

## 1620-F - TRIBAL ALTCS FEE-FOR-SERVICE STANDARDS

EFFECTIVE DATES: 07/01/12, 03/01/13, 01/01/16, 10/01/17, 01/20/22, 03/26/26

APPROVAL DATES: 07/01/12, 03/01/13, 01/01/16, 10/21/21, 01/21/26

### I. PURPOSE

This Policy applies to Tribal ALTCS and provides an outline of the Prior Authorization (PA) functions specific to Tribal ALTCS case management.

### II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS ACOM and AMPM Dictionary](#).

### III. POLICY

In addition to all other ALTCS case management standards as specified in AMPM Policy 1620-D, the following standards apply.

The Tribal ALTCS Case Manager shall obtain the required documentation and submit a PA request to AHCCCS Division of Fee-For-Service Management (DFSM), Tribal ALTCS Nurse or Coordinator for the services listed below:

1. All home modifications are reviewed and approved by an AHCCCS DFSM Tribal ALTCS Nurse. Additional information and required Home Modification Request/Justification Forms can be found in AMPM Policy 1240-I and its Attachment A.
2. The AHCCCS DFSM, Tribal ALTCS Nurse shall conduct a medical review before providing a PA to the Tribal ALTCS Program for the services listed below. The Tribal ALTCS Case Manager is responsible for entering the service authorization into the Client Assessment and Tracking System (CATS) sub system (CA165/Service Plan) of the AHCCCS Pre-Paid Medical Management Information System (PMMIS) for the following services:
  - a. Medical equipment when the total cost exceeds \$500. As specified in AMPM Policy 820 for PA requirements,
  - b. Medical supplies for wound care treatments when the total cost exceeds \$500. As specified in AMPM Policy 310-P and AMPM Policy 820 for PA requirements,
  - c. Medically necessary incontinence supplies (e.g., incontinence briefs, including pull-ups, incontinence pads, diapers and Chux). This includes personal care items intended to treat the incontinence condition. Refer to AMPM Policy 820, AMPM Policy 310-P, and AMPM Policy 430 for PA requirements and criteria for coverage,
  - d. Utilization of Nursing Facilities (NFs) that require a higher level of care. Refer to AMPM Policy 310-R, AMPM Policy 820, and AMPM Policy 1210 for PA requirements and criteria for coverage, and
  - e. Utilization of Alternative Home and Community Based Services (HCBS) settings that require a higher level of care (e.g., behavioral health, Traumatic Brain Injury [TBI], memory care, wandering/wandering dementia), refer to AMPM Policy 1230-A, AMPM Policy 1620-C, and AMPM Policy 320-V for PA requirements and criteria for coverage.

3. The medical equipment, miscellaneous items), with a cost up to \$499 shall only be used when a specific code is not available. The AHCCCS DFSM, Tribal ALTCS Coordinator, shall conduct a review before providing a PA to the Tribal ALTCS Program. The Tribal ALTCS case manager is responsible for entering the service authorization on the CA165/Service Plan.