

DATE: April 01, 2022
TO: Holders of the AHCCCS Medical Policy Manual
FROM: DHCM Contracts and Policy
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 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

[INFORMATION REGARDING COVID-19](#)

In response to Medicaid-related questions from providers and contractors arising from the COVID-19 pandemic, AHCCCS has developed a list of Frequently Asked Questions (FAQs) Regarding Coronavirus Disease 2019 (COVID-19) which is updated regularly. It is important to note that there are instances where the information presented in the CMS-approved flexibilities and COVID-19 FAQs does not align with provisions set forth by the AHCCCS Medical Policy Manual (AMPM). In these instances, the CMS-approved flexibilities and FAQs take precedence and are controlling.

[NAME CHANGE](#)

Effective April 1, 2021, Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session. AHCCCS is in the process of revising all pertinent documents to reflect the new name.

[AHCCCS CONTRACT AND POLICY DICTIONARY AND AHCCCS RELATED ACRONYMS](#)

To view the AHCCCS Contract and Policy Dictionary, please access the following link:

[AHCCCS CONTRACT AND POLICY DICTIONARY](#)

Consistent with the Arizona Management System (AMS) principles to streamline processes and provide consistency in Policy Development, the Contract and Policy Unit has developed a new *AHCCCS Contract and Policy Dictionary*. The Dictionary provides a centralized location for definitions that are currently found in the various ACOM and AMPM Policies. The Contract and Policy Dictionary can be found on the AHCCCS website under Resources – Guides-Manuals-Policies. Although currently the Dictionary reflects only definitions from the ACOM and AMPM, in the future it will include definitions from the Contracts as well. Definitions found in the Dictionary will be removed from the ACOM and AMPM Policies as they are published and a hyperlink to the AHCCCS Contract and Policy Dictionary will be included. Some policies have specific terms/definitions that will need to apply to the respective Policy only; those terms/definitions will remain in the Policy and will include a statement indicating the term/definition is applicable 'For purposes of this Policy' only.

To view the AHCCCS Related Acronyms, please access the following link:

[AHCCCS RELATED ACRONYMS](#)

Common AHCCCS Related Acronyms can be found on the AHCCCS website under AHCCCS Info – About Us.

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 \(AMPM\)](#)

AMPM POLICY 310-I – HOME HEALTH SERVICES

AMPM Policy 310-I was revised to address changes related to Licensed Health Aide (LHA). A new section outlining requirements for LHA services was added to policy and included a reference to AMPM Policy 1240-G. Additional revisions include name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan (CHP) effective April 1, 2021, due to CHP behavioral health integration. Minor formatting and relocating of definitions to the AHCCCS Contract and Policy Dictionary were completed.

AMPM POLICY 1240-G – PRIVATE DUTY NURSING AND LICENSED HEALTH AIDE SERVICES

AMPM Policy 1240-G, formerly titled “Private Duty Nursing Services”, was revised to align with AZ HB 2521, that will be amending A.R.S. §§ 32-1601, 32-1643, 32-1645, and 36-2939 that relates to ALTCS implementing the Licensed Health Aide (LHA) program. A description of additional services provided by the LHA for ALTCS members has been added to the policy. Supervisory requirements for the LHAs have also been added. The anticipated implementation of Board Of Nursing (BON) rules will be the final determination for exact procedures and requirements. When the final rules are available there may be additional requirements at that time.

○ **ATTACHMENT A – MEDICAL SUPPLIES INCLUDED IN FFS HOME HEALTH NURSING VISITS**

No changes.

○ **ATTACHMENT B – INTERMITTENT, CONTINUOUS SKILLED NURSING, AND LICENSED HEALTH AIDE SERVICES**

Attachment B was revised to include the Licensed Health Aide (LHA) coding criteria.

POST TRIBAL CONSULTATION NOTIFICATION AND PUBLIC COMMENT CHANGES:

The Licensed Health Aide policies, AMPM Policy 310-I – Home Health Services and AMPM Policy 1240-G – Private Duty Nursing and Licensed Health Aide Services, were revised to further clarify original changes after being posted for Tribal Consultation Notification and Public Comment on 01/31/22. Additional clarification include:

1. Alignment of the LHA definition with HB2521 definition.
Added the language: "who is under 21 years of age and eligible to receive Private Duty Nursing or skilled nursing respite care"
2. Provider reimbursement calculation clarification in addition to providing an example.
For instance, care that is completed within two hours and 29 minutes would equal one unit of authorized service. Care rendered that lasts two hours and 30 minutes, would be two units of authorized services.

3. Clarification of the role of respite service for the LHA service.

Respite Care is provided as an interval of rest and/or relief to a family member or other individual caring for an ALTCS member. When LHA services are authorized for respite purposes, the LHA cannot be the same individual for whom the respite is intended. Refer to 1250-D for additional Respite information.

AMPM POLICY 810 – FEE-FOR-SERVICE UTILIZATION MANAGEMENT

AMPM Policy 810 has been revised to address AHCCCS impacts accordingly, the Department of Economic Security (DES) have agreed to collaborate with the AHCCCS/Division of Fee-for-Services Management (DFSM) for the delivery of services for members enrolled with the Division of Developmental Disabilities' (DDD) Tribal Health Plan (DDD-THP). With the goal of identifying system efficiencies that continue to meet members' acute physical and behavioral health needs, AHCCCS and DDD will partner to have AHCCCS/DFSM act as a "subcontractor" by managing a subset of health plan functions for DDD-THP members, leveraging AHCCCS' expertise with their current Fee-For-Service (FFS) delivery system for American Indian/Alaska Native (AI/AN) members who are not enrolled with the Division.

AHCCCS/DFSM will manage Prior Authorization/Utilization Review (PA/UR) for Physical Health (PH), including that for children with qualifying conditions under the Children's Rehabilitative Services (CRS) category, and Behavioral Health (BH), including services for members designated with a Seriously Mentally Illness (SMI). This would encompass, at a minimum, claims payments, and provider relations with AHCCCS registered providers, as well as care management responsibilities performed by Tribal ALTCS staff who will manage care coordination with DDD for Long Term Services and Supports (LTSS).

AMPM POLICY 820 – FEE-FOR-SERVICE PRIOR AUTHORIZATION REQUIREMENTS

AMPM Policy 820 was revised to address AHCCCS impact accordingly, the Department of Economic Security (DES) have agreed to collaborate with the AHCCCS/Division of Fee-For-Services Management (DFSM) for the delivery of services for members enrolled with the Division of Developmental Disabilities' (DDD) Tribal Health Plan (DDD-THP). With the goal of identifying system efficiencies that continue to meet members' acute physical and behavioral health needs, AHCCCS and DDD will partner to have AHCCCS/DFSM act as a "subcontractor" by managing a subset of health plan functions for DDD-THP members, leveraging AHCCCS' expertise with their current Fee-For-Service (FFS) delivery system for American Indian/Alaska Native (AI/AN) members who are not enrolled with the Division.

AHCCCS/DFSM will manage Prior Authorization/Utilization Review (PA/UR) for Physical Health (PH), including that for children with qualifying conditions under the Children's Rehabilitative Services (CRS) category, and Behavioral Health (BH), including services for members designated with a Seriously Mentally Illness (SMI). This would encompass, at a minimum, claims payments, and provider relations with AHCCCS registered providers, as well as care management responsibilities performed by Tribal ALTCS staff who will manage care coordination with DDD for Long Term Services and Supports (LTSS).

AMPM POLICY 830 – QUALITY OF CARE AND FEE-FOR-SERVICE PROVIDER REQUIREMENTS

AMPM Policy 830 has been revised to provide clarity surrounding reporting and resolution cases of Internal Referral Forms (IRFs), Quality of Care (QOC) Concerns and Incident, Accident or Deaths (IADs). Clarification was also added regarding adverse actions taken by Arizona Department of Health Services, Division of Licensing will result in AHCCCS also taking action against a Fee-for-Service provider.

APPROVED NOT YET EFFECTIVE

[AHCCCS Contractor Operations Manual \(AMPM\)](#)

None at this time.