Member Handbook

arizona complete health™
Complete Care Plan

A HELPFUL GUIDE TO GETTING SERVICES

BENEFIT YEAR 2025 *(Revised October 1, 2024)*

Arizona Complete Health-Complete Care Plan-
Regional Behavioral Health Agreement (ACC-RBHA)
Serving Members with a Serious Mental Illness (SMI) Designation

Covered services are funded under contract with AHCCCS.

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Helpful Information

Arizona Complete Health-Complete Care Plan Member Services

1-888-788-4408, TTY/TDD: **711**.
Customer Service representatives are available during regular business hours, which are Monday through Friday 8 a.m. to 5 p.m.

Crisis Line Phone Numbers

- Statewide Crisis Line Phone Numbers: **1-844-534-4673** or **1-844-534-HOPE**, TTY/TDD: **711**
- Text: **4HOPE (44673)**
- Chat: **crisis.solari-inc.org/start-a-chat**
- Tohono O'Odham Nation: **1-844-423-8759**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**
- Salt River Pima Maricopa Indian Community: **1-480-850-9230**
- Northern Arizona Tribal Communities: **1-833-990-6400**
- Tribal Warm Line: **1-855-728-8630**
- National Crisis Line (call or text): **988**
- Chat: **988lifeline.org/talk-to-someone-now**

Address

1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

Website

azcompletehealth.com/completecare

Quality Improvement Program

Arizona Complete Health-Complete Care Plan has a comprehensive Quality Improvement Program to ensure that you get quality care and services. We are always happy to share information with you. For more information about the Quality Improvement Program, or if you would like a copy of the program, call Member Services at **1-888-788-4408**, TTY/TDD: **711** or visit the Arizona Complete Health-Complete Care Plan website at **azcompletehealth.com/members/medicaid/resources/quality-improvement.html**.

Clinical Practice Guidelines

Arizona Complete Health-Complete Care Plan uses clinical practice guidelines to help providers make decisions about appropriate healthcare for specific clinical and behavioral conditions. Arizona Complete Health-Complete Care Plan adopts practice guidelines that consider the needs of its members, which may include guidelines related to any applicable acute or chronic condition, behavioral health-related issue, and preventive or non-preventive guidelines. To request a copy of the clinical practice guidelines, call Member Services **1-888-788-4408**, TTY/TDD: **711** for more information. Or visit **azcompletehealth.com/providers/resources/practice-guidelines.html**.

Personal Information and Contact Information

My AHCCCS Member ID number: _____

	Name	Phone Number
My Primary Care Provider (PCP):		
Hospital:		
Pharmacy:		
Care Manager:		
My Psychiatrist or Nurse:		

Help in Another Language and for the Disabled: How Can I Get Help?

The Member Handbook and Provider Directory are provided at no cost to you. If you need this handbook, Provider Directory, or other health information in another language or format, such as large font, audio, or accessible PDF, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**. Or visit us online at **azcompletehealth.com/completecare**.

If you need an interpreter, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** at least five days before your medical appointment. This way we will be able to get language assistance for you in time for your appointments. There is no cost for language assistance. You do not need to use family or friends to interpret for you. In fact, we discourage this from happening. Our interpreters should be used for any language assistance needs.

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Discrimination is Against the Law

Arizona Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arizona Complete Health:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Provides written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Member Services at:

Arizona Complete Health: **1-866-918-4450** (TTY/TDD **711**)

If you believe that Arizona Complete Health failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your grievance to:

Arizona Complete Health

Attn: Chief Compliance Officer

1850 W Rio Salado Parkway, Suite 211, Tempe, AZ 85281

Fax: **1-866-388-2247**

Email: **AzCHGrievanceAndAppeals@AZCompleteHealth.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019**, **1-800-537-7697** (TTY).

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

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La Discriminación es un Delito

Arizona Complete Health cumple con las leyes de derechos civiles Federales vigentes y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo. Arizona Complete Health no excluye a personas ni las trata de forma diferente por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo.

Arizona Complete Health proporciona lo siguiente:

- Asistencia y servicios sin costo alguno a las personas con discapacidades para comunicarse de manera eficaz con nosotros, tales como intérpretes calificados de lengua de señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios de idiomas sin costo alguno a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas

Si necesita estos servicios, llame a Servicios para Miembros al siguiente número:

Arizona Complete Health: **1-866-918-4450** (TTY/TDD **711**)

Si considera que Arizona Complete Health no le brindó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja ante el Oficial de Cumplimiento. Puede presentar una queja en persona, por correo, fax o correo electrónico. Su queja se debe realizar por escrito y se debe enviar en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja toma conocimiento de lo que se considera como discriminación.

Envíe su queja a la siguiente dirección:

Arizona Complete Health

Attn: Chief Compliance Officer

1850 W Rio Salado Parkway, Suite 211, Tempe, AZ 85281

Fax: **1-866-388-2247**

Correo electrónico: **AzCHGrievanceAndAppeals@AZCompleteHealth.com**

También puede presentar una queja de derechos civiles a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos a través del Portal de Quejas de la Oficina de Derechos Civiles, el cual se encuentra disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o bien por correo a la siguiente dirección: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D. C. 20201. Asimismo, puede presentar dicha queja por teléfono llamando al **1-800-368-1019**, **1-800-537-7697** (TTY).

Los formularios de queja están disponibles en **http://www.hhs.gov/ocr/office/file/index.html**

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Attention: If you speak a language other than English, oral interpretation and written translation are available to you, at no cost, to understand the information provided. Call **1-866-918-4450** (TTY/TDD **711**).

Spanish	Si habla español, contamos con servicios de interpretación oral y traducción escrita, disponibles para usted de manera gratuita, para que pueda comprender la información. Llame al **1-866-918-4450** (TTY/TDD **711**).
Navajo	Dine k'ehji yanilti go ata' hane' ná hólo doo naaltsoos t'aa Dine k'ehji bee bik'e'ashchiigo nich'' adoolniilgo bee haz'a aldo ako dii t'a at'e t'aajiik'e kot'eegol nich'' sa'até. Koji holne **1-866-918-4450** (TTY/TDD **711**).
Chinese (Mandarin)	若您讲中文，我们会免费为您提供口译和笔译服务。请致电 **1-866-918-4450** (TTY/TDD **711**)。
Chinese (Cantonese)	我們為中文使用者免費提供口譯和筆譯。請致電 **1-866-918-4450** (TTY/TDD **711**)。
Vietnamese	Nếu quý vị nói tiếng Việt, quý vị được cung cấp dịch vụ phiên dịch và biên dịch, miễn phí, để quý vị hiểu được thông tin. Hãy gọi **1-866-918-4450** (TTY/TDD **711**).
Arabic	إذا كنت تتحدث لغة غير الإنكليزية، تتوفر لك ترجمة شفهية وترجمة كتابية مجانًا لكي تفهمَ المعلومات الموفَّرة. اتصل على الرقم **1-866-918-4450** (TTY/TDD **711**).
Tagalog	Kung ikaw ay nagsasalita ng Tagalog, may oral na interpretasyon at nakasulat na pagsasalin na maaari mong gamitin nang wala kang babayaran para maunawaan ang impormasyong ibinigay. Tumawag sa **1-866-918-4450** (TTY/TDD **711**).
Korean	한국어를 하실 경우, 제공된 정보의 이해를 위한 구두 통역 및 서면 번역 서비스를 무료로 제공해드릴 수 있습니다. **1-866-918-4450**(TTY/TDD **711**) 번으로 전화하십시오.
French	Si vous parlez français, vous disposez, sans frais, d'une interprétation orale et d'une traduction écrite pour pouvoir comprendre les informations fournies. Appelez le **1-866-918-4450** (TTY/TDD **711**).
German	Für alle, die Deutsch sprechen, stehen kostenlose Dolmetscher- und Übersetzungsservices zur Verfügung. Telefon: **1-866-918-4450** (TTY/TDD **711**).
Russian	Если вы говорите по-русски, вам бесплатно доступны услуги устного и письменного перевода предоставляемой информации. Звоните по телефону **1-866-918-4450** (TTY/TDD **711**).
Japanese	日本語を話される方は、 提供された情報を理解するための通訳（口頭）および翻訳（筆記）を無料でご利用いただけます。 電話番号 **1-866-918-4450**（TTY/TDD **711**）。
Persian (Farsi)	اگر به زبان انگلیسی صحبت نمیکنید، ترجمه شفاهی و کتبی به صورت رایگان برای شما در دسترس است تا بتوانید اطلاعات ارائه شده را متوجه شوید. با شماره **1-866-918-4450** (TTY/TDD **711**) تماس بگیرید.
Syriac	ܐܢ ܡܡܠܠܝܬܘܢ ܣܘܪܝܬ، ܡܨܐ ܝܘܢ ܠܫܘܐܠܐ ܕܥܘܕܪܢܐ ܩܐ ܬܪܓܡܐ ܟܬܝܒܐ ܘܡܡܠܠܐ ܡܓܢܐܝܬ **1-866-918-4450** (TTY/TDD **711**).
Serbo-Croatian	Ako govorite srpski ili hrvatski, usmeno i pismeno prevođenje vam je dostupno besplatno. Nazovite **1-866-918-4450** (TTY/TDD **711**).
Thai	หากคุณพูดภาษา ไทย เรามีบริการล่ามและแปลเอกสาร โดยไม่มี โทรศัพท์ **1-866-918-4450** (TTY/TDD **711**).

AZCompleteHealth.com

Welcome to Arizona Complete Health-Complete Care Plan

Welcome to Arizona Complete Health-Complete Care Plan and Arizona Regional Behavioral Health Agreement (ACC-RBHA) plan. Thank you for placing your trust in us. We look forward to serving you.

In this handbook, we use "you" and "your" to mean "the AHCCCS member." We use "we," "us," "our," and "our plan" to mean "Arizona Complete Health-Complete Care Plan." Only the member can get the benefits talked about in this handbook. Covered services are funded under contract with Arizona Health Care Cost Containment System (AHCCCS). "Covered services" means healthcare services that we will pay for.

Arizona Complete Health-Complete Care Plan Member Services

Our Member Services Department (Member Services) is staffed by people who speak several languages, including English and Spanish. Member Services also uses a telephone interpreter service for members who speak a language that is not available within the department. You can call Member Services at **1-888-788-4408**, TTY/TDD: **711**. If you speak another language other than English or Spanish, call Member Services and we will help get an interpreter to help with the phone call. Member Services can connect you with other departments at the Health Plan.

When calling Member Services, please have the following information ready:

- Your name, your AHCCCS ID number, your date of birth, and the phone number and address on file.
- You will also need a pen and paper to write down important information we will give you.

Some of the ways Member Services can help you:

- Answer questions about your covered services, benefits, and copays.
- Provide information about doctors, nurse practitioners, and physician assistants.
- Provide information about programs available to members.
- Help you choose or change your primary care provider (PCP).
- Help you schedule a ride to your medical appointments.
- Help you make, change, or cancel your medical appointments by putting you in contact with your healthcare provider.
- Provide you with dentist or specialist information.
- Help you if you have a complaint or problem.
- Help you with your rights as a member.
- Help you schedule a language interpreter for your medical appointments if you cannot communicate with your provider. **This service is at no cost to you.**
- Help you change your phone number and address with AHCCCS.
- Provide you with Clinical Practice Guidelines upon your request.

- If you are currently being treated for conditions such as diabetes, cancer, asthma, behavioral health, HIV/AIDS, or any disability, call Member Services at **1-888-788-4408**, TTY/TDD: **711** immediately. We will refer you to an integrated care manager to make sure you are getting the care you need.

Integrated Care Management / Care Coordination

Medical management, integrated care management, and care coordination are benefits we offer to Medicaid-enrolled members at no cost to you. Our goal is to help you be healthy through education and your own healthcare planning. Our nurses, behavioral health professionals, and care coordinators will help you and/or a family member:

- Get the care you need.
- Understand any medicine you're taking.
- Help you get names and numbers for community resources.
- Work with you and your PCP and/or behavioral health home to get any other services you need to stay healthy.

Your care manager will also help you when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home. These services may include home care visits or therapies.

If you want a care manager, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for a self-referral. Your PCP and/or behavioral health home can refer you to medical management/care coordination as well.

Maternal child health (MCH) coordinators will help you with questions or problems with your pregnancy. If you need help finding a provider to take care of you during your pregnancy and delivery, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for a referral.

If you have serious healthcare needs or need HIV testing, counseling, and treatment, our care management staff will help you find the provider you need. If you want a care manager, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for a referral. Your PCP and/or behavioral health home can refer you to these services as well.

Nurse Advice Line

Arizona Complete Health-Complete Care Plan has a Nurse Advice Line available 24 hours a day, seven days a week for members. Our nurses can tell you if you should:

- Call your PCP.
- Go to an urgent care center.
- Go to the emergency room.

Nurse Advice Line

1-866-534-5963 (TTY/TDD:711)

Our nurses can also tell you how to take care of yourself at home when you don't feel well and answer questions about your health.

To speak to a nurse, please call **1-866-534-5963**, TTY/TDD: **711**.

For life-threatening emergencies, always call **911**. Prior authorization is not needed for emergency services.

Emergency Care/Urgent Care (Afterhours Care)

For life-threatening emergencies, always call **911**. Prior authorization is not needed for emergency services.

Should I go to the Emergency Room or Urgent Care?

Urgent care is needed when you have an injury or illness that must be treated within 24 to 72 hours. It is not life-threatening, but you cannot wait for a PCP office visit. Urgent care is *not* emergency care.

If you have a sudden health problem that is not an emergency, call your PCP. Your PCP will tell you what to do. If your PCP's office is closed, your call may go to an answering service. Listen carefully. You may be asked to leave a message so someone can call you back.

If you are unable to reach your PCP, you can be seen at an urgent care center. You do not need an appointment to be seen at an urgent care center. You must use an urgent care center that is part of the Arizona Complete Health-Complete Care Plan network. For a list of urgent care centers near you, visit **azcompletehealth.com/completecare**.

Urgent Care (Afterhours Care)

An urgent care center is a great place to get help because they usually have extended hours (afterhours), they have providers to treat common problems, and they can see you quickly (usually in less than an hour). Urgent care centers can help you with:

- Ear infections.
- Sore throats.
- Urinary tract infections.
- Minor cuts and burns.
- Sprains.
- Many other common health issues.

Urgent care can be used for problems your PCP would normally help with. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help finding an urgent care center near you.

Telehealth Services

Telehealth services provide care when you can't go to your PCP in person. Please check with your provider on your provider's telehealth options. Members may also call Teladoc 24 hours a day, seven days a week and be connected with a healthcare provider in minutes. Teladoc can treat a number of different problems such as colds, flu, fevers, rash and skin conditions, sinuses and allergies, and respiratory infections. They also can prescribe medicines to treat those problems. You can call Teladoc at **1-800-835-2362**, TTY/TDD: **711**.

Mobile Urgent Care

Arizona Complete Health-Complete Care Plan has partnered with DispatchHealth to deliver healthcare to you when you're sick or injured. This healthcare delivery service is in-network for Arizona Complete Health-Complete Care Plan members in most areas within Pima and Maricopa counties. The next time you have an urgent illness or injury that doesn't require a trip to the ER, you can stay put and give

DispatchHealth a call. They use many of the same tools found in an ER. Each medical team has either a physician assistant or nurse practitioner and a medical technician, along with an ER physician that is available by phone. In fact, these are the same providers that you would see in your local ER.

DispatchHealth is available from 8 a.m. to 10 p.m., seven days a week, 365 days a year including holidays. To get care in Tucson, call **1-520-479-2552**. To get care in Phoenix, call **1-602-661-9366**.

For emergencies, including but not limited to, chest pain, signs of a stroke, allergic reactions, or severe injuries, call **911**.

Examples of Emergency Room Symptoms	Examples of Urgent Care Symptoms
Extreme shortness of breath	**Vomiting for more than six hours (if young child, call PCP)**
Fainting	**Diarrhea for more than six hours (if young child, call PCP)**
Overdose/poisoning	**Sprained ankle**
Chest pains	**Minor burns and rashes**
Uncontrolled bleeding	**A minor allergic reaction**
Seizures	**Flu, sore throat with fever, earaches**

Emergency Room

Emergency rooms are for the treatment of emergency medical conditions, such as broken bones, severe pain, possible medicine overdose or poisoning, unconsciousness, uncontrolled bleeding, seizures, chest pains, or difficulty breathing.

For life-threatening emergencies always call **911**. Prior authorization is not needed for emergency services.

How to Get Behavioral Health Crisis Services

If you are afraid that you or someone you know might hurt themselves or someone else, call **911** right away. Prior authorization is not needed for behavioral health emergency services.

If you are having a behavioral health problem, a mental health crisis, and/or suicidal thoughts, you are not alone. Many people have similar struggles. There are resources available to help. During a crisis, you might feel like things will never change. Calling a behavioral health crisis line is a good way to start getting help.

If you are having a behavioral health crisis, call one of these crisis lines:

- Statewide Crisis Line Phone Numbers: **1-844-534-4673** or **1-844-534-HOPE**
- Text: **4HOPE (44673)**
- Chat: **crisis.solari-inc.org/start-a-chat**
- Tohono O'Odham Nation: **1-844-423-8759**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**
- Salt River Pima Maricopa Indian Community: **1-480-850-9230**
- Northern Arizona Tribal Communities: **1-833-990-6400**
- Tribal Warm Line: **1-855-728-8630**
- National Crisis Line (call or text): **988**
- Chat: **988lifeline.org/talk-to-someone-now**

These crisis lines offer immediate and confidential help 24 hours a day, seven days a week, 365 days a year to anyone having a behavioral health crisis. It doesn't matter what insurance you have or if you don't have insurance.

Crisis Services Available to You

You are able to get crisis services, even if you are not Title 19/21 eligible (i.e., not eligible for AHCCCS/not on Medicaid) or if you are not determined to have a Serious Mental Illness (SMI). Crisis services available to you include:

- Toll-free crisis phone services, 24 hours per day, seven days a week.
- Mobile crisis services, available 24 hours per day, seven days a week.
- 23-hour crisis watch/stabilization services, including detox services and, as funding allows, up to 72 hours of additional crisis stabilization.
- Substance abuse-related crisis services, including follow-up services.

How to Get Emergency Services While Out of the Service Area

You may need emergency services while you are away from home and out of the Arizona Complete Health-Complete Care Plan service area. This is called "out-of-area care." You have a right to use any hospital or other setting for emergency care. If you need out-of-area emergency care:

- Go to a hospital or crisis center and ask for help.
- Ask the hospital or crisis center to call **1-888-788-4408**, TTY/TDD: **711**.
- The hospital or crisis center will contact Arizona Complete Health-Complete Care Plan for approval of services.
- For life-threatening emergencies, always call **911**.

If you have an emergency, you can get emergency services at any hospital or ER (in or out of network). Emergency services do not need prior authorization.

You can choose any hospital or other setting for emergency care. However, there are certain emergency settings such as urgent care, the Nurse Advice Line, or telehealth services within the Arizona Complete Health-Complete Care Plan network that may be easier for you to use.

How to Find Substance Use Disorder Services and Opioid Information

Arizona Complete Health-Complete Care Plan members can get substance use disorder (SUD) treatment services at no cost. If you have questions about substance use, opioid treatment, or Medications for Opioid Use Disorder (MOUD) and want to get treatment services, call your PCP or Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Funding is available through state and federal grants for treating opioid use disorder for uninsured and underinsured citizens of Arizona. More information about these programs is available on our website or by calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

You can also get information on the AHCCCS Opioid Use Disorder Service Locator at **opioidservicelocator.azahcccs.gov**.

Arizona Complete Health-Complete Care Plan has grants to help with substance use disorder and opioid use. These grants can provide some treatment and support for a short time. These grants include the State Substance Use Disorder Services (SUDS) program, State Opioid Response Grant (SOR), and the Substance Use Block Grant (SUBG) American Rescue Plan Act (ARPA) Funding.

Some examples of services funded by these state grants are:

- Opioid use disorder and Medications for Opioid Use (MOUD) for uninsured and underinsured people.
- Outreach and prevention activities.
- Helping people with going back into the community after leaving jail or prison.
- Training (schools, health plans, and other places).

Ensuring Culturally Competent Care

We value you. We understand that the people of Arizona come from many diverse cultural and ethnic backgrounds. We also know that your health is affected by your beliefs, culture, and values.

Culturally competent care, includes, but not limited to:

- Recognizing the individual-family as the primary source of support for healthcare decision-making.
- Fostering collaboration.
- Providing unbiased information.
- Recognizing cultural, racial, ethnic, geographic, social, spiritual, economic diversity, and individuality.
- Support individual needs, wants, and desires.

We want to help you keep and maintain good health and good relationships with providers who understand your needs. If you feel that there is a problem, please call us. We will help you find a provider who will better understand your personal needs.

Call us and let us know if we have overlooked anything that is important to you. We want to help. We want you to be comfortable with our services. Please call Member Services at 1-888-788-4408, TTY/TDD: 711 if you would like to:

- Share cultural information that you feel is important to your healthcare.
- Select a provider based on convenience, location, disability accommodations, languages spoken, or cultural preference.
- If you need culturally competent materials and/or services, including translated materials.

Printed Information for Members

If you need any printed member materials, you can request them at no cost to you. We offer translation in more than 140 languages. If you need any written member materials translated, we will give them to you at no cost. If you need materials in alternate formats such as large print or Braille, we can also give these to you at no cost. Please call your provider or Member Services at **1-888-788-4408**, TTY/TDD: **711**. You can also visit **azcompletehealth.com/completecare** to get materials in alternative formats. If you need help reading or understanding any member materials, please call Member Services.

You can get member materials, along with this handbook, translated into your language or in a format that may be easier for you to use at no cost. This includes:

- Large print.
- Braille.
- Audio compact disc (CD).
- Accessible electronic formats.
- Other accessory material with taglines in the prevalent, non-English languages in Arizona.

Interpretation Services

We can give you language assistance, including oral interpretation and sign language interpreters at no cost. Language assistance may be in person, by video, or over-the-phone. We can also help you find a provider that speaks your language. If you cannot communicate with your provider because of a language barrier, we can get an interpreter to help. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Sign Language Interpreters and Auxiliary Aids

If you are deaf or hard of hearing, you may ask for *auxiliary aids*. Auxiliary aids are services or devices that help people who need extra support to communicate. They can also help members with hearing loss understand spoken information. There are many different kinds of auxiliary aids, which you can get at no cost to you.

Audiology services to evaluate hearing loss is a covered service. This includes augmentative and alternative communication devices (AAC) for both speech-generating and non-speech-generating equipment. For help finding a provider, contact your care manager or call Member Services at **1-888-788-4088**, TTY/TDD: **711** for help.

You may also ask for a sign language interpreter. Sign language interpreters provide interpretation, usually in American Sign Language, to the deaf or hard of hearing. If you or your provider need a list of sign language interpreters or the laws regarding interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at **acdhh.org** or call **1-602-542-3323** (V); **1-602-364-0990** (TTY); **1-800-352-8161** (V/TTY); or **1-480-559-9441** (video phone).

What Languages Do Providers Speak?

A list of all providers, their locations, telephone numbers, and languages spoken can be found online at **azcompletehealth.com/completecare**. If you would like to choose a provider based on convenience, location, disability accommodations, languages spoken, or cultural preference, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Assistance in Another Language: How Can I Get Help?

We value you, and we understand that our members come from many diverse cultural and ethnic backgrounds. We also know that your health may be affected by your beliefs, culture, and values. We want you to be able to fully understand the information given to you. These services are at no cost to you.

We offer translation in more than 140 languages, including American Sign Language, and can give you interpreter services for your healthcare visits. Our Provider Directory at **azcompletehealth.com/completecare** has the languages spoken by each provider in our network. We regularly add new providers to our network. Visit **azcompletehealth.com/completecare** and click “Find a Provider” from the left-hand menu.

To get a printed copy of the Provider Directory or a new Member Handbook, call Member Services at **1-888-788-4408**, TTY/TDD: **711**. You can get either at no charge. Member materials can also be found at **azcompletehealth.com/completecare**.

You can get member materials, along with this handbook, translated into a language or format that may be easier for you to use at no cost. This may be:

- Large print.
- Braille.
- Audio compact disc (CD).
- Accessible electronic formats.
- Other accessory material with taglines in the prevalent, non-English languages in Arizona.

Our Member Services Team is Here to Help

Arizona Complete Health-Complete Care Plan will help you choose a provider from within the provider network. If you would like to select a provider based on convenience, location, disability accommodations, or cultural preference, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

If you have serious healthcare needs or need HIV testing, counseling, and treatment, the care management staff will help you navigate the provider network. If you want a care manager, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for a referral. Your PCP and/or behavioral health home can refer you to medical management/care coordination services as well.

You will need to call your provider to make, change, or cancel your appointments. You may also call Arizona Complete Health-Complete Care Plan if you would like help making, changing, or canceling your appointments.

If you are not happy with your current provider, call Member Services at **1-888-788-4408**, TTY/TDD: **711** to ask about other available options.

If you do not have access to the internet at home, no-cost internet service is usually available at libraries. You can also get a paper copy or a machine readable format of the Provider Directory at no charge by calling us at **1-888-788-4408**, TTY/TDD: **711** or by visiting **azcompletehealth.com/completecare**.

If You Visit a Provider Not in Our Network

You must get services through network providers contracted with Arizona Complete Health-Complete Care Plan. You can find a list of Arizona Complete Health-Complete Care Plan providers at **azcompletehealth.com/completecare**. Click “Find a Provider” from the left-hand menu. You can also call Member Services Line **1-888-788-4408**, TTY/TDD: **711** for help.

The “Find a Provider” tool will have the most up-to-date information about our provider network, including provider names, addresses, telephone numbers, whether they are accepting new patients, professional qualifications, languages spoken, gender, specialty, and board certification status.

If you visit a provider that is not in our network, the services you get may not be covered. You may have to pay out of pocket for these services. Exceptions to this include emergency services and out-of-network single-case agreements approved and authorized by Arizona Complete Health-Complete Care Plan utilization management department. You can get emergency services from the nearest hospital or ER at no cost to you, even if that center is not contracted with Arizona Complete Health-Complete Care Plan. This includes out-of-state emergency centers when traveling outside of Arizona.

If you do not find a provider contracted with Arizona Complete Health-Complete Care Plan that can meet your healthcare needs, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help. If Arizona Complete Health-Complete Care Plan cannot find an in-network provider to meet your healthcare needs, our team will enter into a special agreement with an out-of-network provider for you.

How to Get a Printed Provider Directory

The Arizona Complete Health-Complete Care Plan Provider Directory is available at no cost to you. For a copy, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**. Or, for an online version, use the provider directory tool at **findaprovider.azcompletehealth.com/location**.

Where We Serve

Arizona Complete Health-Complete Care Plan has been focused on serving Arizonans enrolled in the state's Medicaid program, known as AHCCCS throughout the following geographical service areas: Apache County, Cochise County, Coconino County, Gila County, Graham County, Greenlee County, La Paz County, Maricopa County, Mohave County, Navajo County, Pima County, Pinal County, Santa Cruz County, Yavapai County, and Yuma County.

Arizona Complete Health-Complete Care Plan is a managed-care plan. A managed-care plan is a health plan that provides care to its members through a select group of doctors, hospitals, and pharmacies. You and your PCP play an important role in your managed care plan. Your PCP helps decide what services you need and helps you arrange most of these needs. It is your responsibility to see your PCP and/or your behavioral health home and talk with them about your health.

SOMETIMES YOUR PCP WILL NEED TO ASK ARIZONA COMPLETE HEALTH-COMPLETE CARE PLAN TO APPROVE YOUR TREATMENTS OR VISITS TO ANOTHER PROVIDER BEFORE YOU GET SERVICES. THIS IS CALLED *PRIOR AUTHORIZATION*. MAKE SURE THE PROVIDER KNOWS THAT YOU ARE AN ARIZONA COMPLETE HEALTH-COMPLETE CARE PLAN MEMBER. REMEMBER TO BRING YOUR ID CARD TO YOUR APPOINTMENT.

Your Member ID Card

If you have an Arizona driver's license or state-issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The computer at your provider's office will have your picture (if available) and details on your coverage.

Always protect your ID card. **Remember: Only you are allowed to use your Arizona Complete Health-Complete Care Plan ID card. Never lend, sell, or allow someone else to use your card. You could lose your eligibility. Legal action may also be taken against you. It is very important that you keep your ID card in a safe place and do not throw it away.**

Member Responsibilities

As an Arizona Complete Health-Complete Care Plan member, you have the responsibility to:

- Provide as much information as you can so your providers can care for you.
- Follow instructions from your providers.
- Know the name of your assigned PCP.
- Schedule appointments during office hours whenever possible instead of using urgent care facilities or emergency rooms.

- Arrive for appointments on time.
- Tell your provider if you need to cancel or reschedule an appointment.
- Bring vaccination records to every appointment for children ages 18 and younger.
- Share Information and:
  - If you do not understand your health condition or treatment plan, ask your provider to explain.
  - Give your doctors, providers, and care manager all the facts about your health problems, past illnesses, hospital stays, medications, shots, and other health concerns.
- Participate in recovery by:
  - Knowing the name of your providers and/or your care manager.
  - Participating in creating your service plan.
  - Following the instructions that you and your providers have agreed upon.

What to do When Your Family Size Changes or Your Member Information Changes

If your family size increases because you got married or had a baby, or if your family becomes smaller because someone moved out or you had a death in your family, you must call the office that made you eligible for Arizona Complete Health-Complete Care Plan. This could be:

- The Department of Economic Security (DES): **healthearizonaplus.gov** or **1-855-HEA-PLUS** (**1-855-432-7587**).
- KidsCare: **healthearizonaplus.gov** or **1-855-HEA-PLUS** (**1-855-432-7587**).
- SSI medical assistance only: **1-602-417-5010** (**1-800-528-0142** outside Maricopa County).
- Social Security Administration: **ssa.gov** or **1-800-772-1213**.
- Arizona Long Term Care Systems (ALTCS): **azahcccs.gov/Members/GetCovered/Categories/nursinghome.html** or **1-888-621-6880**.

Please remember that it is important to report a new baby immediately so that your baby will be able to get services.

If any of your information changes, such as your phone number or address, or if you have any questions, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**. We can help you make any changes.

If You Move, You Must Tell Us!

As a member of our plan, your service area is the state of Arizona. If you move out of the state of Arizona or the United States, you can't stay on your current plan. Before you move, call Member Services at **1-888-788-4408**, TTY/TDD: **711** to update your address. We can often update your address with the AHCCCS eligibility office.

No services are covered outside the United States.

As a member of our health plan, if you become sick in another state, Arizona Complete Health-Complete Care Plan will only pay for emergency services. A list of these services can be found in the section called "What is Covered?"

If you have an emergency while away, go to the closest ER. Show your Arizona Complete Health-Complete Care Plan member card to the hospital. Ask the hospital to bill Arizona Complete Health-Complete Care Plan.

Follow-up and routine care that is not related to an emergency is not covered while you are away. This includes prescriptions. You should get follow-up care from your PCP. Arizona Complete Health-Complete Care Plan may approve healthcare services that are only available away from where you live. If this happens, we may pay for your transportation, lodging, and food costs. Arizona Complete Health-Complete Care Plan will only pay for these services if they are approved by Arizona Complete Health-Complete Care Plan. Please call Member Services before your trip so we can help make arrangements. We can be reached at **1-888-788-4408**, TTY/TDD: **711**.

You could lose your care with AHCCCS if you do not tell them you are moving.

Other places you should notify include:

- Your PCP.
- The Supplemental Security Income (SSI) office if you are receiving SSI benefits.
- Department of Economic Security (DES) if you get TANF or SNAP (food stamps) benefits.
- For KidsCare (Title 21) members, please call AHCCCS at **1-602-417-5437** or the toll-free statewide number at **1-877-764-5437**.
- **How to update your address with AHCCCS: www.azahcccs.gov/AHCCCS/Downloads/HowToUpdateYourMailingAddress.pdf**

If you have questions about your enrollment, call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**. Or call AHCCCS at **1-800-523-0231** or **1-602-417-4000**.

How Can I Change My Plan?

If you are a member who is eligible for Medicaid and have not been determined to have a SMI, the information below tells you how you can change your health plan.

If you want to change your health plan before or after your anniversary date, you can do so either through the HEAplus system (healthearizonaplus.gov) or by contacting AHCCCS at 1-602-417-7100 or 1-800-334-5283. AHCCCS will only let you change your plan immediately (outside of your anniversary) for these reasons:

1. You were not given a choice of health plans.
2. You were not told of your Annual Enrollment Choice, or you got your Annual Enrollment Choice notice but could not make a choice because of things beyond your control.
3. You did not get to make an Annual Enrollment Choice because you were not on AHCCCS during your Annual Enrollment Choice period, but the time you were not on AHCCCS was less than 90 days.

4. Other members of your family are enrolled in another health plan.
5. You came back on AHCCCS within 90 days of leaving it and were not given the same health plan as before.
6. You did not have 90 days from the date of notification of plan assignment to choose a new health plan for your newborn.
7. You did not have 90 days from the date of enrollment to choose a new health plan for your adoption subsidy child.
8. You are Title 19 eligible and did not have 90 days from the date of your eligibility interview, or from the date that you got your choice letter, to choose a new health plan.

Call AHCCCS at 1-800-334-5283 or 1-602-417-7100.

Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** if you need to change your health plan for any of the above reasons. Ask to speak to the appeals and grievance department. Or you may write to us at:

Arizona Complete Health-Complete Care Plan
Attn: Appeals & Grievances Department
1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

Family Voice & Decision Making

Our healthcare providers are expected to include responsible family members and other authorized individuals as decision-makers in the treatment-planning process for children's services and in the treatment-planning process for adult members when requested by the adult member (unless the adult member is under guardianship). It is important that responsible family members and other authorized individuals attend as many discussions as possible about treatment planning for the member. That way, the decision-maker will be able to make the most informed decisions about care for the member.

If you feel your voice is not being heard, please write to our Advocacy Team at **AzCHAdvocates@azcompletehealth.com**. You can also call Member Services at **1-888-788-4408**, TTY/TDD: **711** and ask to speak with someone on the Advocacy Team.

Transition-of-Care Policy

We want to help if you are moving and you have a new AHCCCS plan. We can help transition your care to your new health plan and providers.

Arizona Complete Health-Complete Care Plan will always help with coordination of care for all of our members during transitions of care. Examples of these transitions include:

- Transitions between Arizona Complete Health-Complete Care Plan and other managed-care organizations.
- Changes in service areas.
- Changes in healthcare providers.

We also help members coordinate care for transitions from Arizona Complete Health-Complete Care Plan to fee-for-service, or from fee-for-service to Arizona Complete Health-Complete Care Plan. Certain members may need more help during a period of transition. If you have questions about coordination of care when making changes, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Arizona Complete Health-Complete Care Plan will get information from your past health plan or will contact your new health plan to help with coordination of your care to ensure your care will continue without disruption. If you have concerns regarding a potential transition of your care, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

How Do I Use the Emergency Room Correctly?

If your life is in immediate danger, call **911**. If you need to see a doctor right away, call your PCP for advice or to make an appointment. If your PCP is unable to see you or the office is not open, please consider going to the closest urgent care center. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help finding an urgent care center near you.

Should I go to the Emergency Room or Urgent Care?

In an emergency, you may go to or use any ER (in network or out of network) to get your emergency care. When you get care, show your ID card and tell them that you are an Arizona Complete Health-Complete Care Plan member. You do not need a referral from your PCP or prior authorization from the plan. Call your PCP or the Arizona Complete Health-Complete Care Plan Nurse Advice Line at **1-866-534-5963**, TTY/TDD: **711** if you are not sure if it is an emergency.

If you have a problem that needs to be seen urgently but is not life-threatening, you may be able to be seen at an urgent care center or at your PCP's office. Some examples of the difference between an emergency and something you might need to be seen urgently are listed below.

Examples of Emergency Room Symptoms	Examples of Urgent Care Symptoms
Extreme shortness of breath	**Vomiting for more than six hours (if young child, call PCP)**
Fainting	**Diarrhea for more than six hours (if young child, call PCP)**
Overdose/poisoning	**Sprained ankle**
Chest pains	**Minor burns and rashes**
Uncontrolled bleeding	**A minor allergic reaction**
Seizures	**Flu, sore throat with fever, earaches**

What To Do In Case Of An Emergency

Medical emergencies are life-or-death situations. They may lead to disability or death if not treated as soon as possible. **Prior authorization is not needed for emergency care.**

If you feel your symptoms are an emergency, call 911 or go to the nearest ER. As a member of our plan, you have the right to seek emergency services at any hospital or ER (in network or out of network). Please tell the ER staff that you are an Arizona Complete Health-Complete Care Plan member and show your ID card. If you can't do this, have a family member or friend tell the ER staff that you are a member of our plan.

In cases of emergency (in a life-threatening situation), call 911.

What if you need Emergency Care Out of Our Service Area?

Our plan will pay for emergency care while you are out of the county or state. If you need emergency care, show your Arizona Complete Health-Complete Care Plan ID card so the emergency care provider can notify us.

Transportation: How Do I Get Rides to Medical Appointments?

Emergency Transportation

Emergency transportation is a covered benefit. Prior authorization is not needed for emergency transportation.

In crisis situations Arizona Complete Health-Complete Care Plan has resources available for transportation. Please call the statewide Crisis Line at **1-844-534-4673** or **1-844-534-HOPE**, TTY/TDD: **711**.

Non-Emergency Transportation

Transportation may be provided to the closest provider for covered services. Members can get rides to medical appointments in several ways. The easiest way is to get a ride with a family member or friend. If that is not possible and you have a behavioral health home, your behavioral health home must help you schedule transportation with the health plan's transportation provider.

If you don't have a behavioral health home or your behavioral health home is unable to meet your transportation needs, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** and select the transportation option. We will help you get transportation to your medical appointments. Please call us at least three days before the appointment.

You can call Member Services at **1-888-788-4408**, TTY/TDD: **711** on weekends and holidays for transportation to urgent care centers when you are sick.

Always remember to dial **911** in a true medical emergency.

If you call to get a ride to a medical appointment, please have this information ready:

- Your name, Arizona Complete Health-Complete Care Plan ID number, date of birth, address, and phone number (for verification purposes).
- The date, time, and address of your medical visit.
- If you need a ride one way or roundtrip.
- Your travel needs (wheelchair, stretcher, or other).
- Any special needs (oxygen, IVs, someone who needs to travel with you, an extra-wide or electric wheelchair, a high-top vehicle, etc.).
- Any children under the age of 5 need a car seat. Children ages 5 through 7 and shorter than 4'9" need a booster seat. You must provide a car seat for your child for the trip.

Wheelchair or Stretcher

If you need a wheelchair or stretcher for your ride to a routine medical appointment, patient transport services vans can take you there and bring you back. You must call Member Services at **1-888-788-4408**, TTY/TDD: **711** to set up these rides at least three working days before your appointment date.

Canceling Rides to Your Appointments

If you cancel your doctor or dentist visit, you must also call Member Services to cancel your ride to your visit. Please call us at **1-888-788-4408**, TTY/TDD: **711**.

What is Covered?

What kind of healthcare can I get from Arizona Complete Health-Complete Care Plan?

In order for you to get healthcare service through our Plan, the service must be both:

- A covered benefit based on your coverage.
- Medically necessary.

A "covered benefit" means that you can get this service through AHCCCS and Arizona Complete Health-Complete Care Plan. "Medically necessary" means a covered service provided by a physician or other licensed practitioner of the health arts within the scope of practice under State law to prevent disease, disability, or other adverse conditions or their progression, or to prolong life.

Arizona Complete Health-Complete Care Plan covers members from many groups. Please see below to see what services are covered for you.

Members Who Have Been Designated as Seriously Mentally Ill (SMI) and are Enrolled in Medicaid

If you are a Medicaid-enrolled adult and enrolled in the Arizona Complete Health-Complete Care Plan that has been designated as SMI, you can get both your physical healthcare and behavioral healthcare through Arizona Complete Health-Complete Care Plan.

Medicaid/Medicare Dual Eligible Members

If you are a "dual eligible" member (meaning you are enrolled in both Medicare and Medicaid), you may have additional benefits that are not covered under AHCCCS. It is important that you let us know of your other coverage as soon as you are aware. When we know about your other insurance, it helps us coordinate the care you get with the other plan.

If you have Medicare coverage and you see a provider that is not in our network, the charges may not be covered. If you choose to do that without our approval, we may not pay for those services because they were done by a provider that is not on our plan. It is important that you work with your PCP and/or health home or behavioral health provider to be referred to the right providers. (This requirement does not include emergency services. You do not need approval to get emergency services.) We will not cover copays or deductibles for services outside of the Arizona Complete Health-Complete Care Plan network without prior authorization.

Adults with SMI not Enrolled in Medicaid

If you are **not** a Medicaid-enrolled adult and enrolled in the Arizona Complete Health-Complete Care Plan that has been designated as SMI, you are eligible for a limited behavioral health benefit only (reference the table of behavioral health benefits for details).

Grant-Funded Programs for Uninsured and Underinsured Arizona Citizens

If you live in Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, or Yuma counties and have substance use disorder (SUD) or opioid use disorder (OUD), you may be eligible for SUD treatment services through Arizona Complete Health-Complete Care Plan. Call our Member Services at **1-888-788-4408**, TTY/TDD: **711** for more information.

Medicaid-Covered Physical Health Services

The following services are available to Medicaid-enrolled members. See below for more details. Call Member Services at 1-888-788-4408, TTY/TDD: 711 or talk to your PCP and/or health home for more information about these services.

- Ambulance for emergency care.
- Audiology services to evaluate hearing loss on both an outpatient and inpatient basis. This includes augmentative and alternative communication devices (AAC) for both speech generating and non-speech generating equipment. For help finding a provider, contact your care manager or member services.
- Behavioral health.
- Care while you are pregnant.
- Case management.
- Checkups for children, pregnant individuals, and Qualified Medicare Beneficiary (QMB).
- Children's services, including routine dental care.
- Chiropractic services for QMB dual-eligible members regardless of age, if Medicare approved.
- Emergency medical and surgical services related to dental (oral) care.
- Adult emergency dental benefits up to $1,000 per contract year (Oct. 1 through Sept. 30) when provided by a licensed physician or dentist. Adult emergency dental covers medically necessary emergency dental care and extractions for members who have a serious dental problem that results in severe pain and/or infection.
  - This $1,000 emergency dental benefit does not apply to members who have cancer of the jaw, neck, or head; members who are having transplants; members in the hospital who are on ventilators; or American Indian / Alaska Native (AI/AN) members who are getting dental care services at an IHS/638 facility. Please call your Care Manager to help with care coordination.
- Dialysis.
- Disease management.
- Doctor's visits.
- Emergency or urgent care medical treatment.
- Eyeglasses or contacts for children.
- Eyeglasses or contacts for adults only after cataracts are removed.
- Family planning (birth control).
- Foot and ankle care services for adults, including wound care, treatment of pressure ulcers, fracture care, reconstructive surgeries, and limited bunionectomy services.
- Healthcare services including screenings, diagnosis, and medically necessary treatments.
- Home- and community-based services (HCBS).

- Hospital care: Arizona Complete Health-Complete Care Plan covers inpatient hospital services. If you need to be admitted to a hospital and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in the Arizona Complete Health-Complete Care Plan network and will follow your care even if you need other providers during your hospital stay. Arizona Complete Health-Complete Care Plan must approve all services. To find out if a hospital is in the network or if you have any other questions on hospital services, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** or use the provider directory at **findaprovider.azcompletehealth.com/location**. If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. Hospital services may include, but are not limited to:
  - Blood and blood plasma.
  - Intensive care.
  - Laboratory, X-ray, and imaging services.
  - Medicines.
  - Nursing care.
  - Operating room and hospital care.
  - Services of doctors, surgeons, or specialists.
- Immunizations (shots).
- Insulin pumps.
- Lab work and X-rays.
- Medical foods for members diagnosed with one of the following inherited metabolic conditions:
  - Phenylketonuria.
  - Homocystinuria.
  - Maple Syrup Urine Disease.
  - Galactosemia (requires soy formula).
  - Beta Keto-Thiolase Deficiency.
  - Citrullinemia.
  - Very long chain acyl-CoA Dehydrogenase deficiency (VLCAD).
  - Long Chain acyl-CoA dehydrogenase deficiency (LCHAD).
  - Glutaric Acidemia Type I.
  - 3 Methylcrotonyl CoA Carboxylase Deficiency.
  - Isovaleric Acidemia.
  - Methylmalonic Acidemia.
  - Propionic Acidemia.

  - Arginosuccinic Acidemia.
  - Tyrosinemia Type I.
  - HMG CoA Lyase Deficiency.
  - Cobalamin A, B, C Deficiencies.
- Medical tests.
- Medically needed podiatry services. Arizona Complete Health-Complete Care Plan covers medically necessary podiatry services that are performed by a licensed podiatrist and ordered by a primary care provider or primary care practitioner.
- Medicine from the approved Arizona Complete Health-Complete Care Plan Preferred Drug List (PDL).
- Nursing facility.
- Occupational therapy. Outpatient occupational therapy services are an Arizona Complete Health-Complete Care Plan covered benefit as specified below:
  - Outpatient occupational therapy services are covered for all members under the age of 21.
  - Outpatient occupational therapy services are covered for members 21 years of age and older as follows:
    - » Fifteen occupational therapy visits per benefit year for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
    - » Fifteen occupational therapy visits per benefit year for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.
- Physical therapy:

  Inpatient physical therapy services are covered for all members who are receiving inpatient care at a hospital, nursing facility, or custodial care facility. Outpatient physical therapy services are an Arizona Complete Health-Complete Care Plan covered benefit as specified below.
  - Outpatient physical therapy services are covered for all members under the age of 21.
  - Outpatient physical therapy services are covered for adult members 21 years of age and older as follows:
    - » Fifteen physical therapy visits per benefit year for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
    - » Fifteen physical therapy visits per benefit year for the purpose of acquiring a new skill or a new level of function and maintaining that level of function once acquired.
- Speech therapy:
  - Speech therapy services are provided to all members who are receiving inpatient care at a hospital, nursing facility, or custodial care facility when services are ordered by the member's PCP or attending physician.
  - Speech therapy provided on an outpatient basis is only covered for members under the age of 21.
- PCP office visits for children QMB, or when an adult has a symptom or sickness.

- Physical exams.
- Pregnancy care.
- Pregnancy termination (including mifepristone [Mifeprex® or RU-486]).
- Prescriptions (not covered if you have Medicare).
- Podiatry services performed by a podiatrist.
- Post-stabilization services.
- Respiratory therapy.
- Rides to healthcare visits.
- Specialist care.
- Supplies and equipment, including Preferred Drug List (PDL) diabetic testing equipment and supplies.
- Surgery services.
- Well-child checkups including dental, hearing, hearing aids, shots, and vision care for children under age 21 and Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services for Medicaid-eligible children under age 21.

We only cover in-network services (unless it's an emergency service). If you go to an out-of-network provider without prior approval, you will be responsible for all costs associated with those services. Make sure your providers are in-network by using the Arizona Complete Health-Complete Care Plan "Find A Provider" tool on our website at **findaprovider.azcompletehealth.com/location** or call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

New Technology

Arizona Complete Health-Complete Care Plan has a committee of doctors that reviews new treatments for people with certain illnesses. They review information from other doctors and scientific agencies. New treatments are shared with Arizona Complete Health-Complete Care Plan providers. The doctors will decide if the new treatment is the best treatment for members.

Disease Management

Disease management is a service offered at no cost to members who are getting their healthcare through our integrated plan. If you have a health problem such as anxiety, chronic pain, diabetes, asthma, chronic obstructive pulmonary disease (COPD), or schizophrenia spectrum disorders, our care managers are here to help you. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** if you want to be referred for disease management assistance or for more information.

Orthotics Care

Orthotic devices **for members under the age of 21** are provided when prescribed by the member's PCP, attending physician, or practitioner.

Arizona Complete Health-Complete Care Plan covers orthotic devices for members who are 21 years of age and older when:

- The orthotic is medically necessary as the preferred treatment based on Medicare guidelines; **AND**
- The orthotic costs less than all other treatments and surgery procedures to treat the same condition; **AND**
- The orthotic is ordered by a physician (doctor) or primary care practitioner (nurse practitioner or physician assistant).

If you have any questions, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Medical equipment may be rented or purchased only if there are no other sources that provide the items at no cost. The total cost of the rental must not be more than the purchase price of the item.

Reasonable repairs or adjustments of purchased equipment are covered for all members to make the equipment work correctly and/or when the repair cost is less than renting or purchasing another unit. Parts may be replaced if information is given showing that the parts are not working correctly when authorization is sought.

Additional Covered Services for Adult Members with an SMI Designation Ages 18 to 21

- Identification, evaluation, and rehabilitation of hearing loss.
- Medically necessary personal care. This may include help with bathing, toileting, dressing, walking, and other activities that the member is unable to do for medical reasons.
- Routine preventive dental services, including oral health screenings, cleanings, oral hygiene education, X-rays, fillings, extractions, and other therapeutic and medically necessary procedures.
- Vision services, including exams and eyeglasses (a limited selection of lenses and frames is covered).
- Outpatient speech, occupational, and physical therapy.
- Conscious sedation.
- Children's Rehabilitation Services (CRS) (limitations apply).
- Additional services for QMBs.
- Respite services.
- Chiropractic services.
- Any services covered by Medicare but not by AHCCCS.
- Behavioral healthcare services.

Additional Medical Covered Services for Medicaid-Enrolled Youth Under the Age of 21

These services are also available to members that are under 21 years of age and are enrolled in Medicaid:

- Identification, evaluation, and rehabilitation of hearing loss.
- Medically necessary personal care. This may include help with bathing, toileting, dressing, walking, and other activities that the member is unable to do for medical reasons.
- Nutritional screening, assessment, and therapy.
- Developmental surveillance with anticipatory guidance and screening.
- Routine preventive dental services, including oral health screenings, cleanings, oral hygiene education, X-rays, fillings, extractions, and other therapeutic and medically necessary procedures.
- Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered).
- The replacement and repair of eyeglasses without restrictions to vision services.
- Outpatient speech, occupational, and physical therapy.
- Conscious sedation.
- Additional services for QMBs.
- Respite services.
- Chiropractic services.
- Any services covered by Medicare but not by AHCCCS.

Covered Behavioral Health Services

All Medicaid members enrolled with Arizona Complete Health-Complete Care Plan can get the following AHCCCS-funded behavioral health services. Call Member Services at 1-888-788-4408, TTY/TDD: 711 or talk to your PCP and/or health home for more information about these services:

- Case management services.
- Behavior management (home care training, behavioral health self-help/peer support).
- Psychotropic medications.
- Psychotropic medication adjustment and monitoring.
- Behavioral health nursing services.
- Emergency or crisis services.
- Emergency and non-emergency medically necessary transportation.

- Screening, evaluation, and assessment.
- Individual, group, and family counseling and therapy.
- Inpatient hospital services.
- Institute for mental disease (limited).
- Laboratory, radiology, and medical imaging services for psychotropic medication regulation and diagnosis.
- Opioid agonist treatment.
- Inpatient behavioral health facility services.
- Substance use (opioid, drug, and alcohol) counseling.
- Respite care (with limitations).
- Skills training and development.
- Psychosocial rehabilitation (living skills training, health promotion, and supported employment services).
- Behavioral healthcare services (see the table below).

Available Behavioral Health Covered Services

Services		All Title 19/21 Children and Adults	Non-Title 19/21 Persons Determined To Have SMI
Treatment Services			
Behavioral health counseling and therapy	**Individual**	Available.	Provided based on available state and federal grant funding.
	Group	Available.	Provided based on available state and federal grant funding.
	Family	Available.	Provided based on available state and federal grant funding.

Available Behavioral Health Covered Services			
Services		**All Title 19/21 Children and Adults**	**Non-Title 19/21 Persons Determined To Have SMI**
Behavioral health screening, mental health assessment, and specialized testing	**Behavioral health screening**	Available.	Provided based on available state and federal grant funding.
	Mental health assessment	Available.	Provided based on available state and federal grant funding.
	Specialized testing	Available.	Provided based on available state funding.
Other professional	**Traditional healing**	Provided based on available federal grant funding.	Provided based on available federal grant funding.
	Auricular acupuncture	Provided based on available federal grant funding.	Provided based on available federal grant funding.
	Intensive outpatient	Available.	Provided based on available state and federal grant funding (only SUD services).
	Multisystemic therapy for juveniles	Available.	Not Available.
Rehabilitation Services			
Skills training and development and psychosocial rehabilitation (living skills training, health promotion, supported employment services)	**Individual**	Available.	Provided based on available state and federal grant funding.
	Group	Available.	Provided based on available state and federal grant funding.

Available Behavioral Health Covered Services		
Services	**All Title 19/21 Children and Adults**	**Non-Title 19/21 Persons Determined To Have SMI**
Cognitive rehabilitation	Available.	Provided based on available state and federal grant funding.
Behavioral health prevention/promotion education	Available.	Provided based on available state and federal grant funding.
Psychoeducational services and ongoing support to maintain employment	Available.	Provided based on available state and federal grant funding.
Behavioral Health Medical Services		
Behavioral health medication services	Available.	Medication-assisted treatment provided based on available state and federal grant funding (grant fund limitations) See Behavioral Health Drug List for covered medication.
Behavioral health lab, radiology, and medical imaging	Available.	Labs related to medication-assisted treatment provided based on available state and federal grant funding (grant fund limitations).
Behavioral health-related medical management	Available.	Labs related to medication-assisted treatment provided based on available state and federal grant funding (grant fund limitations).

Available Behavioral Health Covered Services		
Services	**All Title 19/21 Children and Adults**	**Non-Title 19/21 Persons Determined To Have SMI**
Electro-convulsive therapy	Available.	Not Available.
Support Services		
Case management	Available.	Provided based on available state and federal grant funding.
Personal care	Available.	Provided based on available state and federal grant funding.
Home care training (family)	Available.	Provided based on available state and federal grant funding.
Self-help/peer support and family support services	Available.	Provided based on available state and federal grant funding.
Home care training to home care client (HCTC)	Available.	Not Available.
Respite care (reference limitations section for details about coverage limits)	Available.	Provided based on available state and federal grant funding.
Supported housing	Provided based on available state and federal grant funding.	Provided based on available state and federal grant funding.
Sign language or oral interpretive services	Provided at no charge to the member.	Provided at no charge to the member.
Emergency behavioral health transportation	Available.	Provided based on available state funding.
Non-emergency behavioral health transportation	Available.	Limited to crisis service-related transportation.
Crisis intervention (mobile community based)	Available.	Available.

Available Behavioral Health Covered Services		
Services	**All Title 19/21 Children and Adults**	**Non-Title 19/21 Persons Determined To Have SMI**
Crisis intervention (telephone)	Available.	Available.
Crisis services (up to 23-hour stabilization, facility based)	Available.	Available.
Inpatient Services		
Behavioral health detox inpatient facility (substance use disorders)	Available.	Provided based on available federal grant funding.
Behavioral health inpatient facility (mental health disorders)	Available.	Three-day limit per admission in sub acute facilites only based on available state funding.
Residential Services		
Behavioral health residential facility (mental health treatment)	Available.	Not Available.
Behavioral health residential facility (substance use disorder treatment)	Available.	Provided based on available state and federal grant funding.
Room and board	Provided based on available state and federal grant funding.	Provided based on available state and federal grant funding.
Behavioral Health Day Programs		
Partial care supervised day program	Available.	Provided based on available state and federal grant funding.
Partial care therapeutic day program	Available.	Provided based on available state and federal grant funding.
Partial care medical day program	Available.	Provided based on available state and federal grant funding.

Non-Covered Services: What AHCCCS Does Not Cover?

- Non-emergency physical health services that have not been previously approved by your PCP.
- Any care, treatment, or surgery that is not medically necessary.
- Infertility services that include testing and treatment.
- Reversals of elective sterilization.
- Gender-affirming operations.
- Exams to establish the need for hearing aids, glasses, or contacts for members ages 21 and older, except after cataract surgery.
- Hearing aids, eyeglasses, or contacts for members ages 21 and older, except after cataract surgery.
- Services or items for cosmetic reasons.
- Personal or comfort items (only covered for EPSDT, if medically indicated).
- Non-prescription drugs or supplies.
- Drugs prescribed for the treatment of a sexual or erectile dysfunction.
- Drugs classified as Drug Efficacy Study Implementation (DESI) drugs by the FDA.
- Medical marijuana.
- Drugs prescribed solely for weight loss.
- Services given in an institution for the treatment of tuberculosis (TB).
- Medical service given to an inmate or to a person in the custody of a state mental health institution.
- Outpatient speech and occupational therapy for members ages 21 and older. (**Please note:** Outpatient speech therapy is covered only for members receiving EPSDT services, and KidsCare (Title 21 members.)
- Lower limb microprocessor-controlled joint / prosthetic for members ages 21 and older.
- Any service determined as experimental/investigational or done mainly for research or that has not been approved by regulating agencies. AHCCCS members who are enrolled with a plan may participate in experimental treatment, but AHCCCS will not reimburse for the experimental treatment.
- Transplants, including pancreas-only transplants (total, partial, or islet cell) or any other transplant not listed by AHCCCS as covered.
- Physical exam for non-medical purposes (for example, job, school, or insurance exams).
- Abortion counseling and abortions (unless medically necessary per AHCCCS medical policies).
- Any medical services outside of the country.
- Routine/newborn circumcisions.
- Routine healthcare (out-of-area).

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary healthcare, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan."

Exclusions and Limitations Table

The following services are not covered or are limited services for adults ages 21 and older. If you are a QMB, we will continue to pay your Medicare deductible and coinsurance for these services.

Benefit/Service	Service Description	Service Excluded From Payment
Bone-anchored hearing aid	A hearing aid that is put on a person's bone near the ear by surgery. This is to carry sound.	AHCCCS will not pay for the bone-anchored hearing aid (BAHA). Supplies, equipment maintenance (care of the hearing aid), and repair of any parts will be paid for.
Cochlear implant	A small device that is put in a person's ear by surgery to help you hear better.	AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant), and repair of any parts will be paid for.
Lower limb microprocessor-controlled joint/prosthetic	A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.	AHCCCS will not pay for a lower limb (leg, knee, or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.
Orthotics	A support or brace for weak joints or muscles. An orthotic can also support a deformed part of the body. Orthotics means items like leg braces, wrist splints, and neck braces.	Arizona Complete Health-Complete Care Plan covers orthotic devices for **members who are 21 years of age and older** when: • The orthotic is medically necessary as the preferred treatment based on Medicare guidelines; **AND** • The orthotic costs less than all other treatments and surgery procedures to treat the same condition; **AND** • The orthotic is ordered by a physician (doctor) or primary care practitioner (nurse practitioner or physician assistant).

The following services are not covered or are limited services for adults ages 21 and older. If you are a QMB, we will continue to pay your Medicare deductible and coinsurance for these services.		
Benefit/Service	**Service Description**	**Service Excluded From Payment**
Respite care	Short-term or continuous services provided as a temporary break for caregivers and members to take time for themselves.	The number of respite hours available to adults and children under ALTCS benefits or behavioral health services is 600 hours per person within a 12-month period of time. The 12 months will run from Oct. 1 to Sept. 30 of the next year.
Services by podiatrist	Any service that is done by a provider who treats feet and ankle problems.	AHCCCS covers medically necessary podiatry services that are performed by a licensed podiatrist and ordered by a PCP or primary care practitioner.
Transplants	A transplant is when an organ or cells are moved from one person to another.	Approval is based on the medical need and if the transplant is on the "covered" list. Only transplants listed by AHCCCS as covered will be paid for.
Physical therapy	Exercises taught or provided by a physical therapist to make you stronger or help improve movement.	Outpatient physical therapy visits to restore a level of function are limited to 30 visits per contract year (Oct. 1 to Sept. 30 of the following year). Members who have Medicare should talk to the health plan for help in determining how the visits will be counted.

Arizona Complete Health-Complete Care Plan will not be responsible for payment for any non-covered services you choose to get. In special cases you may be able to get services outside of your service area. Please call Member Services at 1-888-788-4408, TTY/TDD: 711 if you would like more information about this.

Consent to Treatment

You have the right to accept or refuse behavioral health services that are offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a "Consent to Treatment" form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a "Consent to Treatment" form, you are also giving AHCCCS permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. This is called informed consent. Informed consent means:

- Telling the patient about a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure.
- Telling the patient about other options.
- Telling the patient about any risks and possible complications.
- Getting permission from the patient or the patient's representative.

An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication. They will also tell you about other options for treatment. Your provider will ask you to give written or verbal permission to take the medication. Let your provider know if you have questions or do not understand the information they give you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

Grant-Funded Services Available to Medicaid-Enrolled and Uninsured or Underinsured Arizona Citizens

Medicaid-enrolled, uninsured, and underinsured individuals may be able to get certain services through grant funding. There are many types of grants. All of them have guidelines about who can get these funds and which services can be used. For example, grant funds might offer services to people who are not covered by Arizona Complete Health-Complete Care Plan, are uninsured, and/or are underinsured. Call your healthcare provider, Behavioral Health Home, and/or Arizona Complete Health-Complete Care Plan to learn more about grants. You can reach us at **1-888-788-4408**, TTY/TDD: **711**.

Types of Grants

Federal Block Grants

These include the Substance Use Block Grant (SUBG), Mental Health Block Grant (MHBG), and Project for Assistance in Transition from Homelessness (PATH) Grant.

1. The SUBG Block Grant is used for treatment and long-term recovery support services for the following persons, in order of priority:
    - Pregnant individuals/teenagers who use drugs by injection.
    - Pregnant individuals/teenagers who use substances.
    - Other persons who use drugs by injection.
    - Substance-using females with dependent children and their families, including females who are attempting to regain custody of their children.

- As funding is available: all other individuals with a substance use disorder, regardless of sex or route of use.

2. The Mental Health Block Grant (MHBG) is used to establish or expand community-based services for Non-Title 19/21 mental health services to children with Serious Emotional Disturbances (SED), adults with SMI, and individuals experiencing First Episode Psychosis (FEP).

State and Federal Opioid Use Disorder Grants

Funding is available through state and federal grants for the treatment of opioid use disorder for uninsured and underinsured citizens of Arizona. You can find out more about these programs by visiting **azcompletehealth.com/completecare** or calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Other Federal and State Grants

Arizona Complete Health-Complete Care Plan sometimes offers special grants such as:

- Grants for members with certain conditions.
- Grants to help uninsured and underinsured people with opioid use disorder.
- Grants to help with prevention and health outreach.
- Grants that target the opioid epidemic.
- Grants to help individuals who are leaving jail or prison.
- Grants to train providers, schools, health plans, and other organizations.
- Short-term grants that have a single purpose and end after a set time or activity.

Accessing Non-Title 19/21 Services Coordinated Through the Arizona Complete Health-Complete Care Plan-Regional Behavioral Health Agreement (ACC-RBHA)

AHCCCS covers Non-Title 19/21 behavioral health services within certain limits for Title 19/21 and Non-Title 19/21 members when medically necessary. These services may include auricular acupuncture, childcare (SUD only), traditional healing, supported housing, and room and board (when in a behavioral health residential facility setting).

Additionally, some services from the Regional Behavioral Health Agreement are available to members who are not eligible for Medicaid (Non-Title 19/21). Grant- and state-funded programs include activities to:

- Prevent and treat substance use disorders and opioid use disorders.
- Provide services for HIV and tuberculosis.
- Provide mental health services to adults with SMI and children with SED.

These services are limited and provided based on whether or not funding is available.

Grant funds may be used for copayment coverage based on available funding and eligibility. Please refer to the *Copayments* section for information about copayments. These funds are provided by the following grants: State Substance Use Disorder Services (SUDS), Arizona Emergency COVID-19 Project, American Rescue Plan Act (ARPA), Mental Health Block Grant (MHBG), State Opioid Response (SOR), State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT), and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG).

You can find out more about these programs by visiting **azcompletehealth.com/completecare** or calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Housing Services

Housing help is available through the AHCCCS Housing Administrator and other resources noted below. Housing applications are to be completed by a member's provider or by Arizona Complete Health-Complete Care Plan.

Arizona Complete Health-Complete Care Plan can help connect you with community and housing resources in your area. Providers can connect you with support services to help you stay in housing, including help finding income or employment, living skills, peer and family support services, and more. You can contact the housing team at **AzCHHousing@azcompletehealth.com**. You can also call Member Services at **1-888-788-4408**, TTY/TDD: **711** and ask to speak with a Housing Management Specialist or Housing Liaison.

Supportive Housing

This is a service that helps members find and keep housing. Help can include:

- Applying for rental support.
- Eviction prevention.
- Utility help.
- Finding local resources.
- Attending or facilitating ABC/HOM Inc. appointments:
  - Housing briefing.
  - Rental lease signing.
  - Lease renewals HQS inspections.
  - Help with any HQS inspection needs.
  - Connecting with a dedicated Permanent Supportive Housing (PSH) provider.

Housing assistance and housing services are offered with Substance Abuse and Mental Health Services Administration's (SAMHSA) evidenced-based practice of permanent supportive housing. Regional Behavioral Health Authorities work with the U.S. Department of Housing & Urban Development, Arizona Department of Housing, local housing authorities, and local housing continuum of care committees. The number of members that can get housing in any given year depends on funding levels.

Health Opportunities (H2O)

H20 is a new program providing additional housing assistance. The goal of the AHCCCS H2O demonstration is to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. AzCH providers, case managers, and housing specialists will help members to receive H2O services.

Housing Specialists

Email **AzCHHousing@azcompletehealth.com** to request contact information for provider Housing Specialists.

AHCCCS Housing Program (AHP)

Members who have an identified housing need can apply for a housing subsidy offered by the AHCCCS Housing Program (AHP). Members should work with their clinical team to explore this option. For more information: **azabc.org**

Housing and Urban Development Continuum of Care (HUD Coc)

Regional Behavioral Health Authorities work with the U.S. Department of Housing & Urban Development, Arizona Department of Housing, local housing authorities, and local housing continuum of care committees. The number of members that can get housing in any given year depends on funding levels.

The Continuum of Care (CoC) program works toward ending homelessness by funding efforts by nonprofit providers and state and local governments to quickly rehouse individuals and families while minimizing the trauma and dislocation caused by homelessness.

In Maricopa County, a member needs to present themselves to a Maricopa CoC Coordinated Entry (CE) access point listed below. The access point will conduct an assessment to identify and prioritize which grant program, if any, the person would qualify for through the CoC. The CoC will then make contact with the individual when housing becomes available. See below for Maricopa County CoC resources.

Maricopa County Access Points for HUD CoC Programs Rapid Rehousing Shelters and DES Resources:

Name	County/ Location	Who or How They Can Help	Contact Information
Brian Garcia Welcome Center	**Maricopa**	**Single adults**	**206 S. 12th Ave. Phoenix, AZ 85007 Walk-in hours: Mon-Fri, 7:30 a.m. to 11 a.m. and 12:30 p.m. to 5 p.m. 1-602-282-0853**
UMOM Diane and Bruce Halle Women's Center	**Maricopa**	**Females only**	**Call for shelter and services: 1-602-362-5833**

Name	County/ Location	Who or How They Can Help	Contact Information
East Valley Men's Center	Maricopa	Males only	Call for shelter and services: **1-480-610-6722**
East Valley Women's Shelter	Maricopa	Females only	Call for shelter and services: **1-480-969-1691**
VA-Community Resource Referral Center (CRRC)	Maricopa	US military service/veterans	1500 E. Thomas Rd. Phoenix, AZ 85014 Walk-in hours: Mon-Fri, 7:30 a.m. to 4:30 p.m. **1-602-248-6040**
Tempe HOPE Outreach	Maricopa, Tempe	Outreach teams connect individuals living on the streets to services	Tempe: **1-480-858-7993**
Tempe Community Bridges Inc. PATH Outreach team	Maricopa, Tempe	Outreach teams connect individuals living on the streets to services	**1-844-691-5948**
Safe Place	Maricopa	24-hour crisis hotline for youth experiencing homelessness	**1-602-841-5799** **childcrisisaz.org/what-we-do/independent-living-program/**
one-n-ten	Maricopa	LGBTQ youth experiencing homelessness	1101 N. Central Ave. Suite 104 Phoenix, AZ 85004 Mon-Fri, 4 p.m. to 8 p.m. **1-602-400-2601**
Homebase Youth Services (Native American Connections)	Maricopa	Youth experiencing homelessness	**1-602-263-7773**
Family Housing Hub	Maricopa	Families with dependent minor children	**1-877-211-8661** **fhhub.org/**

Name	County/ Location	Who or How They Can Help	Contact Information
Pat Gilbert Center	Maricopa, East Valley	Families with dependent minor children	635 East Broadway Rd. Mesa, AZ 85204 Tuesdays only, 8 a.m. to 4 p.m.
Save the Family Foundation	Maricopa, East Valley	Families with dependent minor children	125 East University Dr. Mesa, AZ 85201 Wednesdays only from 8 a.m. to 12 p.m.
Pendergast Community Center/ Family Resource Center	Maricopa, West Valley	Families with dependent minor children	10550 West Mariposa St. Phoenix, AZ 85037 Thursdays only from 8 a.m. to 4 p.m.

Pima County Access Points for HUD Continuum of Care Programs Rapid Rehousing Shelters and DES resources:

In Pima County, a member needs to present themselves to a TPCH CoC CE access point listed below. The access point will conduct an assessment to identify and prioritize which grant program, if any, the person would qualify for through the CoC. The CoC will then make contact with the individual when housing becomes available. See below for Pima County CoC resources.

La Frontera RAPP	Pima	Access Point for HUD Continuum of Care Programs	1082 E Ajo Way, Ste. 100, Tucson, AZ 85713 Phone preferred: **1-520-882-8422** Mon-Fri, 8 a.m. to 4 p.m.
Salvation Army	Pima	Access Point for HUD Continuum of Care Programs	Phone Only: **1-520-622-5411** Mon-Sat, 2 p.m. to 7 p.m.
Primavera Foundation	Pima	Access Point for HUD Continuum of Care Programs	Emergency Services: 702 S. 6th Ave. Tucson, AZ 85701 Mon, Wed, Thur, and Fri. from 9 a.m. to 12:30 p.m. By phone: **1-520-623-5111** **primavera.org/contact/**
Our Family Services	Pima	Access Point for HUD Continuum of Care Programs	By phone: **1-520-323-1708** 2590 N Alvernon Way Tucson, AZ 85712 Mon-Fri, 9 a.m. to 4 p.m.

Name	County/ Location	Who or How They Can Help	Contact Information
Old Pueblo Community Services	Pima		Phone only: **1-520-546-0122** Monday through Friday, from 9 a.m. to 4 p.m.

Balance of State
The Continuum of Care (CoC) program for counties other than Maricopa and Pima works toward ending homelessness by funding efforts by nonprofit providers and state and local governments to quickly rehouse individuals and families while minimizing the trauma and dislocation caused by homelessness.

To find the updated list of rural Coordinated Entry sites by county please use this link: **housing.az.gov/general-public/homeless-assistance**.

Yuma County WAGOC is part of the HUD CoC program. In Yuma County, a member needs to use the link below for WACOG and present themselves for an assessment. WAGOC will conduct an assessment to identify and prioritize which grant program, if any, the person would qualify for through the CoC. The CoC will then make contact with the individual when housing becomes available. See below for the Yuma County resources.

- WACOG — **wacog.com/rapid-rehousing**

Employment Services

Did You Know....?

- Working can be an important part of a person's recovery, as it gives structure and routine while boosting self-esteem and improving financial independence.
- Even if you are collecting public benefits, like Social Security, you may be able to make more money and still keep your medical benefits.
- For people with disabilities, vocational rehabilitation is an important resource to help you reach your job goals.

AHCCCS Employment Services

You may be able to get employment and rehabilitation services through your behavioral or integrated health home. This includes both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be able to get include:

- Career/educational counseling.
- Benefits planning and education.
- Connection to vocational rehabilitation and/or community resources.
- Job skills training.
- Résumé preparation and job interview skills.

- Assistance in finding a job.
- Job support (job coaching).

To learn more about employment services and supports, or to get connected, ask within your behavioral or integrated health home or contact Member Services at **1-888-788-4408**, TTY/TDD: **711**.

How to Connect to Employment Services

Most behavioral or integrated health homes have dedicated employment staff ready to help you. These staff members can connect you with employment services and supports that meet your needs. Staff will work with you to determine the best services based on your job goal.

Ask if your behavioral or integrated health home has dedicated employment staff. If so, set up a meeting to talk about your job goals. If your behavioral or integrated health home does not have dedicated employment staff, talk to your Care Manager or other staff to ask about getting connected.

Still need help? Call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**. We can connect you to Arizona Complete Health-Complete Care Plan's Employment Administrator.

Other Employment Resources

Vocational Rehabilitation (VR)

VR is a program within the Arizona Department of Economic Security (ADES) designed to help eligible individuals who have disabilities prepare for, get, and keep a job. You may be eligible for VR services if:

- You have a physical or mental disability.
- Your physical or mental disability results in a significant barrier to employment.
- You need VR services to prepare for, get, keep, or regain employment.
- You can benefit from VR services in terms of achieving an employment outcome.

Once you apply for the VR program and are determined eligible, you will work with a VR counselor to develop a plan for employment. This includes identifying a competitive employment goal. It will also address any disability-related barriers to employment. Ask your behavioral or integrated health home about a referral to VR or contact a local VR office directly.

For more information and to locate the nearest VR office to you, visit **des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr**.

ARIZONA@WORK

This statewide job center offers a wide array of workforce services to Arizona job seekers at no cost. Through ARIZONA@WORK, you can connect with local employers who have immediate job openings on Arizona's largest employment database, the Arizona Job Connection website.

ARIZONA@WORK can connect you to their partners for expert advice and guidance on everything from childcare, basic needs, vocational rehabilitation for job seekers with disabilities, and educational opportunities.

For more information and to locate the nearest ARIZONA@WORK office, visit **arizonaatwork.com**.

Benefits Planning & Education

There are a number of myths related to work and benefits. There are plenty of people living with disabilities who work and receive benefits — and are better off. Having a disability does not mean that you cannot work. Talk with your behavioral or integrated health home for more information on the following resources:

- **Arizona Disability Benefits 101 (DB101):** This no-cost, user-friendly online tool helps people work through the myths and confusion of Social Security benefits, healthcare, and employment. DB101 helps people make informed decisions about getting a job and how job income and benefits go together. Visit **az.db101.org** to use this tool.
- **ABILITY360:** Within ABILITY360 is a program called Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA) that can help you understand how job income will affect your cash, medical, and other benefits. Call B2W WIPA at **1-602-443-0720** or **1-866-304-WORK (9675)**, or email **b2w@ability360.org** to see if you qualify for this service at no cost.

Peer Support and Family Support Resources

Peer support services and family support services are behavioral health services available to our members. Peer-run organizations are owned, managed, and staffed by people who have received mental health services in the past. They understand what you're going through. These organizations provide a wide range of services to adult members, including:

- Peer support.
- Living skills.
- Job skills.
- Support when coming out of prison.
- Support for veterans.
- And more.

Family support services are run by family members of children with mental health challenges. These organizations service families with children and/or adults with behavioral, emotional, and mental health challenges. They can provide services, including:

- Family support.
- Respite services.
- Wellness and living skills.
- Youth support.
- Support navigating education accommodations for your child.
- Support navigating the Juvenile Justice System.
- Job skills for the families of children receiving behavioral health services.

To find out more, call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

End-of-Life Care

End-of-life care is a member-centered approach with the goal of preserving member rights and dignity while getting any other medically necessary Medicaid-covered services. End-of-life care includes teaching

members and families about illness and treatment choices to keep members healthy and to give them greater choice in deciding their treatment when faced with a life-limiting illness, regardless of age or stage of illness. End-of-life care also allows members to get advanced care planning, palliative care, supportive care, and hospice services. It also usually includes making advance directives (see below).

Sometimes people are unable to make their own healthcare decisions. Before that happens, you can:

- Fill out a written form to give someone the right to make healthcare decisions for you.
- Give your providers written instructions about how you want them to handle your healthcare if you become unable to make decisions yourself.

The legal documents you can use to give your directions are called "advance directives." These documents are a way for you to tell your family, friends, and healthcare providers your wishes. It lets you put your healthcare wishes in writing in case you are seriously sick or injured and cannot tell others what you want.

There are two types of advance directives in Arizona:

- **Living will:** A document that tells your healthcare provider whether to keep giving you treatment if you are near death or are permanently unconscious without hope of recovery. *(Living will: Arizona Revised Statutes §§ 36-3261 et seq.)*
- **Durable power of attorney for healthcare:** A document in which you name someone to make healthcare decisions for you, including decisions about life support, if you can no longer speak for yourself. This person is your healthcare "agent" and may also carry out the wishes you described in your living will. *(Durable healthcare power of attorney: Arizona Revised Statutes §§ 36-3221 et seq. Durable Mental Healthcare Power of Attorney: Arizona Revised Statutes §§ 36-3281 et seq.)*

If you want to create an advance directive:

- Get the form from your providers, your lawyer, a legal services agency, or a social worker.
- Fill out and sign the form. Remember, this is a legal document. You may want to have a lawyer help you fill out the form.
- Give copies to people who need to know about it, including your providers and the person you name as your agent. You may also want to give copies to close friends or family members.
- Be sure to keep a copy at home.

If you are going to be hospitalized, take a copy of your advance directive to the hospital. The hospital will ask you whether you have signed an advance directive form and whether you have it with you. If you have not signed an advance directive form, the hospital will have forms available and may ask if you want to sign one.

The health plan cannot refuse care or otherwise discriminate against you based on whether or not you have an advance directive in place. You are also able to file a grievance if you feel the health plan or a provider has not followed advance directive requirements. The grievance can be filed by contacting Arizona Complete Health-Complete Care Plan Grievance and Appeals Department or directly with AHCCCS and the ADHS Division of Licensing Services.

If you would like more information about end-of-life care and advance directives for you or a loved one, or if you would like to file a grievance, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Specialty Services and Referrals

A *referral* is when your Arizona Complete Health-Complete Care Plan care manager, PCP, or behavioral health home sends you to a specialist for a specific service. Your care manager, PCP, or behavioral health home may want you to see a specialist or get special services. You may call Arizona Complete Health-Complete Care Plan, your behavioral health home, or your PCP if you feel you need a referral for specialized care. A referral can be to a specialty provider, lab, or hospital. Your PCP or behavioral health home will arrange for the specialty services listed below. Some of these specialty services may need prior authorization.

- Nutritional assessments for members ages 21 years and older.
- Home health visits.
- Organ transplants.
- Skilled nursing home care.
- Rehabilitation services like physical therapy, occupational therapy, or speech therapy.
- Specialist care.
- Surgery.
- Certain X-rays, scans, or medical tests.
- Durable medical equipment (DME), such as wheelchairs or oxygen.

You do not need a referral for the following specialty services:

- Emergency services, including non-contracted out-of-network emergency departments.
- Urgent care services.
- Most behavioral health outpatient services (see the Behavioral Health Services section for more information).
- OB/GYN services.
- Family planning services and supplies.
- Audiology services to evaluate hearing loss on both an outpatient and inpatient basis. This includes augmentative and alternative communication devices (AAC) for both speech generating and non-speech generating equipment. For help finding a provider, contact your care manager or member services.
- Dental services for children under the age of 21.

Please note: Individuals can have a pap smear or mammogram screening *(after age 40 and at any age if considered medically necessary)* once a year without a referral from their PCP. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for more information on pap smears and mammograms.

We may need to review and approve certain referrals and special services before you get them. Some medical services and specialists need our prior approval. If they do, your care manager, PCP, or behavioral health home will arrange prior authorization for these services. We must review these requests. Your Arizona Complete Health-Complete Care Plan care manager, PCP, specialty provider, or behavioral health home will let you know if your prior authorization request is approved. You can also call Member Services at **1-888-788-4408**, TTY/TDD: **711** to find out the status of your request.

Denial of Requests for Specialty Services

If your specialty provider request is denied, we will let you know by mail. Our letter will also tell you how to appeal our decision if you are not happy with the decision. If you have a question about the denial, you may call Member Services at **1-888-788-4408**, TTY/TDD: **711**. For more information about filing an appeal for a denied authorization, please see the section titled *Complaints: What Should I Do if I Am Unhappy?* in this handbook.

If you are getting SUD services that are funded by the Substance Use Block Grant (SUBG), you have the right to get services from a provider whose religious or moral character you do not object to. If you object to the religious or moral character of your SUD treatment provider, you may ask for a referral to another provider of SUD treatment. You will get an appointment with the new provider within seven days of your request for a referral or earlier, if needed. The new provider must be available to you and provide SUD services that are similar to the services that you were getting at the previous provider.

If you are having trouble getting services due to the moral or religious objections of a provider, please call Member Services at 1-888-788-4408, TTY/TDD: 711. We can help you find a provider that can meet your needs.

Members Who Are American Indian

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

Your Primary Care Provider (PCP)

Your PCP or behavioral health home arranges most of your healthcare services. Your PCP or behavioral health home may provide your medical services. Your PCP or behavioral health home may also make plans for you to get these services from another provider (sometimes called a specialist). **You should always call your PCP or behavioral health home before you see any other provider or try to get outside services.**

You do not have to see your PCP or behavioral health home for the following:

- Emergency services.
- Urgent care services.
- Crisis services.
- Behavioral health services.
- Substance use disorder services.
- OB/GYN services.
- Dental services.

Please note: Members can have a pap smear or mammogram screening *(after age 40 and at any age if considered medically necessary)* once a year without a referral from their PCP. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for more information on pap smears and mammograms.

How to Choose or Change a PCP

When you become an Arizona Complete Health-Complete Care Plan member, you must choose a PCP or we will assign you one. You PCP will be your main provider who will direct and advocate for your care. You have the freedom to choose any PCP in our network. Your PCP can be any of the following types of providers:

- A family or general practitioner.
- An internist.
- An OB/GYN.
- A pediatrician or adolescent medicine physician.
- A registered nurse practitioner.
- A physician assistant.
- A specialist who performs PCP functions.

It is important that you choose a PCP who makes you feel comfortable. When you have a PCP that you like, your PCP will be able to better help you with your healthcare. This relationship is very important in providing you the care you need. You can find a list of our providers on our website at **azcompletehealth.com/completecare** or by calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

If you wish to change your PCP, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help. We can change your PCP on the same day that you ask for a change. However, we ask that you try not to change your PCP more than twice a year.

How Can Doctor Visits Help You Stay Healthy?

- Make sure children under the age of 21 get their annual well-exams and vaccines. A well-child visit/check is the same as an Early Periodic Screening, Diagnostic and Treatment (EPSDT) visit.
- Adults ages 21 and older should get their annual well exams and visit their PCP when they get sick or to care for a chronic condition.
- Schedule preventive exams such as pap smears, mammograms *(after age 40 and at any age if considered medically necessary)*, and cancer screenings once a year or as needed. Talk to your provider about other important screening and preventive tests, such as colonoscopies, prostate exams, diabetes and cholesterol tests, a review of any needed vaccines (immunizations), lifestyle counseling, and any other necessary referrals.
- Keep your appointment for tests that your provider has ordered for you.
- Know why it is important for you to have the test done and what could happen if you don't have it done.
- Ask your provider to help you learn how to take better care of yourself.

How to Make, Change, or Cancel an Appointment

How to make an appointment:

- Call your PCP, dentist, or specialist to schedule your appointment.

- Tell the provider's office your name, your Arizona Complete Health-Complete Care Plan ID number (this appears on the front of your plan ID card), your provider's name, and why you need to see this provider.

How to change an appointment:

- Call your provider's office at least 24 hours ahead of time.
- Tell the provider's office your name, your Arizona Complete Health-Complete Care Plan ID number, and the date of your appointment. Ask to set a new date to see your provider.

How to cancel your appointment:

- Call your provider's office 24 hours ahead of time.
- Tell the provider's office that you want to cancel your appointment and provide them with your name, your Arizona Complete Health-Complete Care Plan ID number, and the date of your appointment.
- If already arranged, call Member Services at **1-888-788-4408**, TTY/TDD: **711** to cancel transportation or interpreter services when no longer needed.

If you are unable to contact your provider's office and need help, please call Arizona Complete Health-Complete Care Plan Member Services at 1-888-788-4408, TTY/TDD: 711.

Appointment Availability: How Long Should it Take to See a Provider?

When you call your provider to set up an appointment or get a referral for an appointment you should expect to see that provider within the timelines below:

PCP	• **Urgent** — As expeditiously as the member's health condition requires but no later than 2 business days of request • **Routine** — Within 21 calendar days of request
Specialty/ Dental Specialty	• **Urgent** — As expeditiously as the member's health condition requires but no later than 2 business days of request • **Routine** — Within 45 calendar days of request
Dental	• **Urgent** — As expeditiously as the member's health condition requires but no later than 3 business days of request • **Routine** — Within 45 calendar days of request
Maternity	• **First Trimester** — Within 14 calendar days of request • **Second Trimester** — Within 7 calendar days of request • **Third Trimester** — Within 3 business days of request • **High-Risk Pregnancies** — As expeditiously as the member's health condition requires and no later than 3 business days of identification of high risk by Arizona Complete Health-Complete Care Plan or maternity care provider, or immediately if an emergency exists.

Behavioral Health – Provider Appointments	• **Urgent Need** — As expeditiously as the member's health condition requires but no later than 24 hours from identification of need • **Routine Care** — Initial assessment within 7 calendar days of referral • **The first behavioral health service following the initial assessment.** · Within the time frame indicated by the behavioral health condition: – For members ages 18 years or older, no later than 23 calendar days after the initial assessment – For members under the age of 18 years old, no later than 21 days after the initial assessment • **All subsequent services —** As expeditiously as the member's health condition requires, but no later than 45 calendar days from the identification of need
Behavioral Health – Psychotropic Medications	• Assess the urgency of the need immediately. • If clinically indicated, provide an appointment with a Behavioral Health Medical Professional (BHMP) within the time frame that ensures the member a) does not run out of needed medications; or b) does not decline in their behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need

For persons in the legal custody of the Department of Child Safety and adopted children in accordance with A.R.S. §8-512.01, behavioral health appointments standards are:

- Rapid response: 72 hours.
- Rapid response initial assessment: seven calendar days.
- Rapid response initial appointment: 21 calendar days.
- Rapid response subsequent services: 21 calendar days.

If you cannot get an appointment within the listed time frames, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Well Visits

Well visits (well exams) are covered for members under the age of 21 through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations.

What Is a Preventive and Well Care Service Visit?

Preventive care can help you stay healthy and keep you from getting sick. A yearly preventive well care visit is a covered benefit that you get as an Arizona Complete Health-Complete Care Plan member. There is no copayment or other charge for an annual preventive care visit. You get services such as:

- Physical exam (well exam) for your overall health.
- Clinical breast exam.
- Pelvic exam as necessary.
- Immunizations (shots) and tests based on your age and any risk factors.

- Screening, counseling, and referrals as needed with a focus on how to live a healthy lifestyle and reduce your health risks, including:
  - Proper nutrition.
  - Physical activity.
  - Elevated body mass index (BMI) indicative of obesity.
  - Tobacco/substance use, abuse, and/or dependency.
  - Depression screening.
  - Interpersonal and domestic violence screening, that includes screening and counseling (adolescents included) in a culturally sensitive and supportive manner to address safety and health concerns.
  - Sexually transmitted infections (STIs).
  - Human Immunodeficiency Virus (HIV).
  - Family planning, services, and supplies.
  - Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
    - Reproductive history and sexual practices.
    - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake.
    - Physical activity or exercise.
    - Oral healthcare.
    - Chronic disease management.
    - Emotional wellness.
    - Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use.
    - Recommended intervals between pregnancies.
    - Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.
      - Genetic testing is only covered under specific circumstances.

Well-Child Care/Early Periodic Screening, Diagnostic and Treatment (EPSDT)*

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the name of the Medicaid benefit that ensures AHCCCS members under the age of 21 receive comprehensive health care through prevention, early intervention, diagnosis, correction, amelioration (improvement), and treatment for physical and behavioral health conditions.

The purpose of EPSDT is to ensure the availability and accessibility of healthcare resources, as well as to assist EPSDT-aged members and their parents or guardians in effectively utilizing these resources.

Amount, Duration and Scope:

The Medicaid Act defines EPSDT services to include screening services, vision services, replacement and repair of eyeglasses, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

This means that services covered under EPSDT include all categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

Some additional examples of services covered under EPSDT include, but are not limited to, well-child (preventive) visits, inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, therapy services, behavioral health services, medical equipment, appliances and supplies, orthotics, prosthetic devices, transportation to medical appointments, family planning services and supplies, and maternity services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT does not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions. Well-child visits for EPSDT-aged members, even when they are healthy, are important because they include all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules and can identify problems early.

The well-child program includes the following procedures and tests to be performed as recommended by Arizona Complete Health-Complete Care Plan or at any time if medically indicated:

- Medical history evaluation.
- Height and weight measurements, including BMI for those 24 months and older.
- Head circumference from birth to 24 months.
- Blood pressure measurement (the need for blood pressure measurement for children from birth to 24 months should be assessed by PCP).
- Nutritional assessment.
- Vision assessment.
- Hearing and speech assessment.
- Developmental assessment including Autism Spectrum Disorder (ASD) screening.
- Physical examination.
- Behavioral assessments including alcohol and drug use, adolescent suicide, and postpartum depression.
- Immunizations.
- Tuberculin (tuberculosis) test for members at risk between the ages of 12 months through age 20.

- Hematocrit/hemoglobin testing.
- Urinalysis testing.
- Lead screening/verbal testing.
- Lead screening test and blood lead testing at ages 12 and 24 months and at 36 and 72 months if not previously tested.
- Anticipatory guidance.
- Dyslipidemia screening.
- Dyslipidemia testing (one-time testing between 18 and 20 years of age).
- STI screening (risk assessment for those ages 11-20).
- Cervical dysplasia screening (risk assessment for those ages 11-20).
- Oral health assessments every six months.
- Newborn Metabolic Screening.
- Fluoride varnish may be applied by the PCP during these visits beginning at 6 months of age with at least one tooth and may be repeated every three months until the age of 5 years.
- Dental referral: First examination is encouraged to begin by 6 months of age. Repeat dental visits every six months or as indicated by child's risk status. For more information on dental care coverage, please see the "Dental Care" section in this handbook.

Well-child care will also give you ideas about how to:

- Keep your child well.
- Protect your child from getting hurt.
- Spot health problems early.
- Apply for services like WIC, Head Start, Children's Rehabilitative Services (CRS), and the Arizona Early Intervention Program (AzEIP).

All children should see their provider for well-child visits regularly. Well-child checkups should be done at the following ages or at any other time based on your provider's advice:

- Newborn
- 3-5 days old
- 1 month
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old
- Annually from 3 through 20 years old

We will send you a reminder about well-child checkups. Make an appointment with your PCP. It is important for your child to go to all well-child checkups.

Preventive and Well Care

Female members, or members assigned female at birth have direct access to preventive and well care services from a PCP, OB/GYN, or other maternity care provider within the contractor's network without a referral from a primary care provider. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711** for more information on pap smears (a test for cervical cancer), mammograms (a test for breast cancer), and colonoscopies (a test for colon cancer).

Our members can go directly to a network OB/GYN for preventive and routine healthcare services. No referral is needed from your PCP.

Call for An Appointment

It is important to meet with your PCP. If you need help finding a provider or need a ride to your appointment, call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Family Planning

Family planning services and supplies are available at no cost to all members of reproductive age, regardless of gender. You may also get family planning services and supplies from your PCP, OB/GYN, or other maternity care provider. Our providers can help you choose birth control methods that will work for you. No referral or prior authorization is needed from your PCP.

The following family planning services and supplies include:

- Birth control counseling.
- Pregnancy tests, medical exams, and lab work, including ultrasound studies related to family planning.
- Screening and treatment for STIs.

The following methods of birth control:

- Birth control pills.
- Depo-Provera® shots.
- Long-acting reversible contraceptives (LARC) and immediate postpartum long-acting reversible contraceptives (IPLARC), such as:
  - Implantable contraceptives.
  - IUDs (Intra-uterine devices).
  - Condoms.
  - Diaphragms.
  - Foams.
  - Suppositories.
- Treatment of complications from birth control, including emergency treatment.
- Natural family planning and referral to qualified health professionals.
- Post-coital emergency contraception (also known as the "morning after pill") within 72 hours of unprotected sexual intercourse.
- Sterilization for both tubal ligations and vasectomies for members who are at least 21 years old.

The following services are *not* covered under family planning:

- Infertility services, including testing, treatment, or reversal of a tubal sterilization or vasectomy.
- Pregnancy termination counseling.
- Pregnancy termination, unless you meet the conditions described in the *"Medically Necessary Pregnancy Termination"* section above.
- Hysterectomies if done for family planning only.

If you are thinking about or planning on getting pregnant, it is important to talk with your provider. Your provider can work with you to assess any risks and ensure you are healthy before getting pregnant. These counseling services can be part of an annual visit. This counseling does not include genetic testing.

We also want you to be able to get medical care if you lose your Arizona Complete Health-Complete Care Plan eligibility. This handbook contains a list of clinics that offer low- or no-cost medical care. Call these clinics to find out about services and costs. If you have questions or need help, call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

If you lose eligibility for Arizona Complete Health-Complete Care Plan services, we can help you find low- or no-cost family planning services and supplies. You may also call the Arizona Department of Health Services Hotline at **1-800-833-4642**.

Maternity Care

When you become pregnant, we want you to have a healthy pregnancy and a healthy baby. We have special programs that can help you throughout your pregnancy and after your baby's birth.

If you find out that you are pregnant, please call us so that we can tell you more about what we offer and how we can work with you to have the best outcomes for your pregnancy. Please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Maternity care services include, but are not limited to:

- Medically necessary preconception counseling.
- Identification of pregnancy.
- Medically necessary education and prenatal services for the care of the pregnancy.
- Treatment of pregnancy-related conditions.
- Labor and delivery services.
- Postpartum care and services.
- Outreach and family planning services and supplies to include immediate postpartum long-acting reversible contraceptives (IPLARC/LARC).

It is important that you make and keep appointments with your provider during your pregnancy. An Arizona Complete Health-Complete Care Plan maternal child health (MCH) coordinator will support you during and after your pregnancy. If you need help finding a provider to take care of you during your pregnancy and delivery, call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Members who newly transition to Arizona Complete Health-Complete Care Plan or become enrolled during their third trimester shall be allowed to complete maternity care with their current AHCCCS-registered provider, regardless of whether that provider is contracted with Arizona Complete Health-Complete Care Plan, to ensure continuity of care.

Maternity care coordination consists of the following maternity care related activities:

- Talking with you about your medical or social needs.
- Developing a plan of care designed to address those needs.
- Help with referrals to appropriate providers and community resources as needed.
- Following up with referrals to ensure services are received.
- Revising the plan of care as needed.

Breastfeeding and offering your breast milk are wonderful gifts that you can give your baby.

Breast milk is good for your baby. It increases the bond between birthing parent and baby and it may protect babies from illness. You can also benefit from breastfeeding as it can lower your risk of diabetes, some breast cancers and ovarian cancers. Breastfeeding may also help you lose some baby weight. The first few weeks can be tiring and difficult as you and your baby both learn to breastfeed. The first few weeks are important to establish your milk supply and can be a time when many parents stop breastfeeding. It is important to get help early, before small concerns turn into big problems.

Members can contact Arizona Complete Health to obtain a breast pump at no cost. Please call your Health Plan Care Manager, Care Coordinator, or Member Services for more information at **1-888-788-4408**, TTY/TDD: **711**. For 24-hour help with any breastfeeding concerns or problems, call the **24-hour Breastfeeding Hotline at 1-800-833-4642**. We can also help you get a breast pump if you decide to breastfeed.

Pregnancy Identification

As soon as you think that you are pregnant, call your PCP to get a pregnancy test. Once you know that you are pregnant, it is important to choose a prenatal care provider. Please note: Your prenatal care provider may also serve as your PCP, unless you are seeing a licensed midwife. Licensed midwives are not able to provide primary care services, as these services are not within their scope of practice. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** to choose a prenatal care provider that is right for you. Then call the provider to make your first appointment. You do not need a referral to see a prenatal care provider. Should you transition to a new health plan while pregnant or enroll during your third trimester of pregnancy, you can continue to receive maternity care services with your current AHCCCS registered provider, even if that provider is not contracted with Arizona Complete Health, to ensure continuity of care.

There are different types of prenatal care providers that you can choose from. You may choose:

- A doctor that specializes in pregnancy (also known as an obstetrician).
- A certified nurse midwife.
- A licensed midwife (if you are over the age of 18 and are not high risk).
- A nurse practitioner.
- A physician's assistant.

Prenatal Care

Prenatal care **is the healthcare that happens during pregnancy. It has three parts:**

1. Early and continuous risk assessment.
2. Health education and promotion.
3. Medical monitoring, intervention, and follow-up.

Call to get an appointment as soon as you know that you are pregnant. Please note: It is very important to go to all of your prenatal appointments as scheduled by your provider. During your prenatal care visits your provider may give this care:

- Checkups (including blood pressure checks, checking your weight, checking your baby's movement and growth, and listening to your baby's heartbeat).
- Tests you may need, such as blood tests and urine tests to check that you are well.
- Check for infections, including sexually transmitted infections and HIV/AIDS. Note: Voluntary prenatal HIV/AIDS testing is very important and available for you and your baby, as well as counseling and treatment services if testing is positive. If you have questions or need more information about testing and/or available services, call Member Services **1-888-788-4408**, TTY/TDD: **711**.
- Give you prescriptions for prenatal vitamins or other medications.

When you find out you are pregnant, your provider must see you within:

- Fourteen days if you are in your first trimester.
- Seven days if you are in your second trimester.
- Three days if you are in your third trimester.
- Three days if your pregnancy is high risk or immediately if it is an emergency.

If you are not able to get an appointment within these time frames, call Member Services at **1-888-788-4408**, TTY/TDD: **711**. We will help you get a timely appointment. Call Member Services if you need a ride to your prenatal care appointments.

During your prenatal care visits, your provider will talk to you about staying healthy during your pregnancy. Your provider may talk about:

- Eating healthy foods.
- Exercise during pregnancy.
- Not smoking, not drinking alcohol, and not using other drugs during pregnancy (including prescription opioid use).
- Intimate partner violence.
- Medications during pregnancy.
- Screening for STIs or hepatitis.
- HIV/AIDS testing, counseling, and treatment if testing is positive.
- Dangers of lead exposure to pregnant individual and their baby.

- The normal pregnancy changes your body will go through.
- The process of labor and delivery.
- When to call your provider right away for health changes.
- Postpartum depression and other changes in mood.
- Plan of safe care and infant sleep following delivery.
- Breastfeeding.
- Postpartum follow-up.
- Pregnancy spacing and family planning services and supplies, such as immediate postpartum long-acting reversible contraceptives, birth control pills, Depo-Provera® shots, condoms, diaphragms, foams, and suppositories.

There is no charge for pregnancy-related services. At your first visit, your provider will also do a risk assessment to identify your medical, behavioral, or social needs. Your answers and needs will show the provider how a pregnancy will be set. At this time, your provider will make referrals to community service offices and resources can be coordinated. Some examples of community services are Women, Infants and Children (WIC) and other state assistance programs like the Department of Economic Security (DES). DES provides financial aid to Arizona residents that qualify at application.

Your pregnancy care plan may be changed as needed. If you need help during your pregnancy, call Member Services at **1-888-788-4408**, TTY/TDD: **711**. Arizona Complete Health-Complete Care Plan has care managers to help our providers with maternity care coordination. You can change providers or plans during your pregnancy. Your care manager can help you do this. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** if you need help for any of these reasons.

HIV/AIDS Testing

Voluntary, confidential HIV/AIDS testing services are available to prenatal and non-prenatal members. Information is also provided regarding the availability of medical counseling and treatment, as well as the benefits of treatment for pregnant members and their babies if a test is positive. Arizona Complete Health-Complete Care Plan can help. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** for information about confidential testing or counseling services.

High-Risk Pregnancy

Your pregnancy may be high risk if you or your baby have a medical or other condition that could make you or your baby sick while you are pregnant or after delivery. Your provider will work with you to identify any risk factors. Arizona Complete Health-Complete Care Plan has care managers who can help you with your high-risk pregnancy at no cost. Our care managers can answer questions and help with appointments or referrals. If you want to talk to a care manager, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Labor and Delivery Care

When your baby is due (pregnancy is usually 40 weeks until delivery), your OB/GYN will deliver your baby at a hospital or birthing center. Hospitals are listed in the Provider Directory. If your pregnancy is not high risk, you may be able to deliver your baby at home with a licensed physician, midwife, or certified nurse midwife.

Postpartum Care

Postpartum care is the healthcare that begins on the last day of pregnancy and continues up to 12 months after delivery. This final part of maternity care is very important and should not be avoided, even if your delivery went well. During a postpartum visit, your provider will examine you for medical and behavioral health needs after your baby is born.

Many individuals that have given birth can feel sad or depressed, or have other changes in their mood after their baby is born. Tell your provider if you have feelings of depression, or other mood and anxiety concerns. These concerns can be treated. It is important to let someone know if you are feeling this way.

Call Member Services at **1-888-788-4408**, TTY/TDD: **711** to schedule an appointment or if you need a ride to your postpartum care appointments.

Family Planning Services and Supplies

You have the freedom of choice to seek family planning services and supplies from any in-network or out-of-network PCP or OB/GYN. No referral or prior authorization is needed from your PCP for family planning services or supplies, or for OB/GYN services. Family planning services and supplies require no copayment and are offered at no cost to you.

Covered family planning services and supplies for members include the following:

- Contraceptive counseling, medication, and/or supplies, including but not limited to:
  - Oral and injectable contraceptives.
  - Long-acting reversible contraceptive (LARC) including placement of immediate postpartum long-acting reversible contraceptives (IPLARC).
  - Diaphragms.
  - Condoms.
  - Foams.
  - Suppositories.
- Medical and lab exams, including ultrasounds related to family planning.
- Treatment of complications resulting from the use of birth control, including emergency treatment.
- Natural family planning education or referral to qualified provider.
- Emergency oral contraception within 72 hours after unprotected sex.
- Pregnancy screening.
- Medications when associated with medical conditions related to family planning or other medical conditions.
- Screening and treatment for sexually transmitted infections (STI's), regardless of gender.
- Sterilization services, regardless of gender, when requirements are met.

We also want you to be able to get medical care if you lose your Arizona Complete Health-Complete Care Plan eligibility. We can help you find low- or no-cost family planning services and supplies. This handbook

has a list of clinics that offer low- or no-cost medical care. Call these clinics to find out about services and costs. If you have questions or need help, call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**. You may also call the Arizona Department of Health Services Hotline at **1-800-833-4642**.

Medically Necessary Pregnancy Terminations

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

1. The pregnant woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant woman by:
    - **a.** Creating a serious physical or behavioral health problem for the pregnant woman,
    - **b.** Seriously impairing a bodily function of the pregnant woman,
    - **c.** Causing dysfunction of a bodily organ or part of the pregnant woman,
    - **d.** Exacerbating a health problem of the pregnant woman, or
    - **e.** Preventing the pregnant woman from obtaining treatment for a health problem.

Dental Care

Members Under 21 Years of Age

All dental health checkups, cleanings, and treatments are covered for members under the age of 21. A referral is not needed to see a dentist. Two routine and preventive dental visits are covered per year for members under the age of 21. It is important to take yourself or your child to the dentist twice a year to keep teeth healthy. A child's first dental visit is recommended when the first tooth erupts but no later than 12 months old. Children should visit their dentist for a checkup every six months.

Every member under age 21 needs to have a dental home. A dental home is an assigned dentist who will get you or your child the dental care that is needed. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** to select a dentist. If you do not choose a dentist, one will be assigned to you. If a dentist is assigned that you do not want, or if you see a dentist already in our network and you are happy with that dentist, please call Member Services at **1-888-788-4408**, TTY/TDD: **711** to ask to keep that dentist.

Arizona Complete Health-Complete Care Plan sends dental checkup reminder letters to members. It is important to go to your scheduled visits because dentists can help prevent cavities. They can also use dental fluoride treatments and teach you and your child how to care for teeth. It is important to visit the

dentist for checkups two times every year. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** if you need help finding a dental provider. Once you choose a dentist, you can call their office to make, change, or cancel an appointment. Your dentist is available to you even if school-based or mobile dental providers are not accessible.

The following routine dental services are only covered for members under the age of 21:

- Dental exams.
- Dental cleanings.
- Fillings for cavities.
- X-rays to screen for dental problems.
- Application of fluoride.
- Emergency dental services.

Use these guidelines for scheduling appointments for your child:

- Urgent: As soon as the member's health condition requires but no later than three business days of request.
- Routine: Within 45 calendar days of request.

Make sure you take your child's Arizona Complete Health-Complete Care Plan ID card with you to their dental appointment. If you need to make, change, or cancel a dental appointment please call your dentist or Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711** for help.

Members 21 Years of Age and Older

What if you are over the age of 21 and have a dental emergency? Limited dental services are covered to relieve severe pain and/or infection. Adult members 21 years of age and older can get emergency dental services, limited to $1,000 member per contract year. Emergency services over the $1,000 benefit are the member's responsibility.

Routine dental services are not covered for members 21 years of age or older. Arizona Complete Health-Complete Care Plan covers medical and surgical services related to dental (oral) care only if such services may be performed under State law by either a physician or by a dentist and the services would be considered physician services if done by a physician. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as pain, infection, or fracture of the jaw. Covered dental services include a limited exam of the mouth, X-rays, care of fractures of the jaw or mouth, and giving anesthesia, pain medication, and/or antibiotics.

What else is covered? Certain pre-transplant services for treating oral infections and oral disease (such as dental cleanings, treatment of periodontal disease, filings, simple restorations, or extractions). The extraction of teeth before radiation treatment of cancer of the jaw, neck, or head is also covered. Dental cleanings are covered for members who are in an inpatient hospital setting and are placed on a ventilator or are unable to perform oral hygiene. These services are not part of the $1,000 adult emergency dental limit.

Pharmacy Services

The Arizona Complete Health-Complete Care Plan *formulary*, or Preferred Drug List (PDL), is a guide to available brand-name and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. The PDL is available at **azcompletehealth.com/members/medicaid/benefits-services/pharmacy.html**.

The PDL includes drugs available without prior authorization. Some medications require prior authorization or have limitations on age, dosage, and maximum quantities. For some drugs, you must try another drug first. This is called *step therapy* (see below).

Arizona Complete Health-Complete Care Plan will cover the drugs listed on our PDL as long as they are medically necessary and appropriate. The Arizona Complete Health-Complete Care Plan PDL includes all medications covered on the related AHCCCS PDL and includes additional products that are safe and effective. The PDL is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered.

The PDL is continually evaluated by the AHCCCS Pharmacy and Therapeutics (P&T) Committee and the Arizona Complete Health-Complete Care Plan Pharmacy team to promote the appropriate, medically necessary, and cost-effective use of medications. Annual updates and major changes in the PDL are communicated to providers and members by direct mail (e.g. fax, email, mail), as needed.

Generic Substitution

Generic drugs have the same active ingredients as their brand-name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and to work the same as brand-name drugs. The generic drug will generally be provided to you at the pharmacy unless the PDL specifically notes that the brand name drug is preferred. If there is no generic available, there may be more than one brand-name drug to treat a condition. Preferred brand-name drugs are listed on the PDL to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not right for your condition.

Step Therapy

Some medications listed on the Arizona Complete Health-Complete Care Plan PDL may require that you try another medication first. This is called *step therapy*. If we have a record that you tried the required medication first, then the step therapy medication will be automatically covered. If we do not have a record that you tried the required medication first, you or your provider may have to give us more information, or your provider may have to get prior authorization. If Arizona Complete Health-Complete Care Plan does not grant prior authorization, we will notify you and your provider, and give you information on how to file an appeal.

What is Prior Authorization?

Some drugs must be approved by Arizona Complete Health-Complete Care Plan before you get them. This is called prior authorization. Ask your provider if your prescription needs prior authorization. If it does, ask if there is another, preferred medicine that can be used that does not require prior authorization. Arizona Complete Health-Complete Care Plan providers know:

- Which drugs are on the PDL.
- Which drugs are preferred and which drugs require prior authorization.
- How to request prior authorization.
- Special procedures for when you need a drug right away (urgent requests).

Your provider can decide if you need to have a non-preferred drug. If so, they must give Arizona Complete Health-Complete Care Plan a request for prior authorization.

Our pharmacy program includes many medications. We work with providers and pharmacists to make sure we cover drugs that can treat many different conditions and diseases. When ordered by a provider, we cover prescription medications and certain over-the-counter (OTC) medications.

What if a Drug is not on the PDL/Formulary?

The PDL is not a complete list of drugs covered by Arizona Complete Health-Complete Care Plan. If the medicine your provider feels you need is not on our list of covered drugs and you can't take any other medication except the one prescribed, your provider may ask for prior authorization.

Arizona Complete Health-Complete Care Plan will approve your request if the drugs on our formulary would not be as effective in treating your condition and/or would cause you to have serious side effects.

What if My Request is Denied?

When Arizona Complete Health-Complete Care Plan denies a request for authorization we will mail a *Notice of Adverse Benefit Determination or Notice of Decision (NOD)* to the member and an explanation letter to your provider. The member's Notice of Adverse Benefit Determination will tell the member how to file an appeal.

If Arizona Complete Health-Complete Care Plan is reducing, suspending, or terminating an existing service, there are additional rights and rules that apply, other than just being able to file an appeal.

How to Fill a Prescription

All prescriptions should be filled at an in-network pharmacy. You can use our Provider Directory to find a pharmacy near you. You can also call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help finding a pharmacy. At the pharmacy, you will need to show the pharmacist your prescription and your member ID card.

If you take medicine for an ongoing health condition, you can have your medications mailed to you. Arizona Complete Health-Complete Care Plan works with a mail-order pharmacy to give you this service at no cost. If you choose this option, your medicine will be mailed right to your door. You can schedule your refills and reach pharmacists if you have questions.

Beginning Jan. 1, 2024, mail-order pharmacy services will be provided by Express Scripts. Please visit express-scripts.com/rx on or after Jan. 1, 2024, for more information.

Some specialty drugs are only covered when supplied by our specialty pharmacy provider. Most of these drugs need prior authorization.

If you have other insurance besides Medicare Part D, we will only pay the copays (if applicable) if the drug is also on our list of covered drugs.

For pharmacy issues or help after hours, on weekends, or on holidays (including if you are turned away from the pharmacy when you try to get your prescription), please call Member Services at 1-888-788-4408, TTY/TDD: 711. We are here for you 24 hours a day, seven days a week.

What You Need to Know About Your New Prescription

When you get a medication prescription from your provider or dentist, be sure and let them know about any other medications you may be taking. This includes other prescriptions, OTC medications, vitamins, and supplements.

When you pick up your prescription, the pharmacist will talk to you about your new medication. Ask your pharmacist about how to take your medication and about any side effects that could happen. The pharmacy will also give you printed drug information when you fill your prescription. It will explain what you should and should not do, and possible side effects.

Refills

The label on your medication bottle tells you how many refills your provider has ordered for you. If your provider has ordered refills, you may only get up to one 30-day fill at a time. Call your pharmacy for a refill before you run out of your medication. Your pharmacy will tell you when you can pick up your refill.

If your provider has not ordered refills, you or the pharmacy must call your provider before your medication runs out. Talk to your provider or pharmacy about getting a refill. The provider may want to see you before giving you a refill.

What Should I do if the Pharmacy Cannot Fill My Prescription?

Call Member Services at **1-888-788-4408**, TTY/TDD: **711**. We can help find out why your prescription cannot be filled. Sometimes a primary insurance may be entered wrong or it may be too soon to refill. Other times the medication is not on our list of covered drugs. If the pharmacy turns you away or will not fill your prescription, ask if you and the pharmacist can call Member Services together to find out what is happening. We will work with you and the pharmacy to find the best options for you.

Exclusive Pharmacies

Arizona Complete Health-Complete Care Plan wants to keep members safe. We may assign members to a pharmacy home or exclusive pharmacy. Exclusive pharmacies are chosen by the member or assigned by Arizona Complete Health-Complete Care Plan to provide all medically necessary medications. You may be assigned to an exclusive pharmacy if you used the following in a three-month time period:

- More than four prescribers **AND**
- More than four different abuse-potential drugs **AND**
- More than four pharmacies **OR**
- You got 12 or more controlled substance medications in the past three months **OR**
- You gave the pharmacy a forged or altered prescription.

How to Access Behavioral Health Services from Arizona Complete Health-Complete Care Plan

Your PCP may be able to help you if you have mild depression, postpartum depression (depression after giving birth), anxiety, substance use disorder (SUD) and attention deficit hyperactivity disorder (ADHD). Your PCP may give you medicine, keep track of how the medicine works, and order different tests. **You do not need a referral from your PCP for behavioral health services.**

As an Arizona Complete Health-Complete Care Plan member, you can also get a wide range of mental health/ behavioral health services, including medications. Drugs ordered by your provider are part of your benefit.

Receiving Behavioral Health Services if you receive a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) Designation

If you are designated as SMI or SED, you will get your mental health / behavioral health benefits, including medications, from Arizona Complete Health-Complete Care Plan Regional Behavioral Health Agreement (ACC-RBHA).

If you have been newly designated SMI, your Arizona Complete Health-Complete Care Plan offers a personal recovery navigator (PRN) to help you navigate your care and understand all services available to you. Please contact the Office of Individual and Family Affairs at **advocates@azcompletehealth.com** for more information on the PRN Program.

Your Arizona Complete Health-Complete Care Plan ID card has our Member Services phone number to call to get behavioral health and substance use services. Services are assigned based on where you live. If you have questions or need help getting behavioral health services, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Eligibility for Behavioral Health Services

The following members can get behavioral health services:

- AHCCCS eligible persons through either Title 19 (Medicaid) or Title 21.
- Persons who have an SMI designation.
- Special populations who can get services funded through federal block grants.

Title 19 (Medicaid; may also be called AHCCCS) is insurance for low-income persons, children, and families. It pays for medical, dental (for children up to 21 years of age), and behavioral health services.

Title 21 (may also be called AHCCCS) is insurance for children under the age of 19 who do not have insurance and are not eligible for Title 19 benefits. It pays for medical, dental, and behavioral health services.

Persons who qualify for an SMI designation must be 18 years or older and may be so impaired that they cannot remain in the community without treatment and/or services. Children ages 0-18 with behavioral health disorders that significantly limit their functioning may qualify for an SED designation. Solari, Inc. (formerly Crisis Response Network) is a non-profit organization contracted with Arizona Complete Health-Complete Care Plan for SMI and SED evaluations. To begin the process for an SED or SMI designation, call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

How to Access Behavioral Health Services

Arizona Complete Health-Complete Care Plan contracts with a variety of providers to meet your behavioral health needs. Contracted providers are chosen very carefully. They must meet strict requirements to care for our members, and we regularly check the care they give you.

Arizona Complete Health-Complete Care Plan's provider network covers a broad area so that you can get services close to where you live and work. Our provider network offers culturally sensitive, individualized, and comprehensive service options for children and families, persons with a SMI or SED designation, and those with general mental health and substance abuse issues. You can choose a provider from our provider directory or call Member Services at **1-888-788-4408**, TTY/TDD: **711** for help.

Arizona's Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports administration of a behavioral health delivery system that is consistent with AHCCCS values, principles, and goals:

1. Timely access to care.
2. Culturally competent and linguistically appropriate.
3. Promotion of evidence-based practices through innovation.
4. Expectation for continuous quality improvement.
5. Engagement of member and family members at all system levels, and
6. Collaboration with the greater community.

The Twelve Principles for the Delivery of Services to Children:

1. Collaboration with the child and family:
   - **a.** Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   - **b.** Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluatio[1]n of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes:
   - **a.** Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
   - **b.** Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with others:
   - **a.** When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
   - **b.** Person-centered teams plan and deliver services, and

c. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child's probation officer.

d. The team:

i. Develops a common assessment of the child's and family's strengths and needs,

ii. Develops an individualized service plan,

iii. Monitors implementation of the plan, and

iv. Makes adjustments in the plan if it is not succeeding.

4 Accessible services:

a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,

b. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and

c. Behavioral health services are adapted or created when they are needed but not available.

5 Best practices:

a. Competent individuals who are adequately trained and supervised provide behavioral health services,

b. Behavioral health services utilize treatment modalities and programs that are evidenced based and supported by Substance Abuse and Mental Health Services Administration (SAMSHA) or other nationally recognized organizations,

c. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in member's lives, especially members in foster care, and

d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6 Most appropriate setting:

a. Children are provided behavioral health services in their home and community to the extent possible, and

b. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's needs.

7 Timeliness:

a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:
   - **a.** The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
   - **b.** Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
9. Stability:
   - **a.** Behavioral health service plans strive to minimize multiple placements,
   - **b.** Service plans identify whether a member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
   - **c.** Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
   - **d.** In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
   - **e.** Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. Respect for the child and family's unique cultural heritage:
    - **a.** Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
    - **b.** Services are provided in the child and family's primary language.
11. Independence:
    - **a.** Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management, and
    - **b.** Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, shall be made available.
12. Connection to natural supports:
    - **a.** The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Nine Guiding Principles For Recovery-Oriented Adult Behavioral Health Services And Systems

1. Respect - Respect is the cornerstone. Meet the individual where they are without judgment, with great patience and compassion.

2. Individuals in recovery choose services and are included in program decisions and program development efforts - An individual in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development are made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the "informed consumer" and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.
3. Focus on individual as a whole person, while including and/or developing natural supports - An individual in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.
4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - An individual in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one's choice - An individual in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscore one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.
6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust - An individual in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols, and outcomes.
7. Individuals in recovery define their own success - An individual in recovery - by their own declaration - discovers success, in part, by quality-of-life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Individuals in recovery are the experts on themselves, defining their own goals and desired outcomes.
8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences - An individual in recovery can expect and deserves flexible, timely and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual in recovery is the source of their own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.
9. Hope is the foundation for the journey towards recovery - An individual in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. An individual in recovery is held as boundless in potential and possibility.

Multi-Specialty Interdisciplinary Clinics

Multispecialty Interdisciplinary Clinics (MSICs) are clinics where specialists from multiple specialties meet with members and their families for the purpose of providing coordinated care at one location and sometimes at the same appointment.

There are four MSICs in Arizona. They are located in Flagstaff, Phoenix, Tucson, and Yuma. Services available at these MSICs include, but are not limited to:

- Family practice.
- Physical and occupational therapy.
- Speech and audiology.
- Plastic surgery.
- Cardiology.
- Gastroenterology.
- Orthopedics.
- Neurology.
- Ear, nose, and throat (ENT).
- Developmental pediatrics.
- Child life services.
- Behavioral health services.
- Social work and support services.
- Coordination of community-based services.

Children's Rehabilitative Services (CRS) Provider: Multi-Specialty Interdisciplinary Clinics

If your child is diagnosed with certain conditions, they may be able to get services from special providers through a program called Children's Rehabilitative Services (CRS). These providers are at MSICs. Members with certain CRS conditions may choose to get services from any in-network health plan-contracted provider, including, MSICs which serve as health homes that provide multi-specialty services to members with complex needs. At the MSIC, you and your family can see all of your medical specialists, benefit from community involvement, and get support services in one location.

If Arizona Complete Health-Complete Care Plan determines that your child is eligible for the CRS program, your child will be enrolled in a plan with a CRS provider.

Once your child is a CRS member, your child will get an identification (ID) card. The ID card has your child's name, CRS ID number, and other important information.

The type of CRS medical provider who will treat your child's condition will depend on your child's special healthcare need. Your child's CRS medical provider may be one of the following:

- **Surgeon:** General pediatric surgeon, cardiovascular and thoracic surgeon, ear, nose and throat (ENT) surgeon, neurosurgeon, ophthalmology surgeon, orthopedic surgeons (general, hand, scoliosis, amputee), plastic surgeons.
- **Medical specialist:** Cardiologist, neurologist, rheumatologist, general pediatrician, geneticist, urologist, metabolic specialist.
- **Dental provider:** Dentist, orthodontist.

For more details on the clinic's specialties, visit the clinic's website or call the clinic directly. Or you may call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**. CRS Multi-Specialty Interdisciplinary Clinics are at the following locations:

DMG Children's Rehabilitative Services
3141 N. 3rd Ave Suite 100
Phoenix, AZ 85013
1-602-914-1520
dmgcrs.org

DMG Children's Rehabilitative Services specializes in the following services: audiology, cardiology, endocrinology, ENT, gastroenterology, genetics, lab and X-ray, neurology, neurosurgery, nutrition, occupational therapy, ophthalmology, orthopedics, pediatric surgery, physical therapy, plastic surgery, primary care, psychology, rheumatology, scoliosis, speech and language rehabilitation, and urology.

Children's Clinics
Square & Compass Building
2600 North Wyatt Drive
Tucson, AZ 85712
1-520-324-5437
1-800-231-8261
childrensclinics.org

Children's Clinics specializes in the following services: anesthesiology, audiology, cardiology, child life, dental and orthodontia, educational support, endocrinology, ENT, gastrointestinal, genetics, lab and X-ray, hematology, nephrology, neurosurgery, nursing services, nutrition, occupational therapy, orthopedics, ophthalmology, "Our Best Friends" pet therapy program, patient and family services, pediatric surgery, physical medicine, physical therapy, plastic surgery, primary care, psychology, pulmonology, rheumatology, speech and language therapy, and urology.

Children's Rehabilitative Services
5130 N Hwy 89
Flagstaff, AZ 86004
1-928-773-2054
1-928-779-3366
nahealth.com

Flagstaff Medical Center specializes in the following services: audiology, bariatric surgical weight loss, behavioral health, cancer centers, children's health center, diabetes, emergency care, endocrinology, gastroenterology, surgical services, fit kids, heart and vascular, infectious diseases, neurology, nutrition services, ophthalmology, orthopedics, pulmonary, renal services, sleep center, trauma services, EntireCare Therapy, and urology.

Children's Rehabilitative Services
2851 S. Avenue B, Bldg 25
Yuma, AZ 85364
1-928-336-2777
yumaregional.org

Yuma Regional Medical Center specializes in the following services: cardiology, gastroenterology, neonatal ICU, nephrology, neurology, rheumatology, surgery, and urology.

How to Make, Change, or Cancel an Appointment with a Multi-Specialty Interdisciplinary Clinic (MSIC)

Your child needs to have an appointment to see a CRS provider. If you don't make an appointment and just show up, the provider may not be able to see your child. When you call the MSIC to make an appointment, be ready to tell the person on the phone:

- Your child's name.
- Your child's Arizona Complete Health-Complete Care Plan ID number.
- The reason your child needs an appointment.

Your child's appointment will be made based on when your provider needs to see your child or within 45 days. If your child has an urgent need, your child can see your provider sooner. If you think your child's appointment needs to be made sooner, you can ask to be seen at an earlier date. Please tell the provider why you think your child needs to be seen quickly and ask for an earlier appointment.

If you need to cancel or change an appointment, please tell your child's provider or your clinic at least one day before the appointment. If you need to cancel an appointment, please be sure to make an appointment for another time. If you need help making, canceling, or rescheduling an appointment, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Children's Rehabilitative Services (CRS)

What is CRS?

Children's Rehabilitative Services (CRS) is a name given to certain AHCCCS members who have certain health conditions. Members with CRS can get the same covered services as non-CRS members. They can get this care in the community or at MSICs. MSICs bring many providers together in one location. Your health plan will help with care coordination to make sure your special healthcare needs are met.

Eligibility for CRS is made by the AHCCCS Division of Member Services (DMS).

Who is Eligible for a CRS Designation?

Members may be eligible for a CRS designation when they are:

- Under age 21.
- Have a CRS medical condition.

The medical condition must:

- Need active treatment.
- Be found by DMS to meet criteria found in R9-22-1301-1305.

A CRS applicant must be eligible for AHCCCS to get CRS. If the CRS applicant is not currently an AHCCCS member, they must apply for AHCCCS:

- Online at **Healthearizonaplus.gov**.
- By calling AHCCCS toll-free at **1-855-HEA-PLUS** (**1-855-432-7587**).

Anyone can fill out a CRS application. This includes family members, providers, or health plan staff. To apply for CRS, mail or fax a completed CRS application and medical records showing that the applicant has a CRS-qualifying condition that needs active treatment.

The mailing address and fax number can be found on the CRS application. The AHCCCS CRS Unit can help you fill out the CRS application. You can call the CRS Unit at: **1-602-417-4545**.

Additional information can be found at **azahcccs.gov/PlansProviders/CurrentProviders/CRSreferrals.html**

Arizona Complete Health-Complete Care Plan will provide medically necessary care for physical and behavioral health services and care for the CRS condition.

Conditions Covered Through the CRS Program

CRS covers many chronic and disabling health conditions. Some of the eligible conditions include, but are not limited to:

- Cerebral palsy.
- Club feet.
- Dislocated hips.
- Cleft palate.
- Scoliosis.
- Spina bifida.
- Heart conditions due to congenital anomalies.
- Metabolic disorders.
- Neurofibromatosis.
- Sickle cell anemia.
- Cystic fibrosis.

The Arizona Complete Health-Complete Care Plan CRS Member Advocate is available to support CRS families. Please contact **AzCHAdvocates@azcompletehealth.com** if you need help.

Early Childhood Services

If you are worried that your child is not growing like other children of the same age, tell your child's provider. They can refer you to specialists to learn if your child is on track with talking, moving, using hands and fingers, seeing, and hearing. If your child is behind in one or more of these areas, there are services available to help. The provider may refer you to the Arizona Early Intervention Program (AzEIP) if your child is birth to 3 years of age and has a delay. To learn more about other community programs for children with special needs, call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Head Start

Arizona Head Start Programs provide high-quality programs for preschool age children. These include early childhood education, nutrition, health, mental health, disabilities, and social services. In some areas, there are early Head Start programs for infants and toddlers 3 years of age. There are Head Start Programs at over 500 locations throughout the State of Arizona. For more information about the Head Start nearest you, call **1-866-763-6481**. You will need your address and ZIP code when you call.

A well-child visit/check is the same as an EPSDT.

Developmental Screening Tools

Developmental screening tools used by PCPs providing care to children include:

- For members who are 9, 18, and 30 months of age, the Parent's Evaluation of Developmental Status (PEDS) tool and the Ages and Stages Questionnaire (ASQ).
- For members who are 18 and 24 months of age, the Modified Checklist for Autism in Toddlers Revised (MCHAT-R), to screen for autism.

Special Assistance

Special Assistance is a unique clinical designation that provides support to members with a SMI. Qualifying members must have an inability to communicate and/or participate during treatment planning and have a qualifying mental and/or physical condition. When a health home clinical team or other qualified assessor determines that a member needs Special Assistance, the team will notify the Office of Human Rights. The Office of Human Rights will then send someone to work on behalf of the member during the member's treatment.

Arizona Complete Health-Complete Care Plan works with the AHCCCS Office of Human Rights to find members who need Special Assistance.

The Arizona Complete Health-Complete Care Plan Office of Individual and Family Affairs (OIFA) oversees Special Assistance. If you have questions about Special Assistance, call Member Services at **1-888-788-4408**, TTY/TDD: **711** and ask to speak to someone from the OIFA.

You can visit the Office of Human Rights page at **azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html** or by calling **1-800-421-2124** for more information.

Member Advocacy Council

Arizona Complete Health-Complete Care Plan's Advocacy Team works to promote and protect the rights of AHCCCS members. Our team also holds quarterly Member Advocacy Council meetings. This is a chance to have your voice heard and to learn about changes or updates to your health plan. In addition to our quarterly meetings, there are other ways to work with us. You can participate in your provider agency's advisory council. You can sit on one of our internal committees. You can even join us on our governance committee.

Please write to us at **AzCHAdvocates@azcompletehealth.com** to learn more about advocacy or to be a part of our Member Advocacy Council. You may also call Member Services at **1-888-788-4408**, TTY/TDD: **711** and ask to speak to the Member Advocacy Team.

Arizona Complete Health-Complete Care Plan's Advocate Team is made up of the following staff:

Member Advocacy Coordinator	Oversees Arizona Complete Health-Complete Care Plan's Advocacy Team. Works with members with special healthcare needs, families, youth, and others to promote and protect their rights. Works closely with regional Human Rights Committees and the Office of Human Rights.

Adult Behavioral Health Member Advocate	Focuses on promoting and protecting the rights of adult members receiving behavioral health services.
Child Behavioral Health Member Advocate	Focuses on promoting and protecting the rights of child members receiving behavioral health services and their family.
Veteran Member Advocate	Focuses on promoting and protecting the rights of our veteran members receiving physical and/or behavioral health services.
CRS Member Advocate	Focuses on promoting and protecting the rights of our members receiving physical and/or behavioral health services through the CRS program.

Approval and Denial Process

Some medical and behavioral health services may need prior authorization. Prior authorization means your provider has asked permission for you to get a special service or referral. We must approve these requests before the delivery of services. For example, non-emergency hospital admissions or others such as:

- Behavioral health inpatient facility.
- Behavioral health residential facility.
- Adult behavioral health therapeutic home (ABHTH).
- Psychological and neuropsychological testing.
- Electroconvulsive Therapy (ECT).
- Non-emergency out of network services/treatments.
- Some medications (check the list of approved medications or formulary).
- MRI, MRA, PET scans.
- Special lab work or genetics.
- Surgeries (pre-scheduled).
- Dialysis.
- Some outpatient procedures and surgeries.
- Transplants.
- Bio pharmacy (Buy and Bill).

If you need any of these services, your provider will arrange for prior authorization. We must review these authorization requests before you can get the service.

If you or your provider would like a referral to a service that is not a covered benefit, please call Member Services at 1-888-788-4408, TTY/TDD: 711 so we can discuss other options available to you.

Prior authorization is approved based on a review of medical need.

Your provider will let you know when they get authorization. You can also call Member Services to find out the status of the request.

We will let you know by mail if authorization is denied. The letter will describe the reason for the denial and have instructions on how to file an appeal if you disagree with the decision. If you have a question about the denial and need help, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Please see the section titled *"Complaints: What Should I Do if I Am Unhappy?"* in this handbook for more information about filing an appeal about a denied authorization.

The criteria that decisions are based on are available upon request.

In-Network Referrals and Freedom of Choice of Providers

Arizona Complete Health-Complete Care Plan offers you the freedom of choice in selecting providers in our network. You may change your PCP or other provider at any time. You may also choose a different PCP or provider for each family member that is in our network. It is important that you use providers that are AHCCCS registered and part of the Arizona Complete Health-Complete Care Plan network, or you may have to pay for services. You can search through our network of hospitals and healthcare providers at **azcompletehealth.com/find-a-doctor.html** or by calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Copayments

Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive.

*NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

The Following Persons are not Asked to Pay Copayments:

- Children under age 19,
- People determined to have a Serious Mental Illness (SMI),
- An individual designated eligible for Children's Rehabilitative Services (CRS) pursuant to as A.A.C. Title 9, Chapter 22, Article 13,
- ACC, ACC-RBHA, and CHP members who are residing in nursing facilities or residential facilities such as an assisted living home and only when member's medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year,
- People who are enrolled in the Arizona Long Term Care System (ALTCS),
- People who are Qualified Medicare Beneficiaries,
- People who receive hospice care,

- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638, or urban Indian health programs,
- People in the Breast and Cervical Cancer Treatment Program (BCCTP),
- People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age,
- People who are pregnant and throughout postpartum period following the pregnancy, and
- Individuals in the Adult Group (for a limited time**).

****NOTE:** For a limited time, persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care Program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for the future. Members will be told about any changes in copays before they happen.

In Addition, Copayments are not Charged for the Following Services for Anyone:

- Hospitalizations,
- Emergency services,
- Family Planning services and supplies,
- Pregnancy-related healthcare and healthcare for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women,
- Preventive services, such as well visits, pap smears, colonoscopies, mammograms, and immunizations,
- Provider preventable services, and
- Services received in the emergency department.

People with Optional (Non-Mandatory) Copayments

Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that they are unable to pay the copay. Members in the following programs may be charged non-mandatory copay by their provider:

- AHCCCS for Families with Children (1931),
- Young Adult Transitional Insurance (YATI) for young people in foster care,
- State Adoption Assistance for Special Needs Children who are being adopted,
- Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind, or disabled,

- SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind, or disabled,
- Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Arizona Complete Health-Complete Care Plan Member Services representative. You can also check the Arizona Complete Health-Complete Care Plan website for more information.

AHCCCS members with non-mandatory copays may be asked to pay the following non-mandatory copayments for medical services:

Optional (Non-Mandatory) Copayment Amounts for Some Medical Services

SERVICE	COPAYMENT
Prescriptions	$2.30
Out-patient services for physical, occupational, and speech therapy	$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	$3.40

Medical providers will ask you to pay these amounts but will **NOT** refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

People with Required (Mandatory) Copayments

Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copays. Mandatory copays are charged to persons in Families with Children that are no Longer Eligible Due to Earnings — also known as Transitional Medical Assistance (TMA).

Adults on TMA have to pay required (or mandatory) copays for some medical services. If you are on the TMA program now or if you become eligible to receive TMA benefits later, the notice from Department of Economic Security (DES) or AHCCCS will tell you so. Copays for TMA members are listed below.

Required (Mandatory) Copayment Amounts for Persons Receiving TMA Benefits

SERVICE	COPAYMENT
Prescriptions	$2.30

SERVICE	COPAYMENT
Doctor or other provider outpatient office visits for evaluation and management of your care	$4.00
Physical, occupational, and speech therapies	$3.00
Outpatient non-emergency or voluntary surgical procedures	$3.00

Pharmacists and medical providers can refuse services if the copayments are not made.

5% Limit on all Copayments

The amount of total copays cannot be more than 5% of the family's total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5% limit applies to both nominal and required copays.

AHCCCS will track each member's specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family's total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to *AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034*.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

Copayments for Non-Title 19/21 Members

Non-Title 19/21 persons with a SMI may have to pay copayments for behavioral health services. The copayment amount is $3. Prior to your appointment for services, Arizona Complete Health-Complete Care Plan or your provider will talk to you about any payments you will have to pay.

If you have Medicare or private insurance, you will pay the $3 copayment for services covered by Arizona Complete Health-Complete Care Plan or your insurance copayment (if it is less than $3) for those services. In other words, you will not have to pay a higher payment for Arizona Complete Health-Complete Care Plan covered services just because you have other insurance. However, if you are getting services through your insurance for services or medications that Arizona Complete Health-Complete Care Plan does not cover, you will have to pay the copay or other fees from your insurance (see Available Services starting on page 28).

You may have to pay for non-covered services. Examples of non-covered services may include:

- A service that your provider did not set up or approve.
- A service that is not listed in the Available Services section starting on page 28.
- A service that you get from a provider outside of the provider network without a referral.

Members are exempt from Medicaid copayments, as applicable.

Paying for Covered Services

Only in very limited circumstances should you be asked to pay for covered services. Providers, hospitals, and pharmacies can verify your coverage through AHCCCS or by calling Arizona Complete Health-Complete Care Plan Member Services. If you have been asked to pay for a covered service or if you get a bill for covered services, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Paying for Non-Covered Services

We will only cover care approved by our plan, unless it is an emergency service. If you get a service or prescription that is not covered by our plan, Arizona Complete Health-Complete Care Plan will not pay for the service or prescription.

Coordination of Benefits (COB)

AHCCCS is the payer of last resort. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted.

If you are a member with "other insurance" or are "dual eligible" (which means that you also have Medicare coverage), please take a moment to call Member Services at **1-888-788-4408**, TTY/TDD: **711** to let us know. When you call us, we will make sure we have the other insurance listed in our system.

You may also call the AHCCCS eligibility office to let them know. AHCCCS will then pass the information on to us. Remember, this also includes insurance coverage through divorce or if your child has insurance that is paid by your former spouse. Sometimes, members with other types of insurance such as Tricare or other commercial plans are approved for AHCCCS. We are responsible for making any copayment, coinsurance, or deductibles, even if the services happen outside of our network.

If a third-party insurer (other than Medicare) has any copayment, coinsurance, or deductible, we are responsible for paying the lesser of the difference between:

- The primary insurance paid amount and the primary insurance rate (i.e., the member's copayment under the primary insurance).

  OR

- The primary insurance paid amount and the AHCCCS fee-for-service rate, even if the services happen outside of the network.

We are not responsible for paying coinsurance and deductibles that are more than what we would have paid for the entire service per our contract with the provider performing the service or the AHCCCS equivalent.

Arizona Complete Health-Complete Care Plan takes care to find out who may have to legally pay for all or part of covered services. This is called *establishing liability*.

The two methods used for coordination of benefits are cost avoidance and post-payment recovery.

Cost avoidance means that we avoid paying the cost of services on a claim if we have established that there is a liable party, such as other insurance that should be covering the cost.

Post-payment recovery means that if we find out that there was a liable party after we have paid a claim, we will recover the cost of that claim.

AHCCCS is the payer of last resort unless specifically prohibited by applicable state or federal law. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted. Arizona Complete Health-Complete Care Plan will take care to identify potentially legally liable third-party sources.

Special Information for our Members Who Have Medicare Coverage

If you are a "dual-eligible" member, it often means that you have additional benefits that may not be covered under AHCCCS. When we know about your other insurance, it helps us coordinate the care you get with the other plan.

If you have Medicare coverage and you see a provider that is not on our plan, the charges may not be covered. If you choose to do that without our approval, we may not pay for those services because they were done by a provider that is not on our plan. It is important that you work with your PCP to be referred to the right providers. (This does not include emergency services.) We will not cover payments for out-of-network services without prior authorization.

Dual-eligible members have a choice of all providers in the network and are not restricted to those that accept Medicare.

Why should you call Member Services and let us know about the different coverage that you have? Because it will help you get the maximum benefits from both insurance plans!

Important Information for AHCCCS Members with Medicare Part D Coverage (Dual Eligible Members)

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have an SMI designation.

AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D.

AHCCCS may cover some medications that are Over the Counter (OTC), refer to the Arizona Complete Health-Complete Care Plan OTC Drug List for a list of products available on our website at **azcompletehealth.com/members/medicaid/benefits-services/pharmacy.html** or call Member Services at **1-888-788-4408**, TTY/TDD: **711** to request a printed copy.

For members with a Serious Mental Illness (SMI) designation, AHCCCS also covers copayments for drugs used for a behavioral health diagnosis when medically necessary and cost effective.

Time frames for Service Authorization and Medication

Service authorization decisions have to be completed in the time frames shown below and do not follow the same time frames used for other types of requests.

Service Authorization Decision Time Frames for Medicines

- No later than 24 hours from receiving it.
- Final decision no later than seven working days from the first day of the request.

When the prior authorization request for a medicine does not have enough information to make a decision, Arizona Complete Health-Complete Care Plan will ask for more information from the prescriber within 24 hours from the time it is received. A final decision will be given no later than seven working days from the initial date of the request.

Standard authorization decision time frame for service authorization requests that do not refer to medicines: As soon as the member's condition requires, but no later than 14 calendar days from the day the request is received.

Standard service authorization requests (requests that do not involve medicines): Arizona Complete Health-Complete Care Plan may give 14 more days, for a total of up to 28 calendar days, from the day the request was made.

Expedited service authorization decision time frame for service authorization requests that do not refer to medicines: As soon as the member's condition requires, but no later than 72 hours from receiving it.

For an expedited service authorization request not involving medicines, Arizona Complete Health-Complete Care Plan may give 14 more days, for a total of up to 17 calendar days, from the day the request was made.

Grievance: How to File a Complaint If I Am Unhappy

You have the right to file a grievance for any covered service we provide. This includes Title 19/21 AHCCCS-eligible members, members with a SMI, and members who are not enrolled as a person with a SMI and are Non-Title 19/21 eligible. A *grievance* is a complaint that the member makes to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Grievances

If you are unhappy with your services, you always have the right to file a grievance for any covered service provided by Arizona Complete Health-Complete Care Plan. Title 19/21 AHCCCS-eligible members, members determined to have a SMI, and members who are not enrolled as a person with a SMI and are Non-Title 19/21 eligible have the right to file a grievance.

The Arizona Complete Health-Complete Care Plan staff can help members file a grievance. There are no time limits for filing a grievance.

Not Happy with Your Care?

If you are not happy with your care you may file a complaint (grievance). A complaint is also known as a grievance. You or your Healthcare Decision Maker (HCDM) may file a grievance against a service provider or against Arizona Complete Health-Complete Care Plan. You may also file a grievance about any Crisis services you received through Arizona Complete Health-Complete Care Plan's Regional Behavioral Health Agreement (RBHA).

Examples of grievances include the inability to receive healthcare services, concerns about the quality of care received, issues with health care providers, issues with the health plan, or timely access to services.

You may also file a grievance if you got a Notice of Adverse Benefit Determination that you do not understand or is not correct. If Arizona Complete Health-Complete Care Plan does not resolve your concern about the notice, you may also write to AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

You may also file a grievance by calling the Member Services Department between 8 a.m. and 5 p.m. at **1-888-788-4408**, TTY/TDD: **711**.

You may also file a grievance in person or in writing. You may file your grievance in writing by mailing it to:

Arizona Complete Health-Complete Care Plan
Attn: Grievance and Appeals Department
1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

Once filed, we will review your grievance and give you an answer no later than 90 days from the date that you called us. In most cases we will complete our review and provide a response within 10 business days.

You have the right to call the AHCCCS Clinical Resolution Unit (CRU) if Arizona Complete Health-Complete Care Plan does not resolve the issue for you. The CRU can be reached at **1-602-364-4558** or **1-800-867-5808**.

If you have received any services, including crisis services, from another RBHA, you may call or write to them at:

Mercy Care RBHA
Grievance System Department
4750 S. 44th Place, Ste.150
Phoenix, AZ 85040
1-602-586-1719 or **1-866-386-5794**

Arizona Complete Health-Complete Care Plan
Attn: Member Services
1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281
1-866-560-4042

LEGAL RIGHTS OF PERSONS WITH SERIOUS MENTAL ILLNESS

If you have a SMI, you have the right to file an SMI grievance if you believe your rights were violated by a mental health provider. An SMI grievance is different from the grievance process. If you have a SMI, you may file a grievance, an SMI grievance, or both. If you do not have a SMI, you can only file a grievance. You have one year from the date of the alleged rights violation to file an SMI grievance. You can also ask us to look into anything that appears to be dangerous, illegal, or inhumane. Your legal rights include (but are not limited to):

- The right to be free from discrimination.
- The right to equal access to behavioral health services.
- The right to privacy.
- The right to be informed.
- The right to get help from an attorney or representative of your choosing (at your expense).
- See Arizona Administrative Code Title 9, Chapter 21, Article 2, for a more complete list of your rights.

SMI Grievances concerning physical abuse, sexual abuse, or a person's death are investigated by AHCCCS. To file an oral or written grievance concerning physical abuse, sexual abuse, or a person's death, please call **1-602-364-4575** or write to:

AHCCCS Office of Grievance and Appeals
801 E. Jefferson Street, Mail Drop 6100
Phoenix, AZ 85034

If you feel your rights have been violated or want us to look into something, please call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711** between 8 a.m. and 5 p.m. We will help you. You may also visit the Arizona Complete Health-Complete Care Plan-Regional Behavioral Health Agreement office and ask to speak to someone in person. Our address is:

Arizona Complete Health-Complete Care Plan Regional-Behavioral Health Agreement
333 E. Wetmore Road, Suite 600
Tucson, AZ 85705

Appeals: Dissatisfied with a Decision?

If you are not happy with a decision made about your services, you may file an appeal. An appeal is a formal request to review a decision that denies or limits a service.

If you get a Notice of Adverse Benefit Determination, you have the right to file an appeal. A Notice of Adverse Benefit Determination is a written letter that explains a decision about your services. Even if you did not get a Notice of Adverse Benefit Determination, you may have the right to file an appeal.

You have appeal rights for any covered service we provide. This includes appeals for Title 19/21 AHCCCS-eligible members, appeals for members determined to have a SMI ("SMI Appeals"), and appeals for members who are not enrolled as a person with a SMI and are Non-Title 19/21 eligible.

If you are a Title 19/21 AHCCCS-enrolled member and have been determined to have a SMI, you can file either an SMI appeal or a Title 19 appeal for a Title 19 covered service.

How do I File an Appeal?

Appeals can be filed orally or in writing within 60 days after the date of a Notice of Adverse Benefit Determination or Notice of Decision and Right to Appeal. The notice explains how to file an appeal and what the deadline is for filing an appeal. However, if you have any questions, the Arizona Complete Health-Complete Care Plan Grievance and Appeal Department is available to help you. To reach the Grievance and Appeal Department, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

You or your legal representative can file an appeal (all costs for legal representation are the responsibility of the member). An authorized representative, including a provider, can also file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

In some cases, Arizona Complete Health-Complete Care Plan will review an appeal on an expedited (fast) basis. An expedited appeal is resolved within 72 hours due to the urgent health needs of the person filing the appeal. Call Member Services at **1-888-788-4408**, TTY/TDD: **711** or your provider to see if your appeal will be expedited. If your appeal is not expedited, it will be resolved within 30 calendar days of the date it is received.

To file an appeal orally or for help with filing a written appeal, call Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**. To file an appeal by mail, send your appeal and documentation to:

Arizona Complete Health-Complete Care Plan
Attn: Grievance & Appeal Department
1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

You will get written notice that we got your appeal within five business days. If your appeal is expedited, you will get notice that we got your appeal within one business day. If Arizona Complete Health-Complete Care Plan has decided that your appeal does not need to be expedited, your appeal will follow the standard appeal timelines. Arizona Complete Health-Complete Care Plan will make reasonable efforts to give you prompt oral notice of the decision not to expedite your appeal and follow up within two calendar days with a written notice.

What Can I Appeal?

You have the right to ask for a review of the following adverse benefit determinations:

- The denial or limited approval of a service asked for by your provider or clinical team.
- The reduction, suspension, or termination of a service that you were getting.
- The denial, in whole or part, of payment for a service.
- The failure to provide services in a timely manner.
- The failure to act within time frames for resolving an appeal or complaint.
- The denial of a request for services outside of the provider network when services are not available within the provider network.

What Happens After I File an Appeal?

As part of the appeal process, you have the right to give evidence that supports your appeal. You can give evidence to Arizona Complete Health-Complete Care Plan in person or in writing.

In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, call your provider or Arizona Complete Health-Complete Care Plan at **1-888-788-4408**, TTY/TDD: **711**. The evidence you give to Arizona Complete Health-Complete Care Plan will be used when deciding the resolution of the appeal.

How is My Appeal Resolved?

Arizona Complete Health-Complete Care Plan will give you a decision, called a Notice of Appeal Resolution, in person or by mail within 30 days of getting your appeal for standard appeals, or within 72 hours for expedited appeals. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The resolution date may be extended by up to 14 days. You or Arizona Complete Health-Complete Care Plan can ask for more time in order to gather more information. If Arizona Complete Health-Complete Care Plan asks for more time, you will be given written notice of the reason for the extension.

When we have completed our review, you will get a Notice of Appeal Resolution that will tell you:

- The outcome of the appeal.
- The reason(s) for the decision.

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing.
- How to ask that services continue during the State Fair Hearing process, if applicable.
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal.
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing.

What can I do if I am not Happy with my Appeal Results?

If you are not happy with the results of an appeal, you can ask for a State Fair Hearing. If your appeal was expedited, you can ask for an expedited State Fair Hearing. **YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE HELP YOU AT THE STATE FAIR HEARING (ALL COSTS FOR LEGAL REPRESENTATION ARE THE RESPONSIBILITY OF THE MEMBER).**

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 90 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings should be mailed to:

Arizona Complete Health-Complete Care Plan
Attn: Grievance and Appeal Department
1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

What is the Process for my State Fair Hearing?

You will get a Notice of State Fair Hearing at least 30 days before your hearing is scheduled.

The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place, and nature of the hearing.
- The reason for the hearing.
- The legal and jurisdictional authority that requires the hearing.
- The specific laws that are related to the hearing.

How is my State Fair Hearing Resolved?

For standard State Fair Hearings, you will get a written AHCCCS director's decision no later than

90 days after your appeal was first filed. This 90-day period does not include:

- Any time frame extensions that you have asked for.
- The number of days between the date that you got the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted.

The AHCCCS director's decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will get a written AHCCCS director's decision within three working days after the date that AHCCCS gets your case file and appeal information from Arizona Complete Health-Complete Care Plan. AHCCCS will also try to call you to notify you of the AHCCCS director's decision.

Will my Services Continue During the Appeal/State Fair Hearing Process?

You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing within **10 calendar days** from the date of the Notice of Adverse Benefit Determination or Notice of Appeal Resolution. If the result of the appeal or State Fair Hearing is not in your favor, you may have to pay for the services you got during the appeal or State Fair Hearing process.

DO YOU HAVE A MEDICARE PART D PLAN?

Every Medicare Part D plan must have an exception and appeal process. If you have Medicare Part D Prescription Drug coverage and file an exception or appeal, you may be able to get a prescription drug that is not normally covered by your Part D plan. Call your Part D plan for help filing an exception or appeal for your prescription drug coverage.

Appeals For Persons With a Serious Mental Illness (SMI)

Persons with an SMI designation may appeal the following:

- Decisions regarding the individual's eligibility for behavioral health services.
- The sufficiency or appropriateness of an assessment.
- The long-term view, service goals, objectives, or timelines stated in the Individual Service Plan (ISP) or Inpatient Treatment and Discharge Plan (ITDP).
- The recommended services identified in the assessment report, ISP, or ITDP.
- The actual services to be provided, as described in the ISP, the plan for interim services, or the ITDP.
- Access to or prompt provision of services.
- The findings of the clinical team with regard to the person's competency, capacity to make decisions, need for guardianship, or other protective services or need for Special Assistance.
- The denial of a request for a review of, the outcome of, a modification to or failure to modify, or termination of an ISP, ITDP, or portion of an ISP or ITDP.
- The application of the procedures and time frames for developing the ISP or ITDP.
- The implementation of the ISP or ITDP.
- Decision to provide service planning, including the provision of assessment or case management services to a person who is refusing such services, or a decision not to provide such services to the person.
- Decisions about a person's fee assessment or the denial of a request for a waiver of fees.
- Denial of a payment of a claim.
- Failure of the RBHA or AHCCCS to act within the established time frames regarding an appeal.
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the person.
- If you are a Title 19/21 AHCCCS-enrolled member and have been determined to have a SMI, you can file either an SMI appeal or a Title 19 appeal for a Title 19 covered service.

If you file an appeal, you will get written notice that we got your appeal within five business days of Arizona Complete Health-Complete Care Plan receipt. For an appeal that needs to be expedited, you will get written notice that we got your appeal within one business day of Arizona Complete Health-Complete Care Plan's receipt, and the informal conference must occur within two business days of filing the appeal.

Arizona Complete Health-Complete Care Plan will acknowledge and make a decision about your appeal just like we do other types of appeals. However, you will also have the right to meet with us face to face to discuss your appeal. You will have an informal conference with Arizona Complete Health-Complete Care Plan within seven working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a representative of your choice help you at the conference. If you choose legal representation, you are responsible for the cost of the legal representation. You and any other participants will be informed of the time and location of the conference in writing at least two days before the conference. If you are unable to come to the conference in person, you can participate in the conference over the telephone.

If there is no resolution of the appeal during this informal conference, and if the appeal does not relate to your eligibility for behavioral health services, the next step is a second informal conference with AHCCCS. This second informal conference must take place within 15 days of filing the appeal. If the appeal needs to be expedited, the second informal conference must take place within two working days of filing the appeal. You have the right to skip this second informal conference.

If there is no resolution of the appeal during the second informal conference, or if you asked that the second informal conference be skipped, you will be given information that will tell you how to ask for an Administrative Hearing.

Will my Services Continue During the Appeal Process?

If you file an appeal, you will keep getting any behavioral health services that you were already getting unless a qualified clinician decides that reducing or terminating services is best for you (or *for another individual*) or if you agree in writing to reducing or terminating services. Arizona Complete Health-Complete Care Plan will not make you pay for the services you got during the appeal process, no matter the outcome of the appeal.

Persons asking for a SMI determination and persons who have been determined to have a SMI can appeal the result.

If you ask for a SMI determination, the decision will be made by Solari Inc., a statewide provider that performs SMI determinations.

If you or your provider ask for an SMI determination, Solari will send you a letter by mail to let you know the final decision. This letter is called a Notice of Decision. If Solari finds that you are not eligible for an SMI determination, the letter will tell you why. If you do not get the letter / notice by the end of the time you agreed to, please call Solari at **1-855-832-2866**.

You have a right to appeal your SMI determination.

To appeal, you must call Solari at **1-602-845-3594** or **1-855-832-2866**. Solari will provide you a letter that will include information on your member rights and how to appeal the SMI determination.

For more information, please contact:

Solari, Inc.
1275 West Washington Street
Suite 210
Tempe, AZ 85288
1-855-832-2866

What can I do if I am not Happy with my Appeal Results?

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. **YOU HAVE THE RIGHT TO HAVE A REPRESENTATIVE OF YOUR CHOICE HELP YOU AT THE STATE FAIR HEARING. IF YOU CHOOSE LEGAL REPRESENTATION, YOU ARE RESPONSIBLE FOR THE COST OF THE LEGAL REPRESENTATIVE.**

Changing Your Physical Health Services Plan for Members with SMI

Members who are determined to have a Serious Mental Illness and who are enrolled in one plan for both physical health and behavioral health services may request a different plan for their physical health services. This is called an opt-out request. An opt-out will only be approved for the member under one of the following conditions:

1. The network does not allow choice from at least two PCPs, or it does not have a needed specialty provider,
2. The current treating physician says there is a need to continue a course of treatment,
3. There is evidence of harm or unfair treatment.

If you would like to ask for an opt-out, contact Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Before you are moved to another AHCCCS healthcare plan, Arizona Complete Health-Complete Care Plan will try to resolve your concerns. If Arizona Complete Health-Complete Care Plan is not able to resolve your concerns, you or your representative may apply for a change in your health plan by calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

If you want to change your plan because you have been discriminated against, unfairly treated, or you believe that there is a possibility that discrimination or unfair treatment could occur, you will be asked to show proof. Simply being enrolled in an integrated health plan does not prove actual or potential discrimination or unfair treatment.

Arizona Complete Health-Complete Care Plan's review process will follow these steps:

- Arizona Complete Health-Complete Care Plan will confirm that you are enrolled in the integrated plan.
- Arizona Complete Health-Complete Care Plan Member Services will record your claims of actual harm, possible discrimination, or unfair treatment caused by enrollment in the integrated health plan.
- Arizona Complete Health-Complete Care Plan Member Services will complete the "Transfer of a SMI member enrolled in an RBHA to an AHCCCS Acute Care Contractor" form and include any evidence that you or your representative provide.

You will get the approval or denial in writing within 10 days of your request. If your request is approved, Arizona Complete Health-Complete Care Plan will work with your new AHCCCS healthcare plan to ensure there are no interruptions in your care. If your request is denied, you will get the reasons for the denial and you will be informed of your right to make an appeal.

Arizona Complete Health-Complete Care Plan complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination

Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Member Rights

Our goal is to provide high-quality medical and behavioral healthcare. We also promise to listen, treat you with respect, and understand your individual needs. Members have rights and responsibilities. The following is a description of your rights as an Arizona Complete Health-Complete Care Plan member.

As a member, you have the right to:

- Receive information on Arizona Complete Health-Complete Care Plan, its services, its practitioners, and providers.
- File a complaint about the managed care organization. Complaints can be filed with either Arizona Complete Health-Complete Care Plan or with AHCCCS verbally or in writing.
- To file a complaint with Arizona Complete Health-Complete Care Plan, please call Member Services at **1-888-788-4408**, TTY/TDD: **711**.

  To file a complaint directly with AHCCCS, contact:

  AHCCCS Member Services
  801 E Jefferson St
  Phoenix, AZ 85034
  1-602-417-7000 (Outside Maricopa County: 1-800-523-0231)
  Or e-mail: MedicalManagement@azahcccs.gov
- Get services in a language that you understand at no cost to you. You have the right to get an interpreter if you have limited English or if you are hearing impaired.
- Get information on the structure and operation of Arizona Complete Health-Complete Care Plan or our subcontractors.
- Get information on whether or not Arizona Complete Health-Complete Care Plan has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements Arizona Complete Health-Complete Care Plan uses, the right to know whether stop-loss insurance is needed, and the right to a summary of member survey results, in accordance with PIP regulation. You can get this information by calling the Arizona Complete Health-Complete Care Plan Member Services at **1-888-788-4408**, TTY/TDD: **711**.
- Know the types of compensation arrangements Arizona Complete Health-Complete Care Plan uses.
- Join your providers in making decisions about your healthcare.
- Discuss treatment options, regardless of cost or benefit coverage.
- Receive a copy of Member rights and responsibilities and the right to make recommendations regarding Arizona Complete Health-Complete Care Plan's rights and responsibilities policy.
- Be treated fairly regardless of disability, race, color, ethnicity, national origin, religion, gender, age, sex, gender identity (diversity), behavioral health condition (intellectual) or physical disability, sexual preference, genetic information, or ability to pay.

- Healthcare privacy (confidentiality): There are laws about who can see your personal health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.

  To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:

  – Physicians and other agencies providing health, social, or welfare services.

  – Your medical PCP.

  – Certain state agencies and schools following the law and involved in your care and treatment, as needed.

  – Members of the clinical team involved in your care.

  At other times, it may be helpful to share your personal health information with other agencies, such as schools. Your written permission may be needed before your information is shared.

  – There may be times that you want to share your health information with other agencies or certain individuals who may be helping you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, call Arizona Complete Health-Complete Care Plan at **1-888-788-4408**, TTY/TDD: **711** or visit **azcompletehealth.com/completecare**.

- A second opinion from a qualified health professional within the network or a second opinion outside the network, if there is not adequate in-network coverage, at no cost to the member.
- Get information on available treatment options, including alternatives, and any information the member needs to decide in a manner the member is able to understand the information.
- Arizona Complete Health-Long Term Care contracted provider agencies will use the standardized AHCCCS Contingency/Back-Up Plan form to plan for missed or late service visits. They will also discuss the member's preference on what to do should a visit be late or missed. The preferences should be noted for each service the provider is providing, subject to Electronic Visit Verification (EVV) and provided by the provider when a service visit is short, late or missed. Members can choose different preference options based upon the specific service. The Contingency/Back-Up Plan will be reviewed by the provider with the member at least annually. In the event that a service visit is late or missed, the provider is required to follow up with the member to discuss if any action needs to be taken or if adjustments need to be made to the plan. The member/healthcare decision maker can change decisions about these preference levels at any time. Should the member not choose a preference, a default preference may be applied based upon the service.
- Get information about formulating advance directives with your healthcare providers. For members in a HCBS or a behavioral health residential setting that have completed an advance directive, the document must be kept confidential but be readily available. For example: in a sealed envelope attached to the refrigerator.
- See the health information in your medical record. You can also ask that the record be changed if you do not agree with its contents. You can also get one copy per year of your medical record at no cost to

you. Call your provider or Arizona Complete Health-Complete Care Plan to ask to see or get a copy of your medical record. Arizona Complete Health-Complete Care Plan Member Services can help you. Just send a written signed request. You will get a response within 30 days. If you get a written denial, we will give you information about why your request for your medical record was denied and how you can seek a review of that denial.

- Get annually, at no cost, a copy of your medical records. We must reply within 30 days. This response will either be a copy of your records, or a reason for denying your request. If a request is denied, in whole or in part, we must give you a written denial within 60 days that includes the reason for the denial, your rights to disagree, and your rights to include your amendment with any future disclosures of your health information as allowed by law. Your right to access medical records may also be denied if the information is psychotherapy notes compiled for, or in a reasonable anticipation of, a civil, criminal, or administrative action, or protected health information subject to Federal Clinical Laboratory Improvement Amendments of 1988 or exempt pursuant to 45 CFR Part 164.
- Amend or correct your medical records, as allowed by law.
- Be free from any restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Get information on beneficiary and plan information.
- Be treated with respect and recognition of your dignity and right to privacy. We understand your need for privacy and confidentiality, including protection of any information that identifies you. You also have the right to:
  - Get your services in a safe environment.
  - Get behavioral and medical services that support your personal beliefs, medical condition, and background in a language you understand.
- Participate in decision-making regarding your healthcare, including the right to refuse treatment from a provider and have a representative facilitate care or treatment decisions when you are unable to do so. You also have the right to:
  - Get information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand, and allows you to participate in decisions about your healthcare.
  - Decide who you want with you during treatment and agree to or refuse treatment services, unless the services are court ordered.
  - Exercise your rights and that the exercise of those rights shall not adversely affect service delivery to the member [42 CFR 438.100(c)].
- Have a list of available providers as part of Arizona Complete Health-Complete Care Plan's Provider Directory, including those who speak a language other than English and are able to accommodate members with disabilities.
- Use any hospital or other setting for emergency care without approval.
- Select a PCP from Arizona Complete Health-Complete Care Plan's list of participating providers.
- Be free of any restrictions on your freedom of choice among network providers.
- Get information in a language and format that you understand.

- Get information about grievance, appeals, and request for hearing.
- Have access to review medical records in accordance with applicable federal and state laws.
- Get a copy of the Notice of Privacy Practices at no cost to you. The notice describes Arizona Complete Health-Complete Care Plan's privacy practices and how we use health information about you and when we may share that health information with others. Your healthcare information will be kept private and confidential. It will be given out only with your permission or if the law allows it.

Arizona Complete Health-Complete Care Plan has a Notice of Privacy Practices (NPP) available at any time. You can access this NPP by visiting **azcompletehealth.com/completecare** or by calling Member Services at **1-888-788-4408**, TTY/TDD: **711**.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by law:

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.
- If you are going to hurt another person, we must let that person know so that they can protect themselves. We must also call the police.
- We must also report suspected child abuse to local authorities.
- If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What is Fraud, Waste, and Abuse?

Fraud is any lie told on purpose that results in you or some other person getting unnecessary benefits. This includes any act of fraud defined by Federal or State law.

Waste is overuse or inappropriate use of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid program.

Abuse describes practices that either directly or indirectly result in unnecessary costs.

Examples of member fraud include, but are not limited to:

- Lending or selling your Arizona Complete Health-Complete Care Plan ID card to anyone.
- Changing prescriptions written by any of our providers.
- Selling prescription drugs.
- Giving incorrect information on your AHCCCS application.

Penalties: A person who is suspected of fraud and/or abuse of the AHCCCS system will be reported to AHCCCS. Penalties for people involved in fraud and/or abuse may be both civil and criminal.

Examples of provider fraud include but are not limited to:

- Use of the Medicaid system by someone who is inappropriate, unqualified, unlicensed, or has lost their license.
- Providing unnecessary medical services.
- Not meeting professional standards for healthcare.
- Billing for appointments that do not happen.

Abuse by a member consists of unnecessary costs to the program as a result of:

- Giving false materials or documents.
- Leaving out important information.

Abuse by a provider consists of actions that are not wise business or medical practices and result in:

- Unnecessary costs to the program.
- Payment for services that are not medically necessary.
- Not meeting professional standards for healthcare.
- Charging excessively for services or supplies.

How To Report Fraud, Waste, and Abuse:

If you suspect one of our providers or members of fraud, waste, or abuse, please call Arizona Complete Health-Complete Care Plan at **1-888-788-4408**, TTY/TDD: **711** or send an email to **AZCHFWA@azcompletehealth.com**.

You may also report fraud, waste, and abuse to AHCCCS Office of Inspector General (OIG) directly. Referrals may be sent to AHCCCS via:

- Online reporting form at: **azahcccs.gov/Fraud/ReportFraud/onlineform.aspx**
- Email: **AHCCCSFraud@azahcccs.gov**
- Phone:
  - Report provider fraud:
    - In Arizona: **1-602-417-4045**
    - Toll-free outside of Arizona only: **1-888-487-6686**
  - Report member fraud:
    - In Arizona: **1-602-417-4193**
    - Toll-free outside of Arizona only: **1-888-487-6686**

Tobacco Education and Prevention

If you use tobacco and are thinking about quitting, we can help. You can enroll in a program to help you stop smoking through the Arizona Department of Health Services (ADHS).

- You can get coaching at no cost from the Arizona Smokers' Helpline (ASHLine) by calling **1-800-556-6222** or by visiting **ashline.org**.
- You can get help making a plan to quit at **azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php**.
- You can find a community support group near you at **nicotine-anonymous.org**.

Your plan covers many kinds of products to help you quit. These include prescription and OTC drugs. Call your PCP to talk about these products. Your PCP will help you decide which one might work best for you.

If you are under 18 years old, your PCP will need to get prior authorization for any medications you may need. Your PCP will take care of this for you. Your plan covers up to a 12-week supply in a six-month time period of a tobacco cessation product. The six-month time period starts the date that you first get your tobacco cessation product from the pharmacy.

Community Resources

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

Phone: **1-703-305-2062**

Website: **fns.usda.gov/wic**

Count the Kicks

Count the Kicks is an easy, free, reliable way for expectant parents to monitor their baby's well-being in the third trimester in addition to regular prenatal visits. After a few sessions on the app, you will start to notice an average amount of time it takes your baby to get to 10 movements.

Phone: **1-515-650-8685**

Website: **countthekicks.org**

Arizona Head Start/Early Head Start

Head Start is a great program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you. Women and children from birth to 3 years of age are eligible for Early Head Start. Head Start is for children 3-5 years of age.

Phone: **1-602-338-0449**

Website: **azheadstart.org**

Vaccines for Children (VFC)

The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to afford vaccines.

150 N 18th Ave., Ste 120, Phoenix, AZ 85007

Phone: **1-602-364-3630**

Website: **azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-home**

The Arizona Immunization Program

The Arizona Immunization Program provides information and resources for adults, adolescents, and children, including clinic locations and recommended vaccine schedules.

150 N 18th Ave., Ste 120, Phoenix, AZ 85007

Phone: **1-602-364-3630**

Website: **azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#get-vaccinated**

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip) helps families of children with disabilities or developmental delays, ages birth to three years old. They provide support and can work with your child's natural ability to learn. To get help or learn more about AzEIP resources, call Arizona Complete Health-Complete Care Plan and ask for the Arizona Complete Health-Complete Care Plan AzEIP coordinator.

Phone: **1-602-532-9960**

Website: **des.az.gov/azeip**

ARIZONA@WORK

ARIZONA@WORK is the statewide workforce development network that helps employers of all sizes and types recruit, develop, and retain the best employees for their needs. For job seekers in state, they offer services and resources to seek employment opportunities.

Website: **arizonaatwork.com**

Vocational Rehabilitation

The vocational rehabilitation program offers employment services to people with disabilities. Their goal is to help these individuals enter the workforce or keep a job.

Website: **des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation**

Area Agency On Aging

Area Agency on Aging advocates, plans, coordinates, develops, and delivers home- and community-based aging services for older adults. It also provides support assistance, accurate information, and local resources connections for family caregivers.

Phone: **1-888-783-7500**

Website: **des.az.gov/services/older-adults/area-agency-on-aging-locations**

Alzheimer's Association

The Alzheimer's Association provides education and resources to those affected by Alzheimer's disease.

Phone: **1-800-272-3900**

Website: **alz.org**

AZ Suicide Prevention Coalition

The Arizona Suicide Prevention Coalition works to reduce suicidal acts in Arizona. Their mission is to change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.

P.O. Box 10745
Phoenix, AZ 85064

Website: **azspc.org**

Teen Lifeline

Teen Lifeline's a safe, confidential, crucial crisis service where teens help teens make healthy decisions through a 24-hour peer counseling crisis hotline and suicide prevention services.

P.O Box 10745
Phoenix, AZ 85064-0745

Phone/Text: **1-602-248-8336**
Phone: **1-800-248-8336**

Website: **teenlifeline.org**

Power Me A2Z

Power Me A2Z provides vitamins to women in Arizona.

Website: **azdhs.gov/powermea2z**

ADHS Pregnancy and Breastfeeding Hotline

The Arizona Department of Health Services Pregnancy and Breastfeeding Hotline offers information about pregnancy test sites, low-cost providers, breastfeeding support, vitamins with folic acid, and TEXT4BABY resources.

24-Hour Breastfeeding Hotline: **1-800-833-4642**

Website: **azdhs.gov/prevention/nutrition-physical-activity/breastfeeding**

Fussy Baby / Birth to Five Helpline

The Birth to Five Helpline is a service open to all Arizona families with young children looking for the latest child development information from experts in the field.

Phone: **1-877-705-KIDS (5437)**

Website: **swhd.org/programs/health-and-development/birth-to-five-helpline**

Poison Control

The Arizona Poison and Drug Information Center provides expert medical knowledge to Arizonans when they have a poison emergency.

Phone: **1-800-222-1222**

Website: **azpoison.com**

Raising Special Kids

Raising Special Kids exists to improve the lives of children with full range of disabilities, from birth to age 26. Raising Special Kids provides support, training, information, and assistance so that families can become effective advocates for their children.

Phoenix Office
5025 E. Washington St #204

Phone: **1-602-242-4366**
Toll Free: **1-800-237-3007**

Tucson Office
Phone: **1-520-441-4007**

Yuma Office
Phone: **1-928-444-8803**
Toll Free: **1-800-237-3007**

Website: **raisingspecialkids.org/about/contact-us**

Strong Families AZ

Strong Families AZ is a network of home-visitation programs that help families raise children ready to succeed in school and life.

Website: **strongfamiliesaz.com**

Postpartum Support International

Postpartum Support International is dedicated to helping families suffering from postpartum depression, anxiety, and distress.

Phone: **1-800-944-4773**

Website: **postpartum.net**

Opioid Assistance and Referral Line

The Opioid Assistance and Referral Line offers patients, providers, and family members opioid information, resources, and referrals 24 hours a day, seven days a week.

Phone: **1-888-688-4222**

Website: **azdhs.gov/oarline**

Community Information and Referral

Community Information and Referral is a call center that can help you find many community services, such as food banks, clothes, shelters, help to pay rent and utilities, healthcare, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems, financial help, job training, transportation, education programs, adult day care, meals on wheels, respite care, home healthcare, transportation, homemaker services, childcare, after-school programs, family help, summer camps and play programs, counseling, help with learning, and protective services.

Phone: **211**

Website: **211arizona.org**

AzDHS Dump the Drugs AZ

App providing information on where to dispose of medications. Locate and get directions to the nearest site to safely dispose of unwanted prescription drugs.

Website: **azdhs.gov/gis/dump-the-drugs-az**

Health-E-Arizona Plus

AHCCCS and DES collaborated to develop a system to apply for AHCCCS Health Insurance, KidsCare, Nutrition Assistance, and Cash Assistance benefits and to connect to the Federal Insurance Marketplace.

Phone: **1-855-HEA-PLUS (1-855-432-7587)**

Website: **healthearizonaplus.gov**

Arizona Disability Benefits 101 (DB101)

DDB101 helps people with disabilities and service providers understand the connections between work and benefits. DB101 will help you make informed choices and show you how you can make work part of your plan.

Website: **az.db101.org**

AzLinks.gov

AzLinks.gov offers assistance and information on aging and disability. Use **azdaars.getcare.com/consumer** to plan for the future or handle an immediate need. AzLinks partner agencies in your community are there to help.

Website: **azdaars.getcare.com/consumer/about.php**

Healthy Families Arizona

This program helps child-bearers have a healthy pregnancy and helps with child development, nutrition, safety, and more. A community health worker will go to the pregnant member's home to give them information and to help with any concerns they might have. The program starts while the member is pregnant and can continue through the time that their baby is 5 years old.

1789 W. Jefferson St.
Phoenix, AZ 85007

Phone: **1-520-407-2911**

Website: **dcs.az.gov/services/prevention/healthy-families-arizona**

Pima Council on Aging

Pima Council on Aging advocates, plans, coordinates, develops, and delivers home- and community-based aging services for older adults. It also provides support assistance, accurate information, and local resources connections for family caregivers.

8467 East Broadway Blvd.
Tucson, AZ 85710

Phone: **1-520-790-7262**

Website: **pcoa.org**

Pinal-Gila Council for Senior Citizens

Pinal-Gila Council for Senior Citizens advocates, plans, coordinates, develops, and delivers home- and community-based aging services for older adults. It also provides support assistance, accurate information, and local resources connections for family caregivers.

8969 W. McCartney Road
Casa Grande, Arizona, 85194

Phone: **1-520-836-2758**
Phone: **1-800-293-9393**

Seago Area Agency on Aging

South Arizona Governments Organizations Area Agency on Aging advocates, plans, coordinates, develops, and delivers home- and community-based aging services for older adults. It also provides support assistance, accurate information, and local resources connections for family caregivers.

Phone: **1-520-432-5301**
1-520-432-2528 (Area Agency on Aging)

Website: **seago.org**

NAMI Arizona (National Alliance on Mental Illness)

NAMI Arizona has a HelpLine for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

Phone: **1-480-994-4407**

Website: **namiarizona.org**

Mentally Ill Kids in Distress (MIKID)

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out-of-home placement, and parent-to-parent volunteer mentors.

Phone: **1-520-882-0142** (Pima);
1-928-344-1983 (Yuma)

Website: **mikid.org**

Child and Family Resources

Child and Family Resources Programs include: Child Care Resource & Referral, where parents call to get a list of child care centers; and The Center for Adolescent Parents, where teens who have had a child can earn their high school diploma or GED while receiving no-cost, onsite childcare.

Website: **childfamilyresources.org**

Child & Family Resources Headquarters
Angel Charity Building
2800 E. Broadway Blvd
Tucson, AZ 85716
1-520-881-8940

Casa Grande Office
1115 E. Florence Boulevard
Suite M
Casa Grande, AZ 85122
1-520-518-5292

Douglas
952 F Avenue
Douglas, AZ 85607
1-520-368-6122

Nogales
1827 N. Mastick Way
Nogales, AZ 85621
1-520-281-9303

Safford
1491 W. Thatcher Boulevard
Suite 106
Safford, AZ 85546
1-928-428-7231

Sierra Vista
3965 E. Foothills Drive
Suite E1
Sierra Vista, AZ 85635
1-520-458-7348

Yuma
3970 W 24th St
Suite 103
Yuma, AZ 85364
1-928-783-4003
1-800-929-8194

Low Cost/Sliding Scale Healthcare Providers

If you become ineligible for Medicaid and are not able to get other health insurance, you can visit **azdhs.gov/prevention/health-systems-development/sliding-fee-schedule/index.php** to look for clinics that provide primary, mental, and dental health services at low or no cost to people without health insurance.

Arizona Complete Health-Complete Care Plan's Individual and Family Affairs (OIFA) Team

The Arizona Complete Health-Complete Care Plan's Individual and Family Affairs (OIFA) team promotes recovery, resiliency, and wellness for our members with mental health and substance use challenges. We build partnerships with individuals, families of choice, youth, communities, organizations, and we collaborate with key leadership and community members in the decision-making process at all levels of the behavioral health system. All members of OIFA have lived experience receiving behavioral health services themselves and/or lived experience helping a loved one through their services.

Arizona Complete Health-Complete Care Plan's OIFA team is made up of the following staff:

OIFA Administrator	Responsible for ensuring programs and policies are in line with recovery and resiliency principles. Provides support and guidance to all other members of OIFA and helps to remove any barriers that prevent them from ensuring member health and well-being.
Peer Support Advisor	Provides guidance and support to all system partners on peer support services and the certification process to become a certified peer support specialist.
Family Support Advisor	Provides guidance and support to all system partners on family support services and the certification process to become a certified family support partner.
Member and Family Advocacy Councils (MFAC) Coordinator	Plans and facilitates internal Arizona Complete Health-Complete Care Plan MFACs and collaborates with provider based MFACs.
Special Assistance Coordinator	Responsible for making sure providers meet all state requirements for Special Assistance. Serves as the point of contact for the AHCCCS Office of Human Rights.

Advocacy Information

A healthcare advocate is someone who works to promote and protect people's rights in the healthcare system. Arizona Complete Health-Complete Care Plan partners with advocates across Arizona to ensure your rights are upheld and your voice is heard.

Some advocacy organizations that Arizona Complete Health-Complete Care Plan partners with are as follows:

Arizona Center for Disability Law — Mental Health

The Arizona Center for Disability Law is dedicated to protecting the rights of individuals with physical, mental, psychiatric, sensory, and cognitive disabilities. You can call them at **1-800-922-1447** (Tucson) or at **1-800-927-2260** (Phoenix) for more information.

National Alliance on Mental Illness (NAMI)

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. To learn more about their organization and advocacy programs call them at **1-800-950-6264**.

Arizona Coalition Against Sexual and Domestic Violence

The Arizona Coalition Against Sexual and Domestic Violence serve providers of direct services to victims and survivors of sexual and domestic violence. Their purpose is to:

- Increase public awareness about the issues of sexual and domestic violence.
- Enhance the safety of and services for sexual and domestic violence victims and survivors.
- End sexual and domestic violence in Arizona communities.

If you need help, please call the National Domestic Violence Hotline at **1-800-799-7233 (SAFE)** or TTY **1-800-787-3224**.

Arizona Child and Family Advocacy Network

The Arizona Child and Family Advocacy Network (ACFAN) provides support, training, and guidance to all advocacy centers in Arizona. Their professionals coordinate services and respond to family violence and sexual assault. Efforts are made to accommodate special needs and multilingual populations.

ACFAN has advocacy centers located throughout Arizona that are designed to provide onsite services to child victims of either physical or sexual abuse and neglect. Some centers provide services to adult victims of sexual assault, domestic violence, or vulnerable adult abuse. For more information on these advocacy centers, visit **acfan.net** or call **602-526-2259**.

Family Advocacy Center Services

Family Advocacy Center (FAC) services include, but are not limited to:

- Crisis intervention.
- Emergency needs assessment.
- Safety planning.
- 9-1-1 phone.
- Shelter access and emergency housing assistance.
- Victims' rights education.
- Current case status updates.
- Referrals for long-term case management.
- Short-term case management.
- Education on domestic violence dynamics.
- Education learning how to navigate the criminal justice system.

Call **1-602-534-2120** or **1-888-246-0303** to speak to a FAC victim advocate or get help with services.

Special Assistance for Members with a SMI Designation

Special Assistance **is the support provided to a member with a Serious Mental Illness designation who is unable to articulate treatment preferences and/or participate effectively in the development of the service plan, Inpatient Treatment, and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition. Special Assistance criteria is based as follows:**

- Arizona Complete Health-Complete Care Plan and providers shall identify and submit notification to AHCCCS Office of Human Rights (OHR) of members who meet the criteria for Special Assistance. The notification is submitted regardless of whether or not the member's Special Assistance needs appear to be met by an involved guardian or designated representative (e.g., family member or friend).
- The OHR will then assign an advocate to work with the member during the member's treatment planning.
- A member needs Special Assistance if the member is unable to do any of the following:
  - Communicate preferences for services, participate effectively in service planning or ITDP development, participate effectively in the appeal, grievance, or investigation processes as specified in A.A.C R9-21, Article 4.

- The member is unable to communicate preferences and participate effectively due to a cognitive ability/intellectual capacity language barrier (an inability to communicate, other than a need for an interpreter/translator), and/or a medical condition.
- Members who are subject to general guardianship have been found to be incapacitated as specified in A.R.S. §14-5304, and therefore, automatically meets the criteria for Special Assistance. OHR reviews all notifications and decides who will meet the member's Special Assistance needs.

Arizona Complete Health-Complete Care Plan works with the AHCCCS Office of Human Rights to ensure members meeting Special Assistance criteria are appropriately identified.

You can reach the Individual and Family Affairs team by calling Member Services at **1-888-788-4408**, TTY/TDD: **711** and asking to speak to someone from the Individual and Family Affairs Team.

You can also reach the AHCCCS Office of Human Rights at **1-800-421-2124** or online at **azahcccs.gov/ohr**.

Managed Care Terminology & Definitions

Words/Phrases

Appeal: To ask for review of a decision that denies or limits a service.

Copayment: Money a member is asked to pay for a covered health service, when the service is given.

Durable Medical Equipment: Equipment and supplies ordered by a healthcare provider for a medical reason for repeated use.

Emergency Medical Condition: An illness, injury, symptom, or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part.

Emergency Medical Transportation: See EMERGENCY AMBULANCE SERVICES.

Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

Emergency Room Care: Care you get in an emergency room.

Emergency Services: Services to treat an emergency condition.

Excluded Services: See EXCLUDED.

Excluded: Services that AHCCCS does not cover. Examples are services that are:

- Above a limit,
- Experimental, or
- Not medically needed.

Words/Phrases

Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Habilitation Services and Devices: See HABILITATION.

Habilitation: Services that help a person get and keep skills and functioning for daily living.

Health Insurance: Coverage of costs for healthcare services.

Home Healthcare: See HOME HEALTH SERVICES.

Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

Hospice Services: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

Hospitalization: Being admitted to or staying in a hospital.

Medically Necessary: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

Network: Physicians, healthcare providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-Participating Provider: See OUT OF NETWORK PROVIDER.

Out of Network Provider: A healthcare provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

Words/Phrases

Participating Provider: See IN-NETWORK PROVIDER.

In-Network Provider: A healthcare provider that has a contract with your health plan.

Physician Services: Healthcare services given by a licensed physician.

Plan: See SERVICE PLAN.

Service Plan: A written description of covered health services, and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

Preauthorization: See PRIOR AUTHORIZATION.

Prior Authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prescription Drug Coverage: Prescription drugs and medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional and given by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Words/Phrases

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed or
- Certified nurse practitioner.

Provider: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

Rehabilitation Services and Devices: See REHABILITATION.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A doctor who practices a specific area of medicine or focuses on a group of patients.

Urgent Care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Maternity Care Service Definitions

Words/Phrases

Certified Nurse Midwife (CNM): A provider that has been certified by the American College of Nursing Midwives (ACNM). This is done by the provider passing a national exam and having a license to practice in Arizona. The license is granted by the Arizona Board of Nursing. CNMs provide medical care for pregnant individuals and newborns. The medical care includes: care before, during, and post pregnancy; GYN care; and newborn care. They provide this medical care in conjunction with other providers, or referral.

Words/Phrases

Free Standing Birthing Centers: Free standing birth centers are OB-delivery facilities that are licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free-Standing Birthing Centers. These medical places have providers who offer labor and delivery services. They handle low-risk maternity care services. These facilities are contracted and close to acute hospitals in case support is needed for problem deliveries.

Family planning: is education and treatment services for a member who voluntarily chooses to delay or prevent pregnancy.

High-risk pregnancy: This is when a pregnant individual, fetus, or newborn is at a higher risk for problems with their health while pregnant or after delivery. Special medical risk assessment tools are used to determine if a possible high-risk situation is present.

Licensed Midwife: This is a provider that has received a license from the Arizona Department of Health Services (ADHS) to do maternity care as outlined in A.R.S. Title 36, Chapter 6, Article 7, and A.A.C. R916. These providers are different than CNMs.

Maternity care: Includes medical care and education for preconception counseling, identification of pregnancy, pregnancy, labor, and delivery and postpartum services.

Maternity care coordination: Includes all services to coordinate maternity care. This includes assessing medical and social needs, making a plan to help with needs, helping members connect with community resources, and making sure members receive the medical and social help they need.

Maternity care provider:

The provider types listed below may provide maternity care when it's within their training and scope of practice.

1. Arizona licensed physicians who are obstetricians or general practice/family practice providers
2. Nurse practitioners
3. Physician assistants
4. Certified nurse midwives
5. Licensed midwives

Words/Phrases

Medically necessary transportation: takes you to and from required medical services.

Obstetrician/Gynecologist (OB/GYN): A doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

OB care management: An obstetrical care manager link for pregnant/postpartum individuals with appropriate community resources. These may include:

- Women, Infants and Children's (WIC) nutritional program.
- Parenting classes.
- Smoking cessation.
- Teen pregnancy case management.
- Shelters and substance use counseling.

They provide support, in connecting with prenatal appointments and develop care plans.

Perinatal services: Services provided during pregnancy and following delivery (A.A.C. R9-10-201).

Practitioner: This is CNMs, physician assistants and other nurse practitioners that provide midwifery services.

Postpartum: For individuals determined eligible for 12-months postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may utilize different criteria for the postpartum period.

Postpartum care: Health care provided in the postpartum period to assess and treat the member's physical, psychological, and social well-being after pregnancy, regardless of how a pregnancy ends. Services include but are not limited to, addressing chronic medical condition, family planning, and a plan to transition to parenthood and well-woman or preventive care. Postpartum care visits are an ongoing process.

Words/Phrases

Preconception counseling: This is helping members to identify and reduce medical and social risks that will help an individual be healthy before pregnancy and any impact to fetus. This is done by counseling that focuses on giving medical care early to reduce medical problems and any risks to help in becoming pregnant and during pregnancy. This can be provided whether the individual wants to get pregnant or not. This is included in the well-woman preventive visit. It does not include genetic testing.

Prenatal care: This is the care provided during pregnancy which includes:

- Assessing medical and social risk
- Providing health education
- Ongoing medical care and treatment

If you would like to learn more about the information in this Member Handbook, please call Arizona Complete Health-Complete Care Plan Member Services at 1-888-788-4408, TTY/TDD: 711 or visit azcompletehealth.com/completecare.

New Options for Managing Your Digital Health Records

On July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) making it easier for members to get their health records when needed most.

The Interoperability and Patient Access rule puts you first. This new rule gives you easy access to your health info on your mobile device. You're also able to take your health info with you as you move between health plans. For more information visit: **azcompletehealth.com/interoperability**.

For more info, visit your online member account.

Arizona Complete Health-Complete Care Plan Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.*

Effective 5/2/2024

For help to translate or understand this, please call **1-888-788-4408**. Hearing impaired TTY/TDD: **711**.

Si desea obtener ayuda para traducir o entender esta notificación, llame al **1-888-788-4408**. Las personas con discapacidad auditiva pueden llamar al TTY/TTD: **711**.

Covered Entity's Duties:

Arizona Complete Health-Complete Care Plan (AzCH-CCP) is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Arizona Complete Health-Complete Care Plan (AzCH-CCP) is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect, and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Arizona Complete Health-Complete Care Plan (AzCH-CCP) reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Arizona Complete Health-Complete Care Plan (AzCH-CCP) will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

Arizona Complete Health-Complete Care Plan (AzCH-CCP) protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.

- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- ***Treatment*** – We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- ***Payment*** – We may use and disclose your PHI to make benefit payments for the healthcare services provided to you. We may disclose your PHI to another health plan, to a healthcare provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.
- ***HealthCare Operations*** – We may use and disclose your PHI to perform our healthcare operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

  In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

  – Quality assessment and improvement activities

  – Reviewing the competence or qualifications of healthcare professionals

  – Care management and care coordination

  – Detecting or preventing healthcare fraud and abuse

  Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with healthcare providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

  This information helps us to:

  – Better understand your healthcare needs

  – Know your language preference when seeing healthcare providers

  – Providing healthcare information to meet your care needs

  – Offer programs to help you be your healthiest

  This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- ***Group Health Plan/Plan Sponsor Disclosures*** – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a healthcare program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the

protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- ***Fundraising Activities*** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- ***Underwriting Purposes*** – We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- ***Appointment Reminders/Treatment Alternatives*** – We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- ***As Required by Law*** – If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- ***Public Health Activities*** – We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- ***Victims of Abuse and Neglect*** – We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- ***Judicial and Administrative Proceedings*** – We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- ***Law Enforcement*** – We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- ***Coroners, Medical Examiners and Funeral Directors*** – We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- ***Organ, Eye and Tissue Donation*** – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, and tissues.
- ***Threats to Health and Safety*** – We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

- ***Specialized Government Functions*** – If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, The Department of State for medical suitability determinations, the protection of the President, and other authorized persons as may be required by law.
- ***Workers' Compensation*** – We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- ***Emergency Situations*** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- ***Inmates*** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- ***Research*** – Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- ***Sale of PHI*** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- ***Marketing*** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- ***Psychotherapy Notes*** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment, or healthcare operation functions.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individuals Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- ***Right to Request Restrictions*** –You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should

state the restrictions you are requesting and state to whom the restriction apply. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.

- ***Right to Request Confidential Communications*** – You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.
- ***Right to Access and Receive Copy of your PHI*** – You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- ***Right to Amend your PHI*** – You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example, if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision, and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- ***Right to Receive an Accounting of Disclosures*** – You have the right to receive a list of instances within the last 6-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- ***Right to File a Complaint*** – If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

  You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling **1-800-368-1019**, (TTY: **1-800-537-7697**), or visiting **https://www.hhs.gov/guidance/document/filing-complaint-0**.

  WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- ***Right to Receive a Copy of this Notice*** – You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our website or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Arizona Complete Health-Complete Care Plan (AzCH-CCP)
Attn: Privacy Official
1850 W. Rio Salado Parkway Suite 211
Tempe, AZ 85281
1-888-788-4408, TTY/TDD: **711**

arizona complete health™
Complete Care Plan

azcompletehealth.com/completecare
1-888-788-4408 TTY/TDD: 711