



AHCCCS MEDICAL POLICY MANUAL
1250-C, ATTACHMENT A, AUTHORIZATION OF ALTCS SERVICES

Services provided to Arizona Long Term Care System (ALTCS) members receiving Home and Community Based Services (HCBS) require authorization by the Contractor, the member's Primary Care Provider (PCP) and/or the AHCCCS Administration (AHCCCS) as follows:

SERVICE	PCP ORDERS (ALTCS Contractor for enrolled members)		AHCCCS PRIOR AUTHORIZATION (FFS Members Only)	CONTRACTOR SERVICE AUTHORIZATION	
	E/PD	DD	E/PD	E/PD	DD
Acute hospital admission (Non-Medicare admission)	X	X	X	X	X ¹
Adult Day Health Services				X	N/A
Attendant Care				X	X
Behavioral Health Services ²	X	X		X	X ³
Community Transition Service			X	X	X
DME/Medical Supplies	X	X	X ⁴	X	X ⁵
Emergency Alert	X	X		X	X
Habilitation				X	X
Home Delivered Meals		N/A		X	N/A
Home Health Agency Services	X	X		X	X
Home Modifications	X	X	X	X	X
Homemaker Services				X	X
Hospice Services (HCBS and Institutional) [Non Medicare]	X	X		X	X
ICF	N/A	X		N/A	X
Medical Care Acute Services	X	X	X	X	X ⁷
Nursing Facility Services	X	X		X	X
Personal Care				X	X
Respite Care (in-home)				X	X
Respite Care (Institutional)	X	X		X	X
Therapies	X	X		X	X ⁸
Transportation				X	X

1. Tribal ALTCS NEMT requires PA by the Case Manager for a one way trip over 100 miles.
2. Refer to Policy 1620, Standard H "Behavioral Health Standard" for PCP Orders.
3. AHCCCS contracted RBHAs authorize and provide services to DDD members.
4. DME over \$500 for FFS members requires approval from AHCCCS/Division of FFS Management/CMSU, via 5. the Tribal case manager. DME from \$300 to \$499 requires approval from the FFS case manager.
5. DDD contracted health plans authorize.
6. DDD authorizes Habilitation that is not otherwise authorized by the Acute Sub-Contracted health plans.
7. DDD contracted health plans authorize.
8. DDD contracted health plans authorize.