

DATE: March 14, 2019
To: Holders of the AHCCCS Medical Policy Manual
FROM: Division of Health Care Management Contracts and Policy Unit
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

To view the policies and attachments, please access the following link:

[**AHCCCS MEDICAL POLICY MANUAL \(AMPM\)**](#)

POLICY 310-HH, END OF LIFE CARE AND ADVANCE CARE PLANNING

Policy 310-HH was revised to remove Childrens Rehabilitative Services (CRS) as a line of buisness.

POLICY 320-C, BREAST AND CERVICAL CANCER TREATMENT PROGRAM

Policy 320-C was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001). Language was also added to clarify coverages regarding the Breast and Cervical Treatment Program (BCCTP).

POLICY 320-P, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

Policy 320-P was revised to align with Serious Mental illness Eligibility Determination RFP #YH18-0017. Clarifying language was added regarding clinical criteria and co-occurring substance use disorder and minor formatting updates.

○ **ATTACHMENT A, SERIOUS MENTAL ILLNESS DETERMINATION**

No changes.

○ **ATTACHMENT B, SERIOUS MENTAL ILLNESS QUALIFYING DIAGNOSIS**

No changes.

○ **ATTACHMENT C, ADMINISTRATIVE SERIOUS MENTAL ILLNESS DECERTIFICATION FORM**

No changes.

POST-PUBLIC COMMENT CHANGES:

- Added further clarification of business/calendar day timeliness expectations throughout the Policy.
- Implemented technical and grammatical adjustments.
- Section F. Included language allowing the Determining entity to communicate with the treating clinician, or appropriate clinical team member, in instances where further information is required to render a SMI determination.
- **ATTACHMENT A.** Added “Request Date for SMI Evaluation by Individual” section to form.

EXHIBIT 400-2B, RESERVED

Exhibit 400-B, EPSDT Plan and Evaluation Checklist is being reserved permanent information has been incorporated into AMPM Policy 430.

POLICY 430, EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES

Policy 430 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for general minor formatting. Added clarifying language for Contractor responsibilities regarding Developmental Disability plan, Arizona Early Intervention Program (AzEIP) assessment, member transition, blood lead screening, and developmental screening.

○ **ATTACHMENT A, AHCCCS EPSDT PERIODICITY SCHEDULE**

No changes.

○ **ATTACHMENT B, AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS (EPSDT AGED MEMBERS-INITIAL OR ONGOING REQUESTS)**

No changes.

○ **ATTACHMENT C, PROCEDURES FOR THE COORDINATION OF SERVICES UNDER EPSDT AND EARLY INTERVENTION**

Language was revised for brevity and re-organized for better flow.

- **ATTACHMENT D, ARIZONA EARLY INTERVENTION PROGRAM (AZEIP) AHCCCS MEMBER SERVICE REQUEST FORM**

Added Individual Family Service Plan (IFSP) when applicable also including a required field for email address under contacts.

- **NEW ATTACHMENT E, EPSDT STANDARDS AND TRACKING FORMS**

Formerly titled Appendix B, EPSDT Standards and Tracking Forms has been incorporated into this Policy as a new Attachment E.

- **NEW ATTACHMENT F, EPSDT PLAN AND EVALUATION CHECKLIST**

Formerly Exhibit 400-2B, EPSDT Plan and Evaluation Checklist has been added as Attachment F.

POLICY 541, COORDINATION OF CARE WITH OTHER GOVERNMENT AGENCIES

Policy 541 was revised to align with AHCCCS Complete Care (ACC) Contract/Integration changes (RFP YH19-0001) and for general minor formatting updates. Language from AMPM Policy 1050, Coordination of Care with other Government Entities for Behavioral Health has been incorporated into this Policy. *Policy is effective upon publishing.*

POST-PUBLIC COMMENT CHANGE:

Section III. was revised to include the following language, “Contractors shall develop policies, protocols, and procedures that describe how members will be served and how member care will be coordinated and managed with other governmental entities, ***including tribal governmental agencies and entities, including TRBHAs.***”

POLICY 810, FEE-FOR-SERVICE UTILIZATION MANAGEMENT

Policy 810 was revised for minor formatting updates. Title had an update, “***Fee-For-Service Utilization Management Overview***”. *Policy is effective upon publishing.*

POLICY 820, FEE-FOR-SERVICE PRIOR AUTHORIZATION

Policy 820 was revised for minor formatting updates. Title had an update, “***Fee-For-Service Prior Authorization***”. Prior Authorization requirements were updated to align with integration. *Policy is effective upon publishing.*

- **ATTACHMENT A, AHCCCS HYSTERECTOMY CONSENT AND ACKNOWLEDGEMENT FORM**

Attachment A was revised for minor formatting updates and removed language pertaining to 42 CFR 441.257 for informed consent related to elective sterilization procedures as it does not apply to this Attachment.

POLICY 1050, RESERVED

Policy 1050, Coordination of Care with other Government Agencies is being reserved as information has been incorporated into AMPM Policy 541.

APPENDIX B, RESERVED

Appendix B, EPSDT Standards and Tracking Forms is being reserved as information has been incorporated into AMPM Policy 430.

APPROVED NOT YET EFFECTIVE

To view the policies and attachments, please access the following link:

[AMPM Approved Not Yet Effective](#)

POLICY 961-C, COMMUNITY SERVICE AGENCIES