

**DATE:** September 20, 2017  
**To:** Holders of the AHCCCS Medical Policy Manual  
**FROM:** Contracts and Policy Unit  
Division of Health Care Management, AHCCCS  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM.

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

**PLEASE NOTE:** We are currently converting the AMPM Headers and Footers to a new format, aligning Policy language for consistency, and changing Exhibits to Attachments. Changes will be done over the next several months. In addition, Arizona Law 2015, Chapter 19 Section 9 (SB 1480) enacts that from and after June 30, 2016 the provisions of behavioral health services under Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is transferred to and shall be administered by AHCCCS. We are in the process of transferring all pertinent documents to AHCCCS.

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

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

**AHCCCS MEDICAL POLICY MANUAL (AMPM)**

**CHAPTER 300, POLICY 310-EE, NEGATIVE PRESSURE WOUND THERAPY**

AMPM Policy 310-EE was reserved due to Medical Equipment, Appliances and Medical Supplies is discussed under AMPM 310-P, so a separate policy is duplicative. Negative Pressure Wound Therapy is approved as a course of treatment, as well as an item of medical equipment. Contractors will be responsible for determining prior authorization requirements. *This Policy will be reserved effective 10/1/2017.*

**CHAPTER 500, POLICY 530, MEMBER TRANSFERS BETWEEN FACILITIES**

AMPM 530 was revised to align with new format and policy language. Requirements for member transfer between inpatient and outpatient facilities was clarified. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 900, POLICY 960, TRACKING AND TRENDING OF MEMBER AND PROVIDER ISSUES**

Policy 960 establishes requirements for tracking and trending of member and provider issues. Revisions include, incorporating applicable language from former DBHS Policies 1004, Quality of Care Concerns, 1405, Duty to Report Abuse, Neglect, or Exploitation, 1406, Duty to Warn, 1702, Reporting and Monitoring the Use of Seclusion and Restraint, and 1703, Reporting of Incidents,

Accidents and Deaths. Additional requirements were also added from the YH18-0001 ALTCS E/PD RFP/Contract. Policy revisions also included integrating new Managed Care Regulations from 42 CFR 438.320, addressing duty to warn and report, and liabilities of Behavioral Health Providers in providing Behavioral Health Services.

Revisions were made Post Tribal Consultation Notice/Public Comment period, clarifying, “Appropriate referrals should include high-profile cases,” relative to referral to Peer Review Committee. Further, “The Contractor must ensure a thoughtful process around member impact and care transition when acting on adverse actions. This is particularly important if a provider is being suspended or terminated. The Contractor must allow adequate time for identification of new providers, transition of members to those providers, impact to members (such as service plans, medications, etc.), and timely communication to members to prepare for the transition. While there may be instances where a move or transition must occur quickly, the MCO should work with AHCCCS to ensure member needs are met without potential gaps in care/services and or treatment disruption.”

In addition, Post Tribal Consultation Notice/Public Comment period revisions related to Incident, Accident and Death (IAD) Report require, “The Contractor shall review the IAD within 24 hours of receipt to make a determination of whether the incident includes a quality of care concern (QOC).” *This effective date for this Policy is 9/13/2017.*

- **ATTACHMENT A, AHCCCS CONTRACTOR QUARTERLY QUALITY MANAGEMENT REPORT**

Attachment A (formerly Exhibit 960-1), was modified to conform to new AHCCCS format. Suicide reason was changed to suicide cause for clarity.

- **ATTACHMENT B, HEALTH CARE ACQUIRED CONDITIONS (HCAC)/OTHER PROVIDER PREVENTABLE CONDITIONS (OPPC) REPORTING TOOL**

Attachment B (formerly Exhibit 1 under AMPM 920), was modified to conform to new AHCCCS format.

- **ATTACHMENT C, HEALTH AND SAFETY UPDATE – IMMEDIATE JEOPARDY FORM**

Attachment C (formerly Exhibit 2 under AMPM 920) was relocated under Policy AMPM 960 for suitability, and modified to conform to new AHCCCS format.

### **CHAPTER 1200, POLICY 1240-E, HABILITATION SERVICES**

AMPM Policy 1240-E was revised to align with the FY 2018 ALTCS EPD Contract, accommodate the use of the Independent Contractor business model and adopt new fingerprint clearance and background check requirements. It was also modified, with input from the ASD Advisory Committee, to reflect person-centered language, as well as to streamline and clarify content. *The effective date for this policy will be 10/1/2017.*

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**CHAPTER 1200, POLICY 1240-G, HOME HEALTH SERVICES**

AMPM Policy 1240-G establishes criteria for medically necessary home health services for ALTCS members. Substantive policy changes were made to align with the ALTCS EPD Contract effective 10/01/17, accommodate the use of the Independent Contractor business model by DCW Agencies, and revise to streamline, clarify and reorganize content.

The definition of Home Health Services was modified post Tribal Consultation Notice/Public Comment period to align with Managed Care regulation at 42 CFR 440.70. *The effective date for this policy will be 10/1/2017.*

- **ATTACHMENT A, MEDICAL SUPPLIES INCLUDED IN FFS HOME HEALTH NURSING VISITS**

Attachment A (formerly Exhibit 1240-G-1), was modified to conform to new AHCCCS format.

- **ATTACHMENT B, HOME HEALTH SKILLED NURSING/PRIVATE DUTY NURSING SERVICES**

Attachment B (formerly Exhibit 1240-G-2), was modified to conform to new AHCCCS format. This Attachment was revised to update codes to differentiate levels of nursing services provided during hospital stays and home health episodes of care.

**CHAPTER 1200, POLICY 1240-I, HOME MODIFICATIONS**

AMPM Policy 1240-I establishes guidelines for provision of home modifications to ALTCS members. Revisions were made to incorporate new cost-effectiveness assessment standards, as well as institute minor technical revisions and clarification. *The effective date for this policy will be 10/1/2017.*

- **ATTACHMENT A, ALTCS FFS HOME MODIFICATION REQUEST/JUSTIFICATION FORM**

Attachment A (formerly Exhibit 1240-I-3), was modified to conform to new AHCCCS format. A minor revision was made to update contact information.

**CHAPTER 1200, POLICY 1250 - ATTACHMENT B, AHCCCS/ALTCS SERVICES, SERVICE CODES AND APPLICABLE UNITS OF SERVICE**

AMPM Policy 1250, Attachment B (formerly stand-alone Exhibit 1250-2), defines service codes and units of service. Attachment B was modified to conform to the new AHCCCS format, update codes to differentiate levels of nursing services and include spouses and adoptive parents as paid caregivers under the Attendant Care Program. *The effective date for this Attachment will be 10/1/2017.*

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**CHAPTER 1200, POLICY 1250-C, ACUTE CARE SERVICES**

AMPM Policy 1250-C was revised to incorporate a reference to the emergency dental benefit for members age 21 and older, which was approved by the 53<sup>rd</sup> Arizona Legislature for State Fiscal Year 2018. Additionally, minor revisions were made to streamline, clarify and organize content. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 1200, POLICY 1250-D, RESPITE CARE**

AMPM Policy 1250-D was revised relative to the ALTCS EPD Contract effective 10/01/17. Policy changes were made to accommodate the use of the Independent Contractor business model, align with AMPM 1240-A, and adopt new fingerprint clearance and background check requirements. Lastly, technical corrections were made to standardize and align terminology across AHCCCS policies, adopt new formatting and improve clarity. *The effective date for this policy will be 10/1/2017.*

**Chapter 1200, Policy 1250-F, Medical Supplies, Equipment, Appliances and Customized Durable Medical Equipment**

AMPM Policy 1250-F was reviewed relative to recently enacted face-to-face requirement for FFS Medicaid medical equipment. After review of regulations and revision of our general medical equipment and supplies policy (AMPM Policy 310-P), AHCCCS determined to Reserve AMPM Policy 1250-F, as medical equipment and supplies for ALTCS members are described under AMPM Policy 310-P in the home setting and in AMPM Policy 1210 in an institutional setting. This allows for policy consolidation without affecting coverage.

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**APPROVED NOT YET EFFECTIVE**

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

[AMPM Approved Not Yet Effective](#)

*The following Policies are posted for reference. However, the below Policies will not be in effect until the date referenced in each Policy. Policies which are newly approved but not yet effective will be added at the beginning of this section.*

**CHAPTER 300, POLICY 310-HH, END OF LIFE CARE**

AMPM Policy 310-HH is a new policy that establishes guidelines, medical criteria and requirements for End of Life Care and the provision of Advance Care Planning. The End of Life concept of care strives to preserve member rights and dignity, while receiving appropriate health care services and practical supports. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 300, POLICY 310-J, HOSPICE SERVICES**

AMPM Policy 310-J has been revised to include applicability to all Contractors and FFS Programs, to clarify guidelines for allowable hospice services for terminally ill members pursuant to A.R.S. §36-2907, A.R.S. §36-2989 and 42 CFR 418.20. It clarifies that members under age 21 may receive curative treatment concurrently with hospice services. Further, the definition of palliative care was removed, and the various components comprising hospice services were defined. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 300, POLICY 320-P, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION**

AMPM Policy 320-P was updated to include applicability to ALTCS EPD and Tribal ALTCS, due to retention of Serious Mental Illness (SMI) designation for members in the Long Term Care Program effective October 1, 2017. Language was added to clarify that assessments begin at age 17.5, and outline which entity receives information regarding decertifications. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 500, POLICY 520, MEMBER TRANSITIONS**

AMPM Policy 520 was revised to incorporate new managed care regulations at 42 CFR 438.62, requiring specific continued services during the transition period for members transitioning from a FFS to MCO Provider, or transitioning to adulthood in the behavioral health system. Revisions also accounted for out of service area/placement system updates to ensure non-integrated members receive appropriate physical and behavioral health services. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 1600, POLICY 1610, COMPONENTS OF ALTCS CASE MANAGEMENT**

AMPM Policy 1610 underwent minor technical revisions consistent with applicability of the Policy, its purpose, and aligning language across AHCCCS Policies. *The effective date for this policy will be 10/1/2017.*

**CHAPTER 1600, POLICY 1620-C, COMPONENTS OF ALTCS CASE MANAGEMENT**

AMPM Policy 1620-C underwent minor technical revisions consistent with applicability of the Policy, its purpose, and aligning language across AHCCCS Policies. A reference was added to the *Tutorial Guide for Pre-Paid Medical Management Information Systems Interface for ALTCS Case Management*, (formerly, ACOM Policy 411) available on the AHCCCS website. *The effective date for this policy will be 10/1/2017.*