned

- NO CA165 PRINTSCREEN
- INCOMPLETE CORRECTION LISTED
- CA165 DOESN'T MATCH REQUEST
- INCORRECT SERVICE CODE
- UNCLEAR NUMBERS
- OVERLAPPING DATES
- BEYOND TIMELY FILLING
- MISSING SIGNATURES
- EXPLANATION DOESN'T MATCH DOS
- MISSING CA165 PRINT SCREEN
- MISSING # OF UNITS & COST

OLR Form -Example

- Does this look correct? If not, what do you see?



PLEASE MAKE THE FOLLOWING CORRECTIONS:

SER	MOD	EFF DATE	END DATE	UNITS	UNIT CST	PROV
S5125	U4	4/1/2026	4/30/2026	720	6.80	777245

PROVIDE AN EXPLANATION AS TO WHY THE LINE(S) NEED TO BE OPENED:

SIGNATURES ARE REQUIRED AND ACKNOWLEDGE THAT THE CASE MANAGER HAS NOTIFIED THE PROVIDER THAT AHCCCS WILL BE RECOUPING FUNDS PAID AND THE PROVIDER WILL NEED TO RESUBMIT THE CLAIM(S). **ALSO, BOTH THE TRIBAL ALTCS CASE MANAGER AND SUPERVISOR ACKNOWLEDGE THEY HAVE BOTH REVIEWED AND SUBMITTTED THE NECESSARY DOCUMENTATION TO PROCEED WITH AN OPEN LINE REQUEST AND CORRECTIONS.**

OLR Form -Example

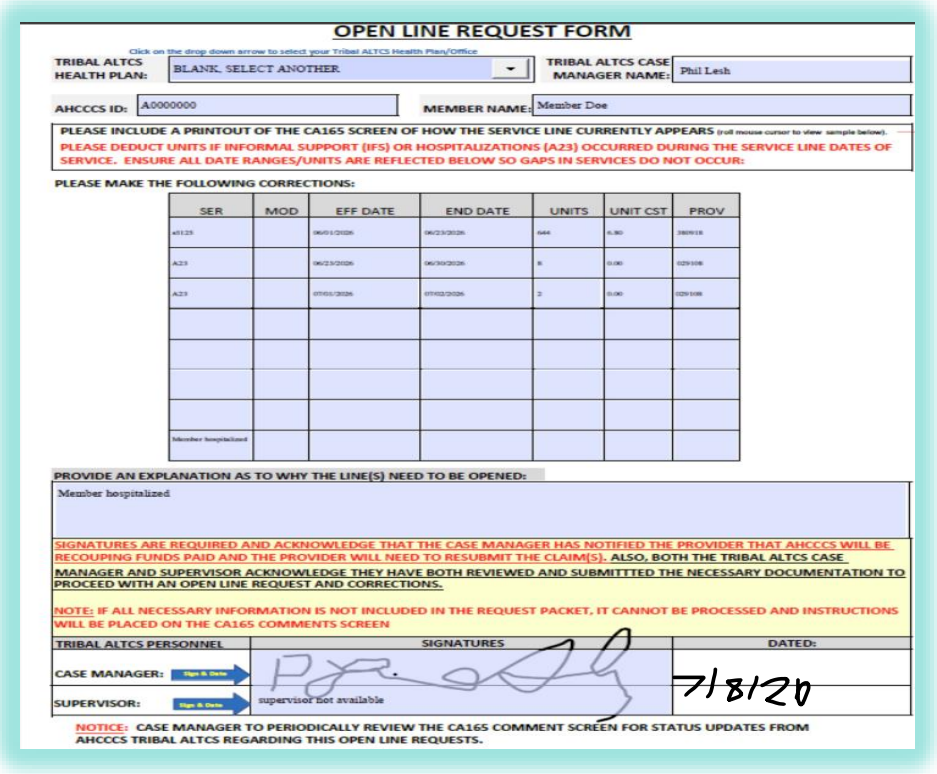
- Does this look correct? If not, what do you see?

PLEASE MAKE THE FOLLOWING CORRECTIONS:

SER	MOD	EFF DATE	END DATE	UNITS	UNIT CST	PROV
S5125		05/01/2026	05/02/2026	504	6 80	389282
S5125	A23	05/01/2026	05/07/2026	7	0 00	029108

OLR Form -Example

- Does this look correct? If not, what do you see?



OPEN LINE REQUEST FORM

Click on the drop down arrow to select your Tribal ALTCS Health Plan/Office

TRIBAL ALTCS HEALTH PLAN: BLANK, SELECT ANOTHER

TRIBAL ALTCS CASE MANAGER NAME: Phil Lesh

AHCCCS ID: A0000000

MEMBER NAME: Member Doe

PLEASE INCLUDE A PRINTOUT OF THE CA165 SCREEN OF HOW THE SERVICE LINE CURRENTLY APPEARS (roll mouse cursor to view sample below).

PLEASE DEDUCT UNITS IF INFORMAL SUPPORT (IFS) OR HOSPITALIZATIONS (A23) OCCURRED DURING THE SERVICE LINE DATES OF SERVICE. ENSURE ALL DATE RANGES/UNITS ARE REFLECTED BELOW SO GAPS IN SERVICES DO NOT OCCUR:

PLEASE MAKE THE FOLLOWING CORRECTIONS:

SER	MOD	EFF DATE	END DATE	UNITS	UNIT CST	PROV
a0125		06/01/2026	06/23/2026	644	6.80	380918
A23		06/23/2026	06/30/2026	8	0.00	029108
A23		07/01/2026	07/02/2026	2	0.00	029108
Member hospitalized						

PROVIDE AN EXPLANATION AS TO WHY THE LINE(S) NEED TO BE OPENED:

Member hospitalized

SIGNATURES ARE REQUIRED AND ACKNOWLEDGE THAT THE CASE MANAGER HAS NOTIFIED THE PROVIDER THAT AHCCCS WILL BE RECOUPING FUNDS PAID AND THE PROVIDER WILL NEED TO RESUBMIT THE CLAIM(S). ALSO, BOTH THE TRIBAL ALTCS CASE MANAGER AND SUPERVISOR ACKNOWLEDGE THEY HAVE BOTH REVIEWED AND SUBMITTTED THE NECESSARY DOCUMENTATION TO PROCEED WITH AN OPEN LINE REQUEST AND CORRECTIONS.

NOTE: IF ALL NECESSARY INFORMATION IS NOT INCLUDED IN THE REQUEST PACKET, IT CANNOT BE PROCESSED AND INSTRUCTIONS WILL BE PLACED ON THE CA165 COMMENTS SCREEN

TRIBAL ALTCS PERSONNEL	SIGNATURES	DATED:
CASE MANAGER: Sign & Date	P.R.	7/8/20
SUPERVISOR: Sign & Date	supervisor not available	

NOTICE: CASE MANAGER TO PERIODICALLY REVIEW THE CA165 COMMENT SCREEN FOR STATUS UPDATES FROM AHCCCS TRIBAL ALTCS REGARDING THIS OPEN LINE REQUESTS.

Questions?

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Invalid Service Placement Reports

Caitlin Hasper, TALTCS Program Coordinator

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Invalid Service Placement Report

- The monthly report identifies TALTCS members by Tribal Health Plan whose services do not correspond with their placement and/or their enrollment status and whose services or placements overlap other services/placements.

- The report captures errors related to the CA165 Case Plan Screen and the CA161 Service Placement Screen. These errors prevent claims or services from processing in the AHCCCS system.

Invalid Service Placement Report

- Common codes on report:
  - Outside enrollment
  - No PLC
  - PLC OVRLPS
  - OVRLPS 2 PLCS
  - INV SVC FOR PLC
  - SVS OVRLPS

Invalid Service Placement Report

- Process: When a member is listed on the Invalid Service Placement monthly report, the CM will review each member on the report by looking at the START Date and END Date and the DESCRIPTION listed on the report and review the member's CA161 and CA165 screen.

CODE	MOD	START DATE	END DATE	COST	PR ID	CUR PLC	DESCRIPTION
0194		20241201	20241231	629.98	499909		OUTSIDE ENROLLMENT
S5125	U5	20260501	20260531	6.80	233426		OVRLPS 2 PLCS
0193		20260101	20260131	269.11	192073		OUTSIDE ENROLLMENT
0193		20260201	20260228	269.11	192073		OUTSIDE ENROLLMENT
0193		20260301	20260331	269.11	192073		OUTSIDE ENROLLMENT
0192		20251130	20251130	224.62	011678	H	INV SVC FOR PLC
0199		20260301	20260309	228.59	011678		OVRLPS 2 PLCS

Invalid Service Placement Report

- Many of the errors listed on the report can be resolved by aligning the dates on the CA161 Placement Screen and the CA165 Service Plan Screen.

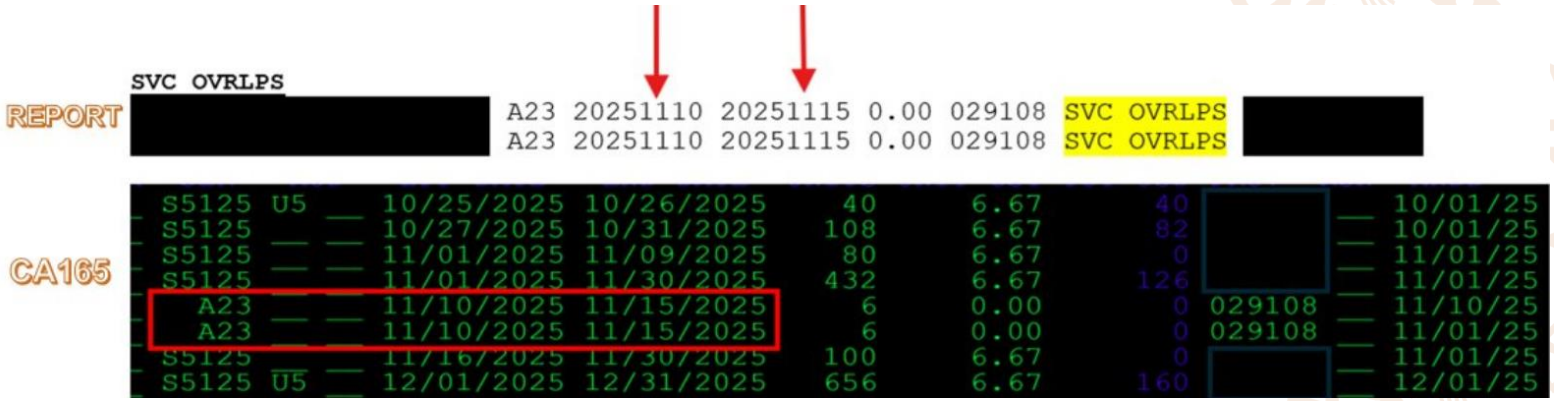
- If the CM is unable to make the change on the CA165/Service Plan because a claim has been paid, the CM should submit an OLR to DFSM/TALTCS for the claims to be placed on hold, so edit can be made by the DFSM TALTCS Team.

Why it Matters

- Prevent delays in services and payments.
- Ensures compliance with AHCCCS requirements.
- Improves documentation accuracy.
- Reduces repeated errors.
- The Invalid Service Placement Report helps you catch and fix errors quickly, so services and claims can process without delays.

SCV OVRLPS Example

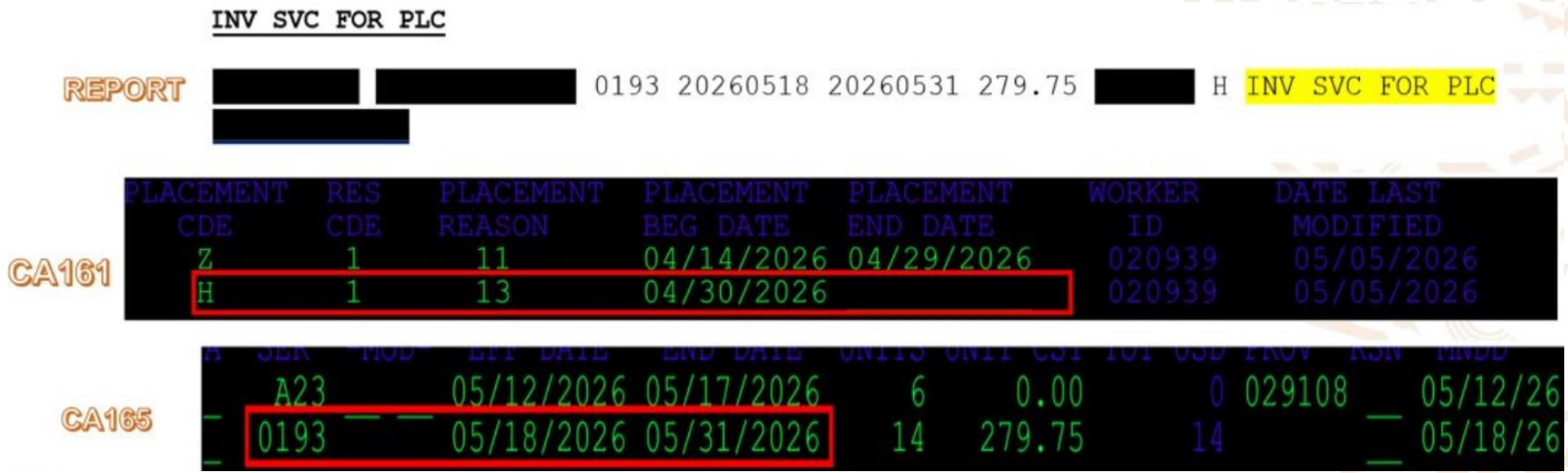
- SVC OVRLAPS tow service links (both with A23) are being duplicated from 11/10/2025 - 11/15/2025.



- How would we resolve this?

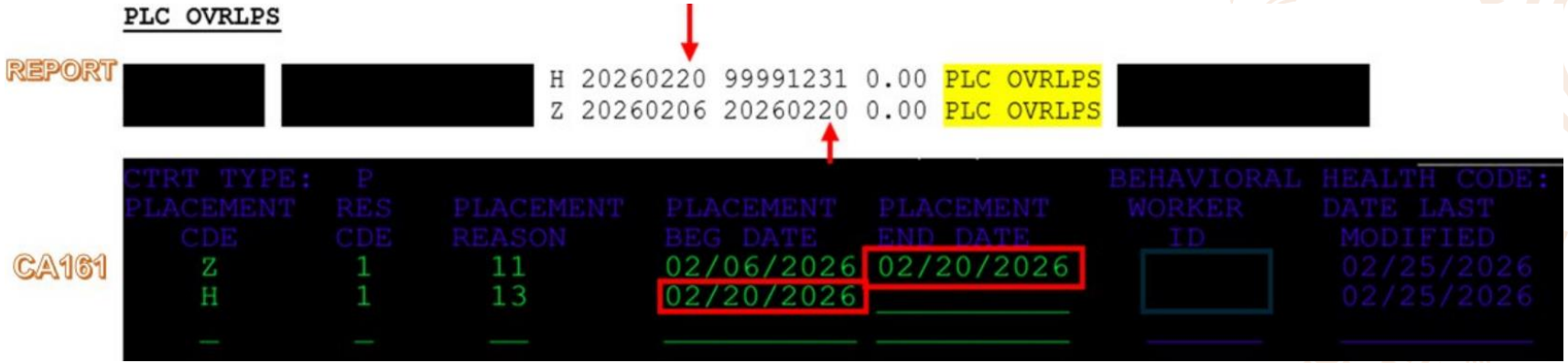
INV SVC FOR PLC Example

- INV SVC FOR PLC: Service 0193 is a level 3 SNF and placement code H tells us the member was at home starting on 4/30/26 to present – both cannot be true.



PLC OVRLPS Example

- PLC OVRLPS: Placement codes Z and H are being claimed to have occurred on 2/20/2026.



OVRLPS 2 PLCS Example

- OVRLPS 2 PLCS on CA165 screen have both services, S5125 and 0193, occurring in the month of May. On CA161, placements H and Q conflict these services.

OVRLPS 2 PLCS

REPORT [redacted] [redacted] S5125 20260501 20260531 6.80 [redacted] OVRLPS 2 PLCS [redacted]

CA165

	A23		03/15/2026	03/15/2026	1	0.00	0	03/01/26
	S5125	U5	03/16/2026	03/16/2026	0	6.80	0	03/01/26
	S5125		03/17/2026	03/31/2026	220	6.80	180	03/01/26
	S5125		04/01/2026	04/30/2026	440	6.80	380	04/01/26
	S5125		05/01/2026	05/31/2026	420	6.80	220	05/01/26
	0193		05/21/2026	05/31/2026	11	266.45	0	05/01/26
	0193		06/01/2026	06/30/2026	30	266.45	0	06/01/26
	0193		07/01/2026	07/31/2026	31	266.45	0	07/01/26

CA161

PLACEMENT CDE	RES CDE	PLACEMENT REASON	PLACEMENT BEG DATE	PLACEMENT END DATE	WORKER ID	DATE LAST MODIFIED
Z	1	11	10/15/2025	10/21/2025		10/21/2025
H	1	13	10/22/2025	05/19/2026		05/20/2026
Q	2	10	05/20/2026			05/20/2026

OVRLPS 2 PLCS

- For situations when the OVRLPS 2 PLCS and it's due to DME items that were PA'd, then the member was hospitalized, followed by being placed in a SNF and is back home.

CODE	MOD	START DATE	END DATE	COST	PR ID	CUR PLC	DESCRIPTION
A4216	NU	20260501	20260531	0.74	410834		OVRLPS 2 PLCS
A4520	NU	20260520	20260531	2.34	415699		OVRLPS 2 PLCS
A4554	NU	20260520	20260531	1.47	415699		OVRLPS 2 PLCS
A4605	NU	20260501	20260531	27.96	410834		OVRLPS 2 PLCS
A4606	NU	20260501	20260531	5.87	410834		OVRLPS 2 PLCS
A4620	NU	20260501	20260531	1.02	410834		OVRLPS 2 PLCS
A4623	NU	20260501	20260531	9.50	410834		OVRLPS 2 PLCS
A4624	NU	20260501	20260531	4.50	410834		OVRLPS 2 PLCS
A4628	NU	20260501	20260531	6.22	410834		OVRLPS 2 PLCS
A4629	NU	20260501	20260531	7.88	410834		OVRLPS 2 PLCS
A4927	NU	20260501	20260531	8.58	410834		OVRLPS 2 PLCS
A4927	NU	20260520	20260531	8.58	415699		OVRLPS 2 PLCS
A6250	NU	20260501	20260531	11.73	415699		OVRLPS 2 PLCS
A6402	NU	20260501	20260531	0.18	410834		OVRLPS 2 PLCS
A7000	NU	20260501	20260531	12.51	410834		OVRLPS 2 PLCS
A7002	NU	20260501	20260531	6.54	410834		OVRLPS 2 PLCS
A7003	NU	20260501	20260531	2.31	410834		OVRLPS 2 PLCS
A7520	NU	20260501	20260531	80.92	410834		OVRLPS 2 PLCS
A7526	NU	20260501	20260531	5.78	410834		OVRLPS 2 PLCS
A9286	NU	20260520	20260531	14.66	415699		OVRLPS 2 PLCS
E0570	NU	20260501	20260531	185.29	410834		OVRLPS 2 PLCS
E0600	NU	20260501	20260531	435.41	410834		OVRLPS 2 PLCS
E0705	NU	20260401	20260930	67.42	427208		OVRLPS 2 PLCS
0953	NU	20260320	20260531	124.00	635922		OVRLPS 2 PL

OVRLPS 2 PLCS/DME

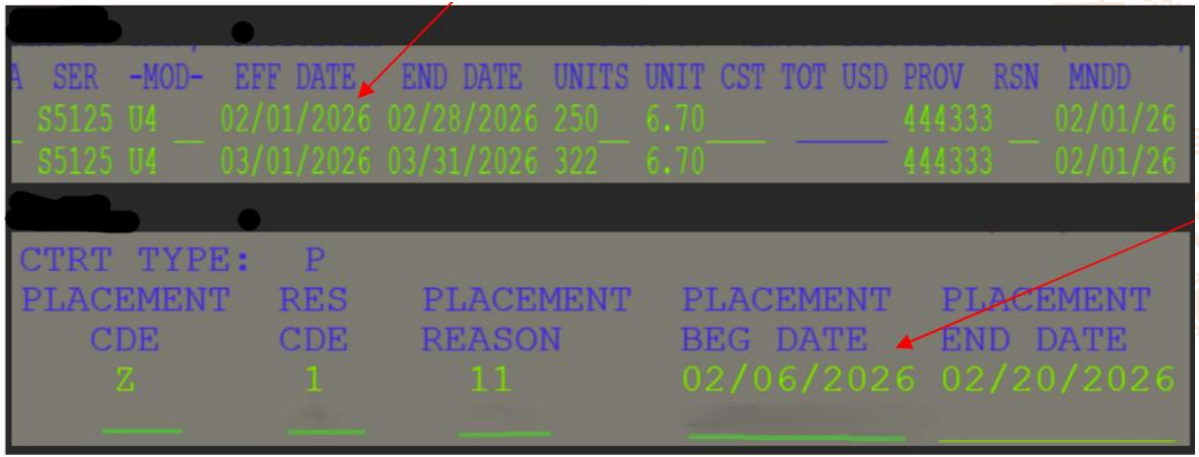
- It is advised that the CM contact the provider to confirm if the service/items were already provided to determine if the service line should be deleted, provider pauses service/items until member returns home and then reactivates the services, PA Correction is submitted or an OLR.
- For services already billed, the CM would first reach out to the provider to let them know that they are going to change the PA. The provider will need to go into the portal and change the claim to match the correction.

NO PLC Example

- NO PLC-CA161 screen does not have placement listed for the dates of 03/01/2026 - 03/31/2026. CA165 screen shows member had in home services in the date range. The CA165 *effective date* and the CA161 *placement* begin date should reflect as the same.

CA165

CA161



Outside Enrollment

- If the report DESCRIPTION indicates OUTSIDE ENROLLMENT, we advise referencing the RP160 screen to determine if the member's enrollment status is correct. If the CM finds that the member information is incorrect, we ask that you notify us immediately. From then, we can reach out to have the member corrected back.

CODE	MOD	START DATE	END DATE	COST	PR ID	CUR PLC	DESCRIPTION
A4520	NU	20260301	20260331	2.27	427208		OUTSIDE ENROLLMENT
A4554	NU	20260301	20260331	1.75	427208		OUTSIDE ENROLLMENT
A4927	NU	20260301	20260331	8.58	427208		OUTSIDE ENROLLMENT
A5120	NU	20260301	20260331	0.37	427208		OUTSIDE ENROLLMENT
H		20250404	99991231	0.00			OUTSIDE ENROLLMENT
S5125	U5	20260601	20260630	6.80	429782		OUTSIDE ENROLLMENT

Outside Enrollment Example

- Outside Enrollment RP160

RP160

HEALTH PLAN	EN TP	S T	BEGIN DATE	END DATE	CHANGE REASON	ORIGINAL POSTING	RATE CODE	RISK CAT	LAST MODIFIED	LAST USR
190000 13	P	RB A	03/06/26			03/06/26	2220	DUAL	03/06/26	7$N
008690 13	E	RA A	03/05/26	03/05/26	RA RETROAC	03/06/26	2220	DUAL	03/06/26	7$N
190000 13	P	RB A	03/01/26	03/04/26	OT OTHER T	02/26/26	2220	DUAL	03/05/26	5CF
190000 13	P	RB A	02/20/26	02/28/26	AO PLAN CH	02/20/26	2220	DUAL	02/26/26	BAT

Follow up for Errors on the Report

- The CM has reviewed the Invalid Report and reviewed the members listed on the report, reviewed the CA161 & CA165 screens and isn't able to determine what the issue is.

Or

- The CM has verified the member/provider information/dates and has not been successful in correcting the data in the system.

- After taking those steps along with reviewing with their supervisor and they are unable to resolve, please submit a Service Ticket to request assistance and/or we can schedule a case specific meeting to resolve the issue.

Questions?

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

10 Minute Break

HNT Refresher

Amber Heard, TALTCS Program Manager

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

HNT: Adult Home & Community Based Service Needs Tool Reminders

- When completing the HNT it is important to remember that it is a “needs” assessment, not an authorization tool. The goal is to accurately capture the member's functional needs first, then determine how those needs will be met through informal supports, community resources, and paid services.

- The assessment should reflect the member's actual condition & needs regardless of who provides the care. This prevents reducing the member’s needs because IFS exists.

HNT: Adult Home & Community Based Service Needs Tool Reminders

- When completing the tool, the case manager is assessing the member's needs Mon-Sun over a 24-hour period. Then the case manager will determine if IFS is available and for how many minutes.

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Dressing and Grooming	Independent: No assistance needed.	0 min/day												
PM	Minimum: Some supervision, reminding, selecting clothes.	1-15 min/day									0			
	Moderate: Supervision or hands-on with 50-75% of dressing activity. Regular assist with buttons, shoes & socks, or brushing teeth.	1-20 min/day		20	20	20	20	20	20	20	140	Cg assists MBR each night with taking off "day" clothes and putting on "night" clothes. Cg threads tops/bottoms on & off as MBR lifts out her arms and legs. Cg puts on/off MBRs socks each night. Cg then provides set up with toothbrush, cg provides cueing to complete brusing teeth. Cg brushes MBR's long hair (to mid back) each night, MBR is unable to reach and brush herself. MBR has bilateral arthritis-joints, hands)	yes	40
	Maximum: Hands-on with 75%+ of dressing and grooming tasks. Complete assist with dressing includes transfer if needed.	1-25 min/day									0			
Toileting	Independent: No assistance needed.	0 min/event												
	Minimum: Stand-by assist, supervision, reminders.	1-5 min/event									0			
	Moderate: 50-75% assist with clothing, diapers, post-toilet hygiene or equipment.	1-10 min/event									0			
	Maximum: Total assist with clothing, briefs, entire toiletting process. Includes episodes of incontinence.	1-15 min/event	6	15	15	15	15	15	15	15	630	MBR requires cg to assist with putting on/off adult brief throughout the day. Cg adjusts MBR bottoms up/down each time and wipes for MBR each time her brief is changed. MBR is unable to reach and lacks dexterity in hands to complete.	yes	90

HNT: Adult Home and Community Based Service Needs Tool Reminders

- When all time has been entered and IFS minutes have been determined, the HNT will calculate the total assessed need and separate the IFS min from the authorized minutes as seen in the example below.

Service Authorizations

Task	Weekly Assessed Need (Minutes/Week)	Weekly Informal Supports Minutes	Weekly Total Authorized Minutes *(Assessed Need - Informal Supports)*	Weekly Total Authorized Hours (Total Authorized Minutes/60)
Page 1 Tasks	235.00	55.00	180.00	3.00
Page 2 Tasks	560.00	190.00	370.00	6.17
Page 3 Tasks	735.00	210.00	525.00	8.75
Page 4 Tasks	770.00	130.00	640.00	10.67
Page 5 Tasks	315.00	120.00	195.00	3.25
Supervision	0.00	0.00	0.00	0.00
Habilitation	0.00	0.00	0.00	0.00
Total Minutes/Week	2615.00	705.00	1910.00	
Total Hours/Week	43.58	11.75	31.83	
Total Units/Month (Total Hours/Week x 4 x 4.3)			547.53	

HNT: General Supervision

- **When Should I use it?**
  - General Supervision should be tied to a specific assessed need that is supported by a documented health-and-safety risk along with a justifiable amount of time related to that risk, not simply to authorize time as "24/7 supervision" because a caregiver is present all day.
- **Would the example below meet the criteria?**

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
General Supervision														
Supervision Needs may include but are not limited	Independent: No assistance needed.	0 min/event												
☐ Wandering Risk		# minutes per day; based on need and typical day structure									0			
☐ Confused/Disoriented at risk to themselves											0			
☑ Unable to call for help, even with Lifeline				30	30	30	30	30	30	30	210	Member lives alone. DCW plugs in cell phone close to MBR bed before DCW leaves at night.	no	
☐ Complex medical or behavioral needs											0			
☐ Other:											0			
										Total Minutes Supervision Needed/Week:	210	**Total Minutes of IFS/Week:**		0

HNT: General Supervision

General Supervision is appropriate when:

- The member has cognitive impairment and cannot consistently recognize or respond to dangerous situations.
- The member has behavioral or safety concerns requiring monitoring to prevent harm.
- The member has unpredictable medical events that create a significant safety risk, such as seizures, syncope, or sudden episodes that require caregiver intervention.
- The member repeatedly engages in unsafe behaviors and requires ongoing monitoring and redirection to remain safe. The caregiver's role is to observe for a specific risk and intervene, when necessary, rather than assist with a specific task.

HNT: General Supervision

General Supervision is generally not appropriate solely because;

- The member lives alone.
- The member cannot call for help.
- The member prefers not to be alone.
- Family members are unavailable.
- The member has a medical diagnosis (Dementia, Seizures, TBI)
- The member is elderly or frail.
- The member is a "fall risk“, but the risk is adequately addressed through Mobility, Transfers, assistive devices, or task-specific assistance.

HNT: Documentation Example that Supports General Supervision

Member has moderate dementia with poor safety awareness. Member attempts to leave the home unsupervised each day after 4pm until bedtime at 9pm. The MBR also forgets to use 4Wheel Walker and is unable to recognize hazardous situations. Caregiver monitoring and intervention are required to prevent injury and ensure safety.

This example identifies:

- The member's medical condition.
- The specific risk/need for general supervision.
- The required intervention by the caregiver.
- The health and safety consequence if member is not supervised.

HNT: General Supervision Questions

- What is the risk being monitored?
- Has it occurred before?
- When does the risk occur?
- How often does it occur?
- Why is it unsafe?
- What intervention does the caregiver provide?
- Why is supervision needed during the identified time period?

HNT: Fall Risk VS. General Supervision

Under the HNT, Mobility and General Supervision serve different purposes:

- Mobility addresses the member's need for assistance with ambulation, positioning, navigating the environment, and preventing falls during movement-related activities.

- General Supervision addresses the need for monitoring due to a health and safety risk that requires observation and potential intervention even when no specific task is being performed

HNT: Fall Risk VS. General Supervision

If the fall risk is only related to walking or transferring, then the need is often more appropriately captured on the HNT under the Mobility and Transferring section and not general supervision. Consider what the CG is doing to prevent those falls each day if there is a documented fall risk.

Task	Description	Time Guidelines	Tasks per day	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL ASSESSED MINUTES/ WEEK	Comments (Care needed and rationale; member age; member/ family comments)	Voluntary Informal Support (IFS) (Y/N)	Voluntary Minutes/Week IFS Will Assist
Mobility	Independent- No assistance with/without assistive devices.	0 min/day												
Member needs support to safely move from one location within the home to another during the day. Not to exceed 60 minutes/day	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints.	1-15 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-30 min/day		30	30	30	30	30	30	30	210	MBR is able to ambulate short distances w/ 4ww and CG to provide stability. CG assists MBR by walking side by side the MBR using a gait belt each time.	yes	90
	Maximum: One or more person assist, totally dependent.	1-60 min/day									0			
Transferring Excludes bathing and Toileting Transfers	Independent- No assistance with/without assistive devices.	0 min/day												
	Minimum: Some supervision, stand-by, or reminders for safety. Adjusting devices or restraints.	1-10 min/day									0			
	Moderate: Needs hands-on assist. One-person assist with/without assistive devices.	1-15 min/day		15	15	15	15	15	15	15	105	MBR is able to transfer on/off surface areas throughout the day with set up of walker,then holds onto MBR and guides MBR from sit to stand position.	yes	30
	Maximum: One or more person assist, totally dependent.	1-30 min/day									0			
	Person who is Unable to Leave Their Bed: Frequent turning & repositioning in the bed.	1-90 min/day									0			
	Mechanical Lift: If mechanical lift time assessed, do not allocate transfer time in other areas	1-60 min/day									0			

HNT: Fall Risk VS. General Supervision

Example: ***Member is unsteady when walking and requires assistance moving from room to room.***

- The comment sounds more like a Mobility need than a General Supervision need. The caregiver is helping with movement but not continuously monitoring for an independent health or safety issue.
- **Example:** ***The caregiver watches for a safety risk and intervenes when it occurs because member is a fall risk.***
- The comment doesn't identify that the risk can't be addressed through Mobility, Transfers, assistive devices, environmental modifications, and task-specific assistance

Key Take Aways

- We are assessing needs of the member first. The “new” HNT captures all assessed needs of the member Mon-Sun over a 24/7 period.
- The assessment should reflect the member's actual condition & needs regardless of who provides the care. This prevents reducing the member’s needs because IFS exists.
- If another case manager read the HNT six months from now, would they understand exactly what the member needs, why they need it, what happens without assistance, and what the caregiver is expected to do?
- A member may have vulnerabilities such as being elderly, Limited support system, lives alone. These factors increase risk, but they do not automatically create a supervision need.

Questions?

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Queston of the Quarter

Amber Heard, TALTCS Program Manager

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Question of the Quarter

Scenario: Case Manager was assigned a new member on 6/01/2026 and could not schedule the initial visit until 6/14/2026. While at the initial assessment the member's daughter informs the case manager that she cares for the member "24/7" and has been prior to the member becoming eligible. The daughter reports she is an employee with a home care agency and has requested to have the case manager "retro pay" the services she has been providing since the member's eligibility date, 14 days ago.

What would you advise the case manager to do????

Questions to Consider

- **Did the case manager make the initial contact?**

  When the initial contact/phone call was made, did the CM ask about any immediate needs (RX for DME etc.) At that time did the CM ask about who is caring for the member?

- **Is the date of enrollment the family member provided, correct?**

  Remember, the Enrollment date does not equal service authorization date.

- **Was there an administrative issue that caused the case manager delay in making contact?**

  Was there a delay in receiving the daily roster & PAS Summary? Was the delay outside of the case manager's control?

Questions to Consider

DCW is already a certified care giver with a home care agency.

- Did the CM call the home care agency and verify the CG is certified with the home care agency?
- Are they currently keeping a timesheet or a record of their time?
- Are they caring for another member for the home care agency they are employed with?
- The fact that a person is an agency employee does not by itself create an authorized HCBS service. The member's needs must first be assessed, determined medically necessary, included in the service plan, and then authorized.
- If the DCW was found to not already be a certified care giver with the agency the member has chosen, then the CM could not retro the 14 days as it is a federal & state requirement that they be certified in order to be reimbursed for the member's care.

Questions?

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Fax Forms & Submission Requirements, Additional Information Needed - COB Notification, Feedback & DME Requirements

Gwendy Yazzie & Bernadette Etsitty,
TALTCS Nurses

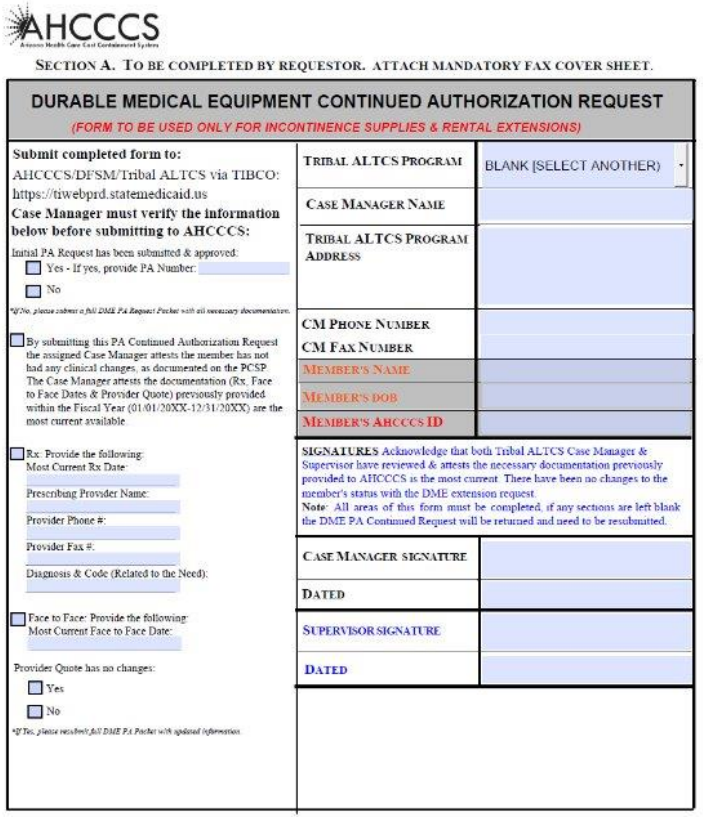
ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

DME Continued Authorization Request Form

Reminders:

1. Form must be completely and correctly filled out to be accepted.
2. A fax cover sheet is still required with this form.
3. A full packet is not required when using this form.
4. This form is *not* required with initial/change of status submissions – those *require a full packet.*

**** Reminder check your Rx dates, will need updated Scripts.**



AHCCCS

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH MANDATORY FAX COVER SHEET.

DURABLE MEDICAL EQUIPMENT CONTINUED AUTHORIZATION REQUEST

(FORM TO BE USED ONLY FOR INCONTINENCE SUPPLIES & RENTAL EXTENSIONS)

Submit completed form to:
AHCCCS/DFSM/Tribal ALTCS via TIBCO:
https://tiwebprd.statemedicaid.us

Case Manager must verify the information below before submitting to AHCCCS:

Initial PA Request has been submitted & approved:
- ☐ Yes - If yes, provide PA Number:
- ☐ No

*If No, please submit a full DME PA Request Packet with all necessary documentation.

☐ By submitting this PA Continued Authorization Request the assigned Case Manager attests the member has not had any clinical changes, as documented on the PCSP. The Case Manager attests the documentation (Rx, Face to Face Dates & Provider Quote) previously provided within the Fiscal Year (01/01/20XX-12/31/20XX) are the most current available.

☐ Rx: Provide the following:
Most Current Rx Date:
Prescribing Provider Name:
Provider Phone #:
Provider Fax #:
Diagnosis & Code (Related to the Need):

☐ Face to Face: Provide the following:
Most Current Face to Face Date:

Provider Quote has no changes:
- ☐ Yes
- ☐ No

*If Yes, please resubmit full DME PA Packet with updated information.

TRIBAL ALTCS PROGRAM	BLANK [SELECT ANOTHER]
CASE MANAGER NAME	
TRIBAL ALTCS PROGRAM ADDRESS	
CM PHONE NUMBER	
CM FAX NUMBER	
MEMBER'S NAME	
MEMBER'S DOB	
MEMBER'S AHCCCS ID	

SIGNATURES Acknowledge that both Tribal ALTCS Case Manager & Supervisor have reviewed & attests the necessary documentation previously provided to AHCCCS is the most current. There have been no changes to the member's status with the DME extension request.
Note: All areas of this form must be completed, if any sections are left blank the DME PA Continued Request will be returned and need to be resubmitted.

CASE MANAGER SIGNATURE	
DATED	
SUPERVISOR SIGNATURE	
DATED	

Faxes Receipt & Imaging Dept

- RightFax has a 72 hours turnaround time, please take that into account when sending in a fax.
- Please allow 72 hours before contacting DFSM to check status on Fax.

DME Prior Authorizations

DME Retro Prior Authorizations for Services Rendered

- Date of Service being requested for Retro.
- Proof of delivery (delivery ticket) for Date of Service rendered.

Missing Info: Face to Face Requirements

DME Face-To-Face Requirements

AMPM 310-P – Medical Equipment, Medical Appliances, and Medical Supplies

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-P.pdf

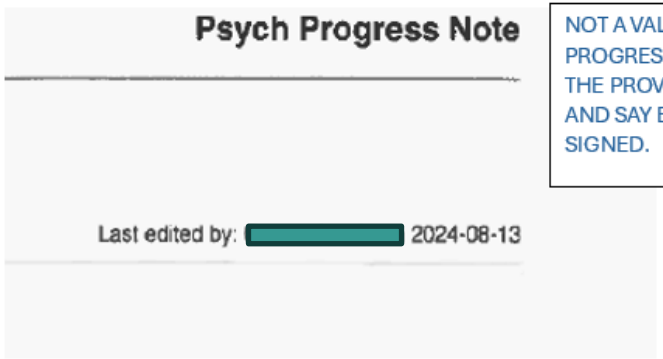
For **initiation of medical equipment, medical appliances, and medical supplies, a face-to-face encounter between the member and practitioner that relates to the *primary reason* the member requires the medical equipment**, medical appliances and/or medical supplies **is required within no more than six months prior to the start of services.**

- If requesting overlimit items – the F2F will need to include statement from the prescribing physician presents evidence of medical necessity

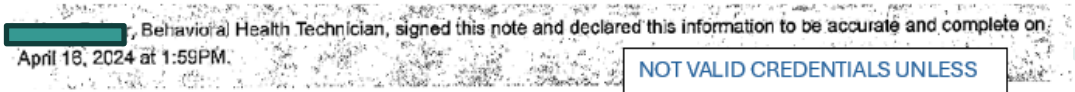
Missing Info: Face to Face Requirements

Valid Signatures:

Valid signatures may be electronic or physically hand-written, however both shall have legible name of the signer printed,
signer's credentials (specific license type of *professional credentials*), and date of signing.

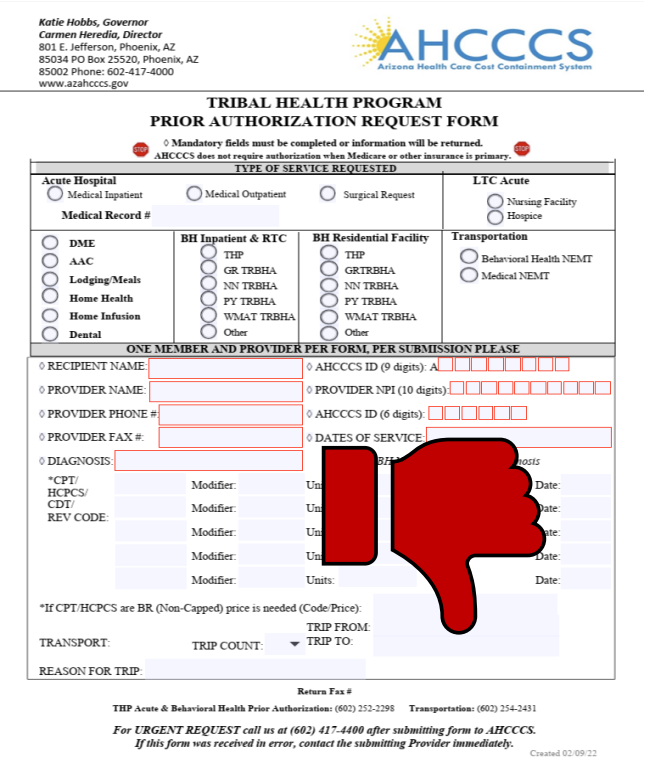


NOT A VALID SIGNATURE ON A PROGRESS NOTE, MUST INCLUDE THE PROVIDERS CREDENTIALS AND SAY ELECTRONICALLY SIGNED.



NOT VALID CREDENTIALS UNLESS OVERSEEN BY A CREDENTIALED PROVIDER

DDD-THP Tribal Health Program Forms



Katie Hobbs, Governor
Carmen Heredia, Director
801 E. Jefferson, Phoenix, AZ
85034 PO Box 25520, Phoenix, AZ
85002 Phone: 602-417-4000
www.azahcccs.gov

AHCCCS
Arizona Health Care Cost Containment System

TRIBAL HEALTH PROGRAM
PRIOR AUTHORIZATION REQUEST FORM

◊ Mandatory fields must be completed or information will be returned.
AHCCCS does not require authorization when Medicare or other insurance is primary.

TYPE OF SERVICE REQUESTED

Acute Hospital
Medical Inpatient | Medical Outpatient | Surgical Request
Medical Record #

LTC Acute
Nursing Facility | Hospice

DME | AAC | Lodging/Meals | Home Health | Home Infusion | Dental

BH Inpatient & RTC
THP | GR TRBHA | NN TRBHA | PY TRBHA | WMAT TRBHA | Other

BH Residential Facility
THP | GRTRBHA | NN TRBHA | PY TRBHA | WMAT TRBHA | Other

Transportation
Behavioral Health NEMT | Medical NEMT

ONE MEMBER AND PROVIDER PER FORM, PER SUBMISSION PLEASE

◊ RECIPIENT NAME:
◊ AHCCCS ID (9 digits): A
◊ PROVIDER NAME:
◊ PROVIDER NPI (10 digits):
◊ PROVIDER PHONE #:
◊ AHCCCS ID (6 digits):
◊ PROVIDER FAX #:
◊ DATES OF SERVICE:
◊ DIAGNOSIS:

*CPT/ HCPCS/ CDT/ REV CODE: | Modifier: | Units: | Date:

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

TRANSPORT: | TRIP COUNT: | TRIP FROM: | TRIP TO:

REASON FOR TRIP:

Return Fax #

THP Acute & Behavioral Health Prior Authorization: (602) 252-2298 **Transportation:** (602) 254-2431

For URGENT REQUEST call us at (602) 417-4400 after submitting form to AHCCCS.
If this form was received in error, contact the submitting Provider immediately.

Created 02/09/22

- **If a Provider is submitting a service request form using the designated Tribal Health Program (THP) Prior Authorization Form- it is important to ensure the one of the correct DFSM FFS PA Form is used to Submit your PA request.**

- ** Usage of the incorrect form will result in a misfile or delay as the assigned case manager will be instructed to resubmit with the correct PA Request Form.

Forms used in the PA unit from the AHCCCS Website

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html

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

Prior Authorization

Acute Medical I/P MR#
Acute Medical O/P MR#
Surgical Request
DME
Home Health
Home Infusion
Lodging/Meals

LTC Acute
NF
Hospice

BH Level I - IP Facilities
GR
PY TRBHA
NN TRBHA
WM TRBHA
Other

Tribal ALTCS
DME
Home Modification
NF (Special Rates)
Assisted Living-Behavioral Health

Transportation
Medical NEMT
Behavioral Health NEMT

Dental

♦ RECIPIENT NAME:
♦ AHCCCS ID (9 digit):
♦ PROVIDER NAME:
♦ PROVIDER NPI: (10 digits)
♦ PROVIDER PHONE#:
♦ AHCCCS ID: (6 digits)
♦ PROVIDER FAX #:
♦ DATES OF SERVICE:
♦ DIAGNOSIS: (BH NEMT: Use valid BH diagnosis)

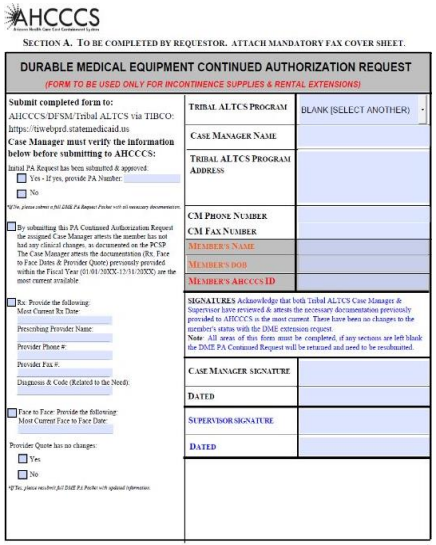
*CPT/HCPCS/ Modifier: Units: Tiers: ICU Routine Date:
CDT/
REV Code

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

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

REASON FOR TRIP:
COMMENTS:

Return Fax # Prior Authorization 602-256-6591 Transportation 602-254-2431 LTC 602-254-2426 (Revised 2.13.2023)
BHS 602-253-6695 (Primary) BHS 602-364-4697 (Alternate)
*If this fax was received in error, please contact the Provider immediately at the Provider phone number above



SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH MANDATORY FAX COVER SHEET.

DURABLE MEDICAL EQUIPMENT CONTINUED AUTHORIZATION REQUEST

(FORM TO BE USED ONLY FOR INCONTINENCE SUPPLIES & RENTAL EXTENSIONS)

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https://tiwebprd.statemedicaid.us

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Initial PA Request has been submitted & approved:
Yes - If yes, provide PA Number:
No

*If No, please submit a full DME PA Request Packet with all necessary documentation.

By submitting this PA Continued Authorization Request the assigned Case Manager attests the member has not had any clinical changes, as documented on the PCSP. The Case Manager attests the documentation (Rx, Face to Face Dates & Provider Quote) previously provided within the Fiscal Year (01/01/20XX-12/31/20XX) are the most current available.

Rx: Provide the following:
Most Current Rx Date:
Prescribing Provider Name:
Provider Phone #:
Provider Fax #:
Diagnosis & Code (Related to the Need)

Face to Face: Provide the following:
Most Current Face to Face Date:

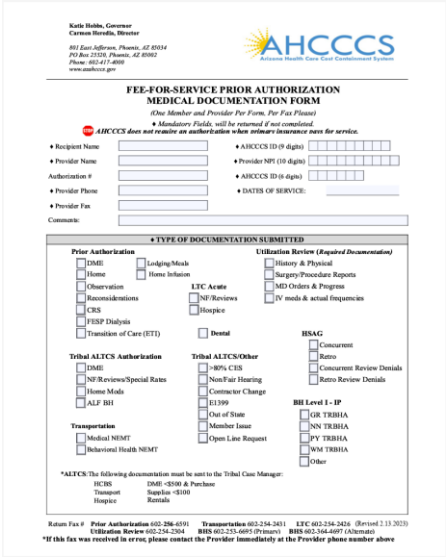
Provider Quote has no changes:
Yes
No

*If No, please resubmit full DME PA Packet with updated information.

TRIBAL ALTCS PROGRAM	BLANK (SELECT ANOTHER)
CASE MANAGER NAME	
TRIBAL ALTCS PROGRAM ADDRESS	
CM PHONE NUMBER	
CM FAX NUMBER	
MEMBER'S NAME	
MEMBER'S DOB	
MEMBER'S AHCCCS ID	

SIGNATURES Acknowledge that both Tribal ALTCS Case Manager & Supervisor have reviewed & attests the necessary documentation previously provided to AHCCCS is the most current. There have been no changes to the member's status with the DME extension request.
Note All areas of this form must be completed, if any sections are left blank the DME PA Continued Request will be returned and need to be resubmitted.

CASE MANAGER SIGNATURE	
DATED	
SUPERVISOR SIGNATURE	
DATED	



FEE-FOR-SERVICE PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

(One Member and Provider Per Form, Per Fax Please)

♦ Mandatory Fields, will be returned if not completed.

AHCCCS does not require an authorization when primary insurance pays for service.

♦ Recipient Name
♦ Provider Name
Authorization #
♦ Provider Phone
♦ Provider Fax
Comments:
♦ AHCCCS ID (9 digits)
♦ Provider NPI (10 digits)
♦ AHCCCS ID (6 digits)
♦ DATES OF SERVICE:

♦ TYPE OF DOCUMENTATION SUBMITTED

Prior Authorization
DME
Home
Observation
Reconsiderations
CRS
FESP Dialysis
Transition of Care (ETI)
Lodging/Meals
Home Infusion

LTC Acute
NF/Reviews
Hospice

Dental

Utilization Review (Required Documentation)
History & Physical
Surgery/Procedure Reports
MD Orders & Progress
IV meds & actual frequencies

HSAG
Concurrent
Retro
Concurrent Review Denials
Retro Review Denials

Tribal ALTCS Authorization
DME
NF/Reviews/Special Rates
Home Mods
ALF BH

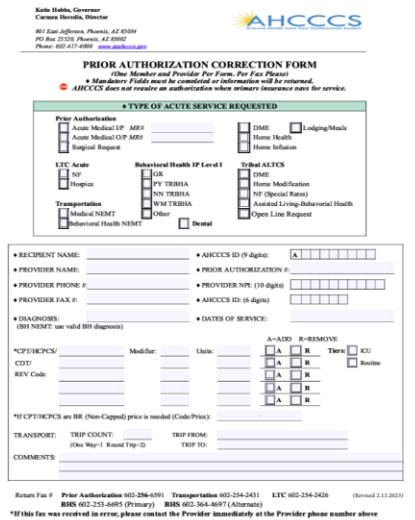
Tribal ALTCS/Other
>80% CIS
Non/Fair Hearing
Contractor Change
E1399
Out of State
Member Issue
Open Line Request

BH Level I - IP
GR TRBHA
NN TRBHA
PY TRBHA
WM TRBHA
Other

Transportation
Medical NEMT
Behavioral Health NEMT

*ALTCS: The following documentation must be sent to the Tribal Case Manager:
HCBS
Transport
Hospice
DME <$500 & Purchase
Supplies <$100
Rentals

Return Fax # Prior Authorization 602-256-6591 Transportation 602-254-2431 LTC 602-254-2426 (Revised 2.13.2023)
Utilization Review 602-254-2304 BHS 602-253-6695 (Primary) BHS 602-364-4697 (Alternate)
*If this fax was received in error, please contact the Provider immediately at the Provider phone number above



PRIOR AUTHORIZATION CORRECTION FORM

(One Member and Provider Per Form, Per Fax Please)

♦ Mandatory Fields must be completed or information will be returned.

AHCCCS does not require an authorization when primary insurance pays for service.

♦ TYPE OF ACUTE SERVICE REQUESTED

Prior Authorization
Acute Medical I/P MR#
Acute Medical O/P MR#
Surgical Request
DME
Home Health
Home Infusion
Lodging/Meals

LTC Acute
NF
Hospice

Behavioral Health IP Level I
GR
PY TRBHA
NN TRBHA
WM TRBHA
Other

Tribal ALTCS
DME
Home Modification
NF (Special Rates)
Assisted Living-Behavioral Health
Open Line Request

Transportation
Medical NEMT
Behavioral Health NEMT

Dental

♦ RECIPIENT NAME:
♦ AHCCCS ID (9 digit):
♦ PROVIDER NAME:
♦ PRIOR AUTHORIZATION #:
♦ PROVIDER PHONE #:
♦ PROVIDER NPI: (10 digit)
♦ PROVIDER FAX #:
♦ AHCCCS ID: (6 digit)
♦ DIAGNOSIS: (BH NEMT: use valid BH diagnosis)
♦ DATES OF SERVICE:

A=ADD R=REMOVE

*CPT/HCPCS/ Modifier: Units: Tiers: ICU Routine
CDT/
REV Code

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

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

COMMENTS:

Return Fax # Prior Authorization 602-256-6591 Transportation 602-254-2431 LTC 602-254-2426 (Revised 2.13.2023)
BHS 602-253-6695 (Primary) BHS 602-364-4697 (Alternate)
*If this fax was received in error, please contact the Provider immediately at the Provider phone number above

- Usage of incorrect form will result in return and require a resubmission.

Specialty Rates for SNF

If a Risk is identified by the Clinical Team ie. Member refusing Specialty Rate related services.

A Managed Risk Agreement will be requested or needs to be on file *prior* to Authorization Approval.

Documents Required:

- Admit Packet for New/Initial admit to SNF.
- DOS being requested.
- Specialty Rate being requested.
- Most recent Provider Notes, within 30 days.

**A diagnosis code alone does not determine a member's eligibility for a higher rate; eligibility is based on applicable criteria and supporting clinical documentation for medical necessity.

Specialty Rates for ALF

If a Risk is identified by the Clinical Team ie. Member leaving ALF to consume alcohol and leave ALF without Supervision.

A Managed Risk Agreement will be requested or needs to be on file *prior* to Authorization Approval.

Documents Required:

- Signed PCSP w/BH sections
- pages: 5, 6, 18-19, 28
- Behavioral Health, Provider Progress, Psych Notes.
- ALF - BH notes from ALF Facility.
- Most recent Provider Notes, within 30 days.

**A diagnosis code alone does not determine a member's eligibility for a higher rate; eligibility is based on applicable criteria and supporting clinical documentation for medical necessity.

AHCCCS Service Solutions Customer Service System CSS (Service Now) Daily Roster & All About Forms – Digital Toolbox

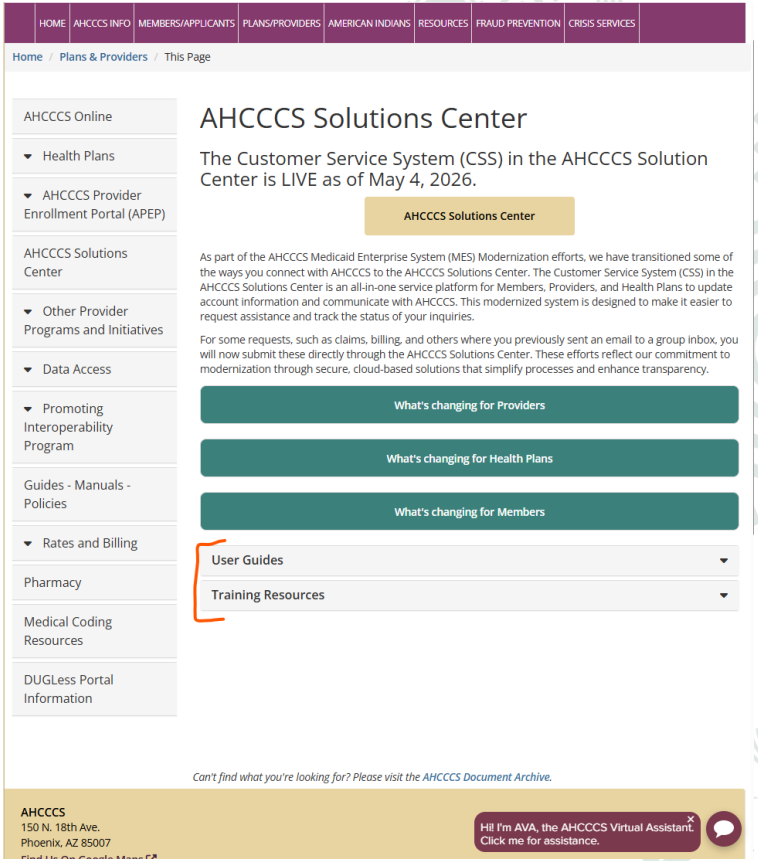
Vanessa Torrez, TALTCS Clinical Manager

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Customer Services System (CSS)

- The Customer Service System (CSS) in the AHCCCS Solution Center is LIVE as of May 4, 2026.
- User Guide
- Training Resources

- https://www.azahcccs.gov/PlansProviders/AHCCCSSolutionsCenter/index.html



Action Needed: PA Correction Form Request - Disenrolled

Daily Roster Received

Assigned CM to close out CA165 and CA161 with the end date listed on the Roster

Assigned CM identifies PAs issued to the Member.

PA team will also be reviewing Roster- if any active PAs are identified a "Action Needed- Email" will be sent to Supervisor.

Assigned CM will need to submit a PA Correction Form for PA's issued after disenrollment date.

PA Unit will revoke and correct PAs based on Eligibility change.

High importance

This message is encrypted. What's encryption?

Please submit a PA Correction Form to revoke the active Prior Authorization(s) for the member listed below due to disenrollment.

Assigned Case Manager:

Member Name:

Member ID:

Disenrollment Effective Date: 6/30/2026

PA Number(s): PA NUMBER: seq 07 -08

By COB date: 07/02/2026

Thank you.

Vanessa Torrez
CLINICAL PROGRAM MANAGER
AHCCCS
150 N. 18th Ave
Phoenix, AZ 85007
480-521-6108 | FAX: 602.254.2426 Tribal ALTCS | FAX: 602.252.2298 THP-DDD
vanessa.torrez@azahcccs.gov
PA Line: 602-417-4400
azahcccs.gov

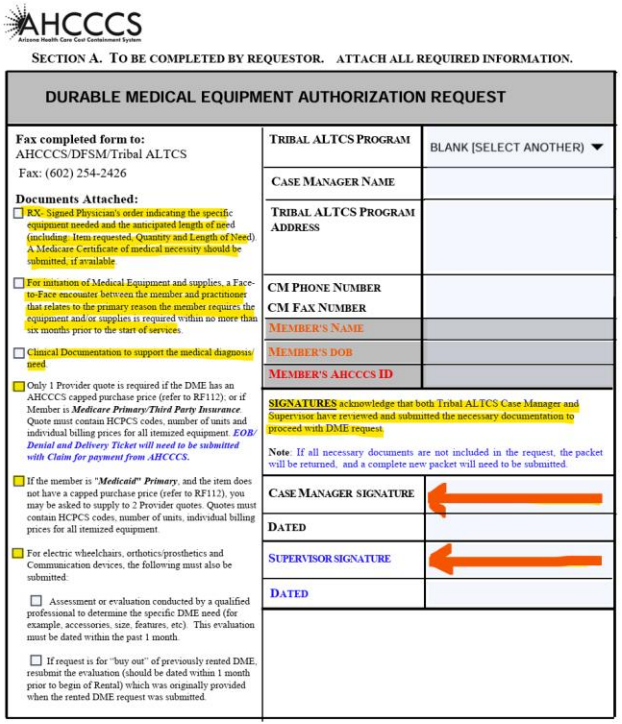
Digital Toolbox: PA Resources

Forms available :

- Durable Medical Equipment
- DME Continued Authorization Request
- SNF Specialty Rate Request Check sheet
- Assisted Living Facility Behavioral Health Specialty Rate Prior Authorization Request
- Home Modification Request Packet

https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/CaseToolManagementDigitalToolBox/digitaltoolboxallaboutforms.html

Durable Medical Equipment Authorization



AHCCCS
Arizona Health Care Cost Containment System

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED INFORMATION.

DURABLE MEDICAL EQUIPMENT AUTHORIZATION REQUEST

Fax completed form to:
AHCCCS/DFSM/Tribal ALTCS
Fax: (602) 254-2426

Documents Attached:

- ☐ RX- Signed Physician's order indicating the specific equipment needed and the anticipated length of need (including: Item requested, Quantity and Length of Need). A Medicare Certificate of medical necessity should be submitted, if available.
- ☐ For initiation of Medical Equipment and supplies, a Face-to-Face encounter between the member and practitioner that relates to the primary reason the member requires the equipment and/or supplies is required within no more than six months prior to the start of services.
- ☐ Clinical Documentation to support the medical diagnosis/ need.
- ☐ Only 1 Provider quote is required if the DME has an AHCCCS capped purchase price (refer to RF112); or if Member is ***Medicare Primary/Third Party Insurance***. Quote must contain HCPCS codes, number of units and individual billing prices for all itemized equipment. ***EOB/ Denial and Delivery Ticket will need to be submitted with Claim for payment from AHCCCS.***
- ☐ If the member is "***Medicaid" Primary***, and the item does not have a capped purchase price (refer to RF112), you may be asked to supply to 2 Provider quotes. Quotes must contain HCPCS codes, number of units, individual billing prices for all itemized equipment.
- ☐ For electric wheelchairs, orthotics/prosthetics and Communication devices, the following must also be submitted:
  - ☐ Assessment or evaluation conducted by a qualified professional to determine the specific DME need (for example, accessories, size, features, etc). This evaluation must be dated within the past 1 month.
  - ☐ If request is for "buy out" of previously rented DME, resubmit the evaluation (should be dated within 1 month prior to begin of Rental) which was originally provided when the rented DME request was submitted.

TRIBAL ALTCS PROGRAM	BLANK (SELECT ANOTHER)
CASE MANAGER NAME	
TRIBAL ALTCS PROGRAM ADDRESS	
CM PHONE NUMBER CM FAX NUMBER	
MEMBER'S NAME	
MEMBER'S DOB	
MEMBER'S AHCCCS ID	

SIGNATURES acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with DME request.

Note: If all necessary documents are not included in the request, the packet will be returned, and a complete new packet will need to be submitted.

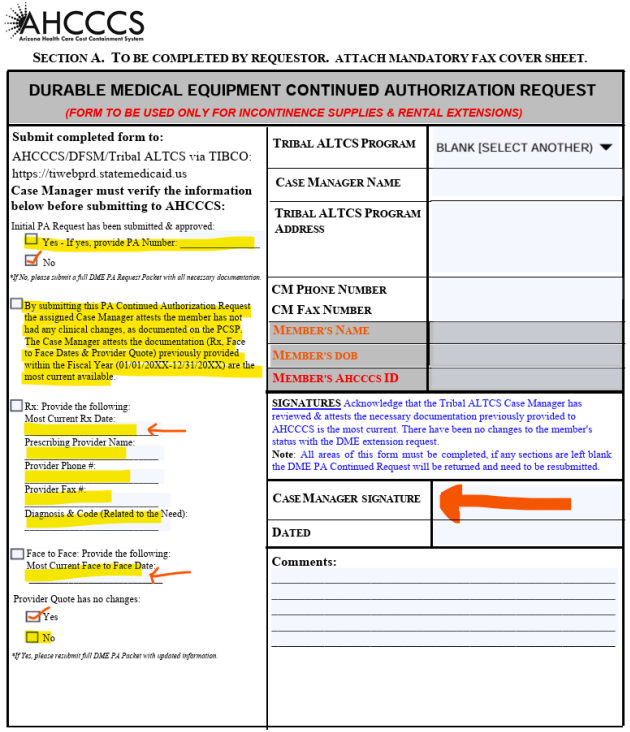
CASE MANAGER SIGNATURE	
DATED	
SUPERVISOR SIGNATURE	
DATED	

✅ Before you submit:

- Member information is complete
- Physician's order attached
- Clinical documentation included
- Vendor Quote(s) attached
- All signatures obtained (CM & Supervisor)
- Packet reviewed for completeness

⚠️ Remember: Incomplete packets are returned and delay DME approval.

DME Continued Authorization Request



AHCCCS
Arizona Health Care Cost Containment System

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH MANDATORY FAX COVER SHEET.

DURABLE MEDICAL EQUIPMENT CONTINUED AUTHORIZATION REQUEST

(FORM TO BE USED ONLY FOR INCONTINENCE SUPPLIES & RENTAL EXTENSIONS)

Submit completed form to:
AHCCCS/DFSM/Tribal ALTCS via TIBCO:
https://tiwebprd.statemedicaid.us
Case Manager must verify the information below before submitting to AHCCCS:

Initial PA Request has been submitted & approved:
- ☐ Yes - If yes, provide PA Number: _____
- ☑ No

*If No, please submit a full DME PA Request Packet with all necessary documentation.

☐ By submitting this PA Continued Authorization Request the assigned Case Manager attests the member has not had any clinical changes, as documented on the PCSP. The Case Manager attests the documentation (Rx, Face to Face Dates & Provider Quote) previously provided within the Fiscal Year (01/01/20XX-12/31/20XX) are the most current available.

☐ Rx: Provide the following:
Most Current Rx Date:
Prescribing Provider Name:
Provider Phone #:
Provider Fax #:
Diagnosis & Code (Related to the Need):

☐ Face to Face: Provide the following:
Most Current Face to Face Date:

Provider Quote has no changes:
- ☑ Yes
- ☐ No

*If Yes, please resubmit full DME PA Packet with updated information.

TRIBAL ALTCS PROGRAM	BLANK (SELECT ANOTHER)
CASE MANAGER NAME	
TRIBAL ALTCS PROGRAM ADDRESS	
CM PHONE NUMBER CM FAX NUMBER	
MEMBER'S NAME	
MEMBER'S DOB	
MEMBER'S AHCCCS ID	

SIGNATURES Acknowledge that the Tribal ALTCS Case Manager has reviewed & attests the necessary documentation previously provided to AHCCCS is the most current. There have been no changes to the member's status with the DME extension request.
Note: All areas of this form must be completed, if any sections are left blank the DME PA Continued Request will be returned and need to be resubmitted.

CASE MANAGER SIGNATURE	
DATED	

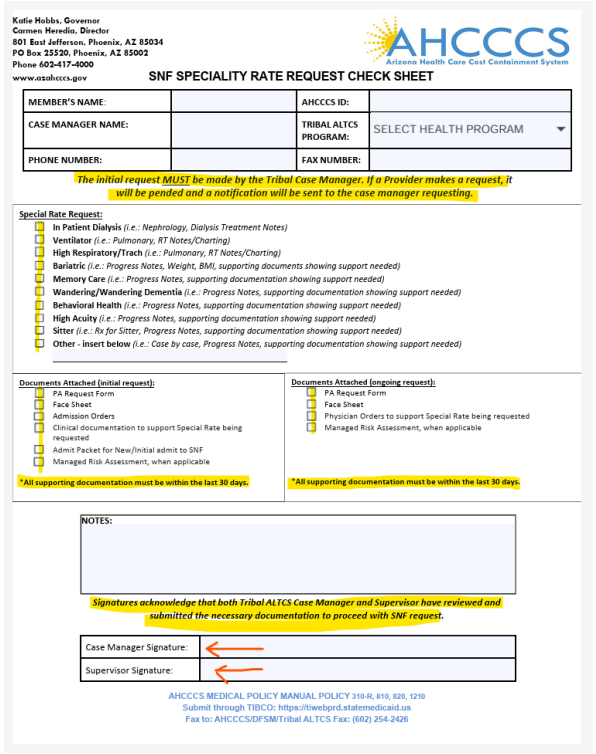
Comments:

✅ Before you submit:

- Member information is complete
- PA number is legible and complete
- >> If No, a Full DME PA packet will need to be submitted
- Physician's order is current and covers DOS requested
- Vendor Quote(s) has no change
- >> If Yes, Place a Full DME PA packet with updated information
- Signatures obtained (CM)
- Form is reviewed for completeness

⚠️ Remember: Incomplete packets are returned and delay DME approval.

SNF Specialty Rate Request Check Sheet



Katie Hobbs, Governor
Carmen Heredia, Director
801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone 602-417-4000
www.azahcccs.gov

AHCCCS
Arizona Health Care Cost Containment System

SNF SPECIALITY RATE REQUEST CHECK SHEET

MEMBER'S NAME:		AHCCCS ID:	
CASE MANAGER NAME:		TRIBAL ALTCS PROGRAM:	SELECT HEALTH PROGRAM
PHONE NUMBER:		FAX NUMBER:	

The initial request MUST be made by the Tribal Case Manager. If a Provider makes a request, it will be pended and a notification will be sent to the case manager requesting.

Special Rate Request:

- ☐ **In Patient Dialysis** *(i.e.: Nephrology, Dialysis Treatment Notes)*
- ☐ **Ventilator** *(i.e.: Pulmonary, RT Notes/Charting)*
- ☐ **High Respiratory/Trach** *(i.e.: Pulmonary, RT Notes/Charting)*
- ☐ **Bariatric** *(i.e.: Progress Notes, Weight, BMI, supporting documents showing support needed)*
- ☐ **Memory Care** *(i.e.: Progress Notes, supporting documentation showing support needed)*
- ☐ **Wandering/Wandering Dementia** *(i.e.: Progress Notes, supporting documentation showing support needed)*
- ☐ **Behavioral Health** *(i.e.: Progress Notes, supporting documentation showing support needed)*
- ☐ **High Acuity** *(i.e.: Progress Notes, supporting documentation showing support needed)*
- ☐ **Sitter** *(i.e.: Rx for Sitter, Progress Notes, supporting documentation showing support needed)*
- ☐ **Other - insert below** *(i.e.: Case by case, Progress Notes, supporting documentation showing support needed)*

Documents Attached (initial request):

- ☐ PA Request Form
- ☐ Face Sheet
- ☐ Admission Orders
- ☐ Clinical documentation to support Special Rate being requested
- ☐ Admit Packet for New/Initial admit to SNF
- ☐ Managed Risk Assessment, when applicable

*All supporting documentation must be within the last 30 days.

Documents Attached (ongoing request):

- ☐ PA Request Form
- ☐ Face Sheet
- ☐ Physician Orders to support Special Rate being requested
- ☐ Managed Risk Assessment, when applicable

*All supporting documentation must be within the last 30 days.

NOTES:

Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with SNF request.

Case Manager Signature:	
Supervisor Signature:	

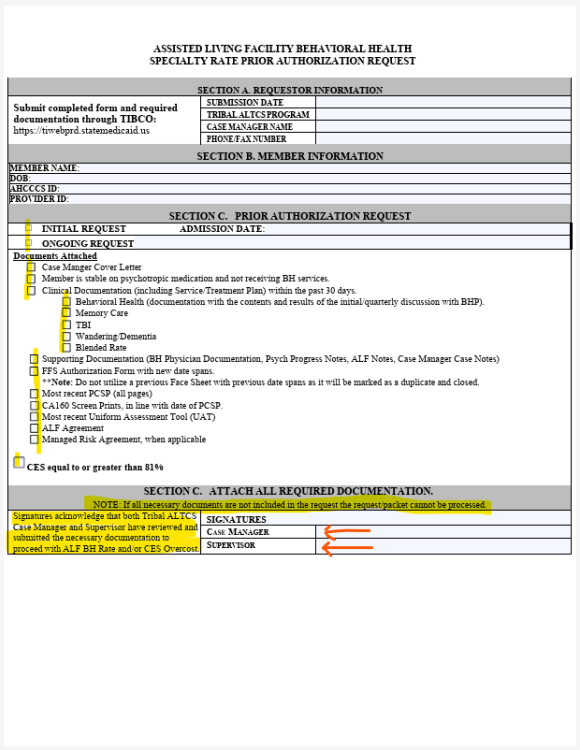
AHCCCS MEDICAL POLICY MANUAL POLICY 310-R, 810, 820, 1210
Submit through TIBCO: https://tiwebprd.statemedicaid.us
Fax to: AHCCCS/DFSM/Tribal ALTCS Fax: (602) 254-2426

✅ Before you submit:

- Member information is complete
- Special Rate Request being requested ; or other
- Clinical documentation included to support the rate request
- All signatures obtained (CM & Supervisor)
- Packet reviewed for completeness

⚠️ Remember: Incomplete packets are returned and delay DME approval.

ALF Specialty Rate Request Check Sheet



ASSISTED LIVING FACILITY BEHAVIORAL HEALTH
SPECIALTY RATE PRIOR AUTHORIZATION REQUEST

SECTION A. REQUESTOR INFORMATION

Submit completed form and required documentation through TIBCO:
https://tuwebprd.statemedicaid.us

SUBMISSION DATE	
TRIBAL ALTCS PROGRAM	
CASE MANAGER NAME	
PHONE/FAX NUMBER	

SECTION B. MEMBER INFORMATION

MEMBER NAME:
DOB:
ABCCCS ID:
PROVIDER ID:

SECTION C. PRIOR AUTHORIZATION REQUEST

☐ INITIAL REQUEST ADMISSION DATE:
☐ ONGOING REQUEST

Documents Attached

- ☐ Case Manger Cover Letter
- ☐ Member is stable on psychotropic medication and not receiving BH services.
- ☐ Clinical Documentation (including Service/Treatment Plan) within the past 30 days.
  - ☐ Behavioral Health (documentation with the contents and results of the initial/quarterly discussion with BHP).
  - ☐ Memory Care
  - ☐ TBI
  - ☐ Wandering/Dementia
  - ☐ Blended Rate
- ☐ Supporting Documentation (BH Physician Documentation, Psych Progress Notes, ALF Notes, Case Manager Case Notes)
- ☐ FFS Authorization Form with new date spans.
  **Note: Do not utilize a previous Face Sheet with previous date spans as it will be marked as a duplicate and closed.
- ☐ Most recent PCSP (all pages)
- ☐ CA160 Screen Prints, in line with date of PCSP.
- ☐ Most recent Uniform Assessment Tool (UAT)
- ☐ ALF Agreement
- ☐ Managed Risk Agreement, when applicable

☐ **CES equal to or greater than 81%**

SECTION C. ATTACH ALL REQUIRED DOCUMENTATION.

NOTE: If all necessary documents are not included in the request the request/packet cannot be processed.

Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with ALF BH Rate and/or CES Overcost.

SIGNATURES	
CASE MANAGER	
SUPERVISOR	

✅ Before you submit:

- Member information is complete
- Physician's order attached
- Clinical documentation included
- Vendor Quote(s) attached
- All signatures obtained (CM & Supervisor)
- Packet reviewed for completeness

⚠️ Remember: Incomplete packets are returned and delay DME approval.

Tips for Prior Authorization Success

Whether you're scanning in using EDI or Faxing your PA Packets

- Review the required documentation in the PAPackets
- Verify the members eligibility and coveredservices
- Use the most current AHCCCS Forms
- Check Policy updates and service requirements
- Utilize the digital toolbox as a primary resource.

**Remember: a complete PA submission helps members received needed services as quickly as possible.

Questions?

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Lunch – 1.5 Hour

Overview of AMPM 1620-3 UNIFORM ASSESSMENT TOOL AND GUIDELINES

Rachel Conley, TALTCS Administrator

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Determine Level of Care

- **AMPM Chapter 1600 anticipates that many case managers are not nurses.**

- The purpose of **AMPM Exhibit 1620-3 (Uniform Assessment Tool)** is to provide a standardized method for determining the member's level of care based on documented functional needs rather than requiring a clinical nursing diagnosis.

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-3.pdf

Case Manager's Role

Gather objective information through:

- Member assessment
- Interviews with the member, caregiver, or facility staff
- Review medical records (Assists with determining complexity of treatments the member receives, frequency of visits, Hospitalizations
- Review of recent documentation and assessments (PAS summary, care plan, hospital discharge summary, Therapy evaluations)
- Observation of the member's functioning in daily activities

Case Manager's Role

Evaluate the member's current functional abilities using the UAT categories:

- Bathing, dressing, and grooming
- Feeding/eating
- Mobility
- Transfers
- Bowel/bladder functioning
- Other functional and support needs identified within the assessment process

Case Manager's Role

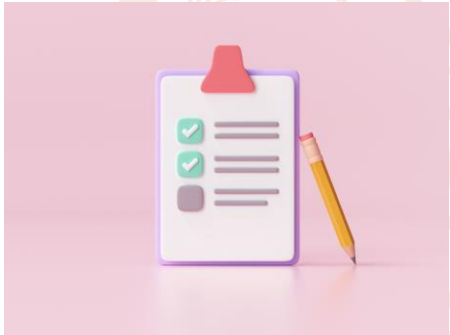
Match the member's documented needs to the UAT criteria rather than relying on personal clinical judgment. The UAT provides specific descriptions of what constitutes Class 1, Class 2, and Class 3 levels of care for example:

- Class 1 generally reflects minimal assistance needs.
- Class 2 reflects moderate assistance needs.
- Class 3 reflects maximum assistance and extensive care needs.

What should a Case Manager Focus On?

Things to think about to determine:

- Whether the member needs assistance or is independent.
- How much and what type of assistance is required for each ADL. (cueing/supervision, hands on, extensive assistance)
- Whether assistance is provided by one person or multiple people.
- Whether the member's condition has changed since the last assessment. (stable, fragile, uncontrolled)



When Should the Case Manager Seek Clinical Guidance?

- AMPM Exhibit 1620-3 specifically states that if the Case Manager is uncertain regarding the member's level of care, they shall review with their manager.

- Additional consultation may be appropriate when:
  - Medical records conflict with observations.
  - A significant changes in condition has occurred.
  - There is uncertainty whether a higher level of care is medically necessary.
  - The member's needs involve complex clinical issues.

Questions?

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

TRIBAL ALTCS IGA Renewal Process

Rachel Conley, TALTCS Administrator

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

TRIBAL ALTCS IGA Renewal Process

IGA Renewal Preparation

Early planning and collaboration among Tribal leadership and staff are essential for successful IGA renewal.

Understanding Agreement Components

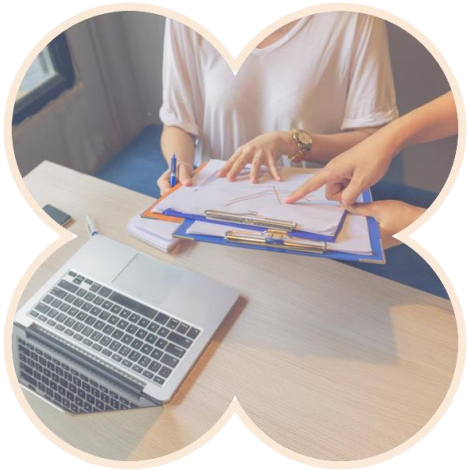
Leadership must grasp key IGA components, operational impacts, and stakeholder roles for effective implementation.

Communication and Collaboration

Establishing clear communication channels and timelines improves process efficiency and stakeholder engagement.

Compliance and Oversight

The IGA affects compliance, quality oversight, reporting, member services, and program administration.



Key Milestones & Draft Delivery Date

Draft Agreement Delivery

The draft IGA will be distributed to Tribal ALTCS Programs by August 31, 2026, marking a key milestone in the renewal process.

Internal Planning Preparation

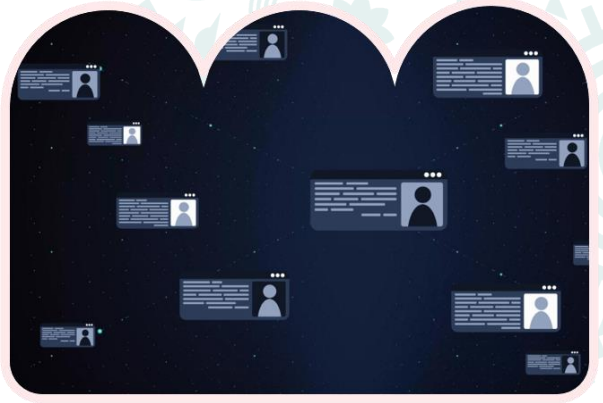
Agencies should begin internal planning early, identifying coordinators and establishing review calendars to manage the process efficiently.

Review and Approval Pathways

Identify review stages including legal, executive, and council approvals to ensure timely completion and address scheduling constraints.

Communication and Risk Management

Early communication of delays and milestone checkpoints supports risk minimization and smooth implementation of the new agreement.



Areas Requiring Review & Discussion

Comprehensive Agreement Review

Leadership must review all major IGA sections to ensure accurate operational responsibilities and expectations.

Focus Areas for Review

Key areas include program administration, case management, quality, compliance, reporting, finance, and oversight.

Collaborative Leadership Effort

Collaboration among leadership, administration, quality, finance, and legal ensures a comprehensive review process.

Documentation and Follow-up

Documenting questions and recommendations supports effective implementation and addresses potential issues.

Points of Contacts

Required Tribal ALTCS Program Contacts

Contact Role	Primary Responsibility
IGA Coordinator	Receives draft IGA, coordinates reviews, provides status updates
Authorized Signatory	Approves and signs agreement on behalf of the organization
Legal Reviewer	Reviews contractual language and provides legal guidance
Backup Contact	Provides continuity when primary contacts are unavailable

Documenting the Review Workflow

Understanding Internal Workflow

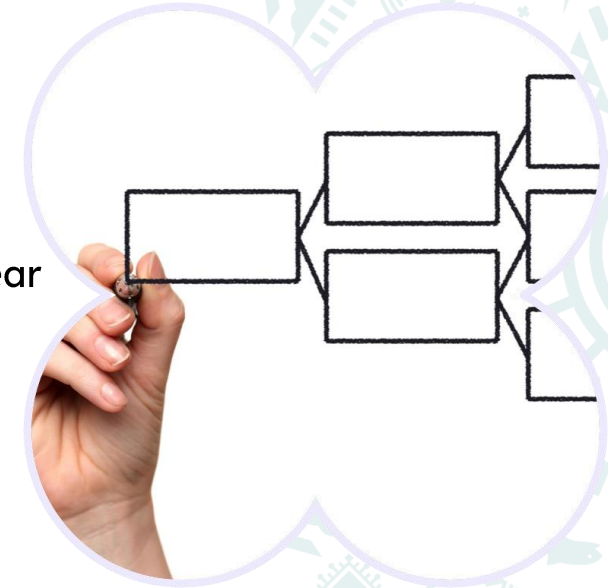
Mapping each stage and approval step clarifies timelines and supports project coordination effectively.

Roles and Responsibilities

Identifying participants from administration to legal ensures clear accountability and reduces confusion during reviews.

Review and Communication Procedures

Documenting feedback, consolidating concerns, and communicating revisions fosters transparency and consistent decision-making.



Timeframes & Approval Expectations

Review Phases and Duration

Identify expected durations for each review phase including programmatic, leadership, legal, and executive approvals.

Consider External Factors

Account for scheduled meetings, holidays, priorities, and procedural needs that can affect review timelines.

Communication and Transparency

Regularly update stakeholders and communicate any schedule changes to ensure coordination and reduce risks.

Milestones and Momentum

Set milestone dates and internal deadlines to maintain progress and support timely completion of deliverables.

Collaboration & Listening Sessions

Collaborative Listening Sessions

Listening sessions allow experts to clarify changes and discuss impacts before finalizing agreements.

Inclusive Leadership Participation

Encouraging participation from leaders in administration, legal, compliance, and operations ensures diverse perspectives.

Proactive Issue Resolution

Early discussion and documentation of concerns reduce misunderstandings and prevent delays in the process.

Strengthened Partnerships

Open communication and consistent engagement promote transparency and align project goals for successful implementation.

Key Takeaways

Identify Key Contacts

Submit primary contacts, authorized signatories, legal reviewers, and backups to ensure smooth communication.

Document Review Process

Share internal review procedures to clarify approval pathways and planning considerations for AHCCCS.

Establish Project Management

Set milestone dates, status reports, and communication expectations to track progress effectively.

Engage in Collaboration

Participate in listening sessions and review meetings for clarification and timely issue resolution.

Knowledge Based Questions

Where can you find the current IGA?

What section of the IGA outlines the Key Personnel and Staff Requirements?

What are the primary function of a Program Administrator?

Knowledge Based Questions

Where can you find the current IGA?
https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/

What section of the IGA outlines the Key Personnel and Staff Requirements?
Section 10

What are the primary function of a Program Administrator?

- Develop, implement and monitor the provision of care coordination, care management and case management functions; and
- Monitor, analyze and implement appropriate interventions based on utilization data provided by AHCCCS, including identifying and correction over and under-utilization of services.
- Responsible for overseeing case managers as they develop a Person-Centered Service Plan (PCSP) for the members enrolled with Tribal ALTCS. Responsibility also includes staff complex cases and providing internal support and resolution to case managers before escalating to AHCCCS DFSMS Tribal ALTCS Unit.

Questions?

ARIZONA
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Closing Remarks

Rachel Conley, TALTCS Administrator

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