



APACHE
BEHAVIORAL HEALTH SERVICES

**The Handbook for Members of
Apache Behavioral Health Services, Inc.**

March 2023



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I. Welcome to Apache Behavioral Health Services

Introduction

Apache Behavioral Health Services, Inc. (ABHS) is a behavioral health provider incorporated under the laws of the White Mountain Apache Tribe. Under an intergovernmental agreement (IGA) with the Arizona Health Care Cost Containment System (AHCCCS), ABHS serves as the Tribal Regional Behavioral Health Authority (TRBHA) of the White Mountain Apache Tribe. ABHS also provides behavioral health services under a Public Law 93-638 contract with the Indian Health Service (IHS).

The mission of ABHS is to improve the quality of life for individuals and families residing on the Fort Apache Indian Reservation and for enrolled members of the White Mountain Apache Tribe. Services are available to individuals residing on the Fort Apache Indian Reservation, the White Mountain Apache community, and other individuals in specific circumstances.

ABHS services are provided in a timely, respectful, compassionate manner. ABHS seeks community input to ensure services are geared toward addressing problems specific to the White Mountain Apache Tribe. ABHS is committed to the development of staff and the development of programs that are innovative and fiscally responsible to serve the White Mountain Apache Tribe both now and in the future.

Access to the Member Handbook

You can view or download this Member Handbook at www.wmabhs.org. If you would like to know more about the information in this Member Handbook, please call ABHS at (928) 338-4811, Toll Free 1-877-336-4811 or go to the ABHS website at www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

II. General Member Information

ABHS provides behavioral health services for qualified health care members. Qualified recipients of ABHS services include members of the AHCCCS American Indian Health Program. AHCCCS is the state of Arizona's Medicaid agency that offers health care program services to individuals that meet certain requirements. AHCCCS behavioral health related "covered services" identified in this Member Handbook are provided under an IGA and/or provider participation agreement with AHCCCS. AHCCCS describes persons who qualify for AHCCCS services as "members." Individuals who obtain ABHS services, including AHCCCS members, are identified as ABHS "clients." The terms "members" and "clients" are used interchangeably in this Member Handbook and throughout your ABHS enrollment.

Additional ABHS services may be provided through non-AHCCCS related funding sources, including contracts with IHS. ABHS follows applicable tribal, federal, and, under its IGA with AHCCCS, specific state laws. ABHS's general hours of operation are from 8:00 a.m. to 5:00 p.m., Monday-Friday, and closed on holidays. However, crisis services are always available.

In addition to behavioral health services, AHCCCS provides American Indian Health Program members with physical health care services. This Member Handbook will provide a general overview of physical health services that may be available to you through AHCCCS. However, if you would like to learn how to obtain physical health care services, you should contact AHCCCS Member Services at 1-800-654-8713 or the Whiteriver Indian Health Service Unit at (928) 338-4911.

AHCCCS Member ID Card

It is important that you take your AHCCCS ID card and your Arizona Driver's License or State Issued ID with you and show it when you go to an ABHS clinic, you should also take your AHCCCS ID card whenever you go to IHS, a doctor's office, emergency room, hospital, clinic, or pharmacy. The card shows that you are an AHCCCS member and helps your provider know what steps to follow for approval and payment to AHCCCS/Medicaid/Fee-For-Service. If you have Medicare or other insurance, you also need to take those health cards with you and show them before you get services.

Do not loan, sell or give your AHCCCS card to anyone else to use. This could result in loss of your eligibility or legal action against you. Do not discard your ID card. **Do not let anyone else use your ID card!**

If you lose your AHCCCS card, call either (602) 417-7100 or toll-free 1-800-962-6690 (for all other area codes), Press Option 1 for English, Press Option 2 for all other calls, then Press Option 1 to Verify Eligibility or to request a new card.

Crisis Services

If you need emergency care, go to the nearest emergency room (ER) or Dial 911.

You can get crisis services, even if you are not eligible for AHCCCS. Crisis services available to you include:

- Crisis intervention phone services, including a toll-free number, available 24 hours per day, 7 days a week. Please call (928) 338-4811 or Toll Free 1-877-336-4811 or, TDD/TTY Users 1-800-367-8939;
- Mobile crisis intervention services are available 24 hours per day, 7 days a week at Indian Health Services (IHS) Whiteriver Service Unit Emergency Department;
- ChangePoint Crisis Stabilization Unit also provides 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization, substance abuse-related crisis services, including follow-up services for stabilization. ChangePoint can be reached at (928) 892-5852 and is physically located at 1920 W. Commerce Drive, Lakeside, AZ.

Crisis Hotlines

In addition to your local emergency dispatch service (e.g., 911), if you or someone you know is experiencing a behavioral health crisis, please contact:

24-Hour Crisis Hotlines – National:

- 1-800-273-TALK (8255) - National Suicide Prevention Lifeline
- 1-800-662-HELP (4357) - National Substance Use and Disorder Issues Referral and Treatment Hotline
- Text the word “HOME” to 741741

Suicide/Crisis Hotlines by County:

- **Maricopa County:**
 - 1-800-631-1314 or 602-222-9444
- **Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties:**
 - 1-866-495-6735
- **Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties:**
 - 1-877-756-4090
- **Gila River and Ak-Chin Indian Communities:**
 - 1-800-259-3449

Teen Crisis Line:

- **Teen Lifeline phone or text:**
 - 1-602-248-TEEN (8336)

Regular Service Phone Numbers

Whiteriver Indian Health Service Unit

(928) 338-4911

Arizona Department of Health Services

(602) 542-1025

Office of Human Rights

Phoenix: 1-800-421-2124

Tucson: 1-877-524-6882

Flagstaff: 1-877-744-2250

State Adult Protective Services

1-877-SOSADULT (767-2385)

State Division of Child and Family Services

1-888-SOSCHILD (767-2445)

White Mountain Apache Tribe Social Services (Adult and Child)

(928) 338-4164

AHCCCS Member Services

1-800-654-8713

In Maricopa County, call

(602) 417-4000

Interpretation Services

How can I get written information in my language and oral interpreter services?

You may ask for help from ABHS to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it;
- You can find providers who speak your language; and
- Oral interpreter services are available at no cost to you.

Contact ABHS Customer Services at (928) 338-4811 Ext. 2231, Toll Free 1- 877-336-4811 or, TDD/TTY Users 1-800-367-8939 to ask for any of these options.

What are my rights concerning Sign Language Interpreters and Auxiliary Aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask ABHS to provide auxiliary aids or schedule a Sign Language Interpreter to meet your needs. ABHS will provide these services, but your request must be made in a timely manner so that ABHS can make arrangements for you.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language Interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language, to the deaf. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org or call (602) 542-3323 (V/VP); (602) 364-0990 (TTY); 800-352-8161 (V/TTY).

What are my rights concerning printed information if I am visually impaired?

If you have a visual impairment, you may ask ABHS to provide you this Member Handbook or other materials, such as notices and consent forms, in large print. ABHS will provide these services, but your request must be made in a timely manner so that we can modify the materials for you.

Rights & Responsibilities as a Member

Members have the following rights and responsibilities, listed below. It is important that you understand each one.

Your rights as a member are to:

- Be treated with respect and with recognition of your dignity and need for privacy;
- Not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, gender, gender identity, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, or source of payment;
- Receive an annual member handbook and provider directory;
- Have services provided in a culturally competent manner;
- Have the opportunity to choose a Primary Care Provider (PCP);
- Have the right to refuse services;
- Participate in decision-making regarding your health care;
- Have the right to be free from any form of restraint or seclusion used as means of coercion, discipline, convenience or retaliation;
- Be provided with information about formulating Advance Directives;
- Receive information in a language and format that you understand;
- Be provided with information regarding grievances, appeals, and requests for hearing;
- Have the right to complain about the contractor, TRBHA or Tribal ALTCS;
- Have access to review your medical records in accordance with applicable Federal and State Laws;
- Have the right to request and receive annually, at no cost, a copy of your medical records; and
- Have the right to amend or correct your medical records.

Your responsibilities as a member are to:

- Share information;
- Show your member ID card or identify yourself as an AHCCCS member to health care providers before getting services;
- Ask your provider to explain if you don't understand your health condition or treatment plan;
- Give your health care providers and case managers all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns;
- Follow instructions that you and your health care providers have agreed on, including the instructions of nurses and other health care professionals;
- Schedule appointments during office hours when possible, instead of using urgent or emergency care; and
- Keep appointments and come on time. Call your provider's office ahead of time when you cannot keep your appointments.

III. Health Care Enrollment Options

If you are an American Indian or Alaskan Native member, you have the option to choose from a variety of programs to receive physical and behavioral health services. Your enrollment choice may affect what services are covered and what providers are in your plan's network.

You have the option to choose a health plan and may enroll in either:

- The AHCCCS American Indian Health Program (AIHP) for physical and behavioral health services; or
- The AIHP for physical services and a Tribal Regional Behavioral Health Authority (TRBHA), when available, for behavioral health services; or

- The AHCCCS Complete Care (ACC) plan of your choice

Refer to your AHCCCS Member ID to identify your behavioral health coverage. If you are unsure about your choices or have questions about how your behavioral health services are coordinated, contact AHCCCS Member Services at 1-800-654- 8713.

Note: Members with a serious mental illness (SMI) designation may receive behavioral health care through either a TRBHA or a Regional Behavioral Health Authority (RBHA).

The American Indian Health Program

In general, the American Indian Health Program (AIHP) is a Fee-For-Service (FFS) program administered by AHCCCS for eligible American Indians and Alaskan Natives (AI/AN). AIHP provides coverage for both physical and behavioral health services on an FFS basis. AIHP also pays for physical health services with other medical facilities, such as your local hospital. An enrolled AIHP member may receive services at any AHCCCS-registered provider that serves FFS members, including the Indian Health Service (IHS), tribally operated "638" health programs, urban Indian health clinics and other AHCCCS-registered providers.

AIHP members also have access to the **American Indian Medical Home (AIMH) Program**. AHCCCS has partnered with IHS and tribally owned and/or operated 638 facilities to provide the AIMH program for AIHP members. IHS/638 facilities that qualify to become an AIMH provide case management, care coordination services and access to your care team 24 hours/7 days a week. AIHP members may choose to sign up with any IHS/638 facility to be their registered medical home. The AIMH program is voluntary. AIHP members may leave the program or change AIMH sites at any time. AIHP members may sign up at the AIMH facility of their choice, or call AHCCCS Member Services to request assignment to an AIMH facility. Additional information about the AIMH program can be found on the AHCCCS website:

<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

Children with a Children's Rehabilitative Services (CRS) designation have their physical and behavioral health services covered under AIHP.

AHCCCS Complete Care

On October 1, 2018, AHCCCS integrated physical and behavioral health care for most members. This is referred to as AHCCCS Complete Care (ACC). AI/AN members have the choice of enrolling in an ACC plan. Notably, AI/AN members will continue to have the same access to IHS providers, 638 tribal providers, and urban Indian health providers. For additional information on integrated health care and the ACC program please visit:

<https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/availablehealthplans.html>.

Tribal Regional Behavioral Health Authorities

You may enroll to receive your behavioral health care through ABHS, the Tribal Regional Behavioral Health Authority (TRBHA) for the White Mountain Apache Tribe, if you are eligible for ABHS Services. TRBHAs are tribal entities that have an intergovernmental agreement (IGA) with AHCCCS, to coordinate the delivery of comprehensive behavioral health services to eligible AI/AN members and other eligible persons assigned by the AHCCCS to the TRBHA. TRBHAs provide direct behavioral health care and care coordination for assigned members. A list of TRBHAs in your area can be found on the AHCCCS website at:

Where Can I Get Health Care Services?

Regardless of your choice in health plan enrollment, as an AI/AN member, physical and behavioral health services are always available at any IHS or tribally owned and/or operated 638 facility. If you choose an ACC plan you are still able to receive physical and behavioral health services from IHS providers and tribally owned and/or operated 638 facilities. In addition, you can receive services from any provider that is a part of your ACC plan's network. If you are unsure which providers are in your ACC plan's network, you can contact your ACC plan for additional guidance.

Can I switch my health care enrollment?

You may switch your enrollment between the AHCCCS AIHP and ACC plans periodically. There are two ways for you to change your AHCCCS enrollment:

- Online: www.healtharizonaplus.gov; or
- Phone:
 - In Maricopa County: 602-417-7100
 - Outside Maricopa County: 1-800-962-6690

What if I have health insurance?

You must report any health insurance that you have, other than AHCCCS, to ABHS or your provider. This includes Medicare. Persons with health insurance must use the benefits of that health insurance before ABHS will pay for services. At times, ABHS may pay for the cost of co-payments for the services you receive at ABHS, while the cost of the covered service is paid for by your health insurance.

If there are any changes to your health insurance, you must report the change to ABHS or your provider right away.

What if I have Medicare coverage?

Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell ABHS or your provider. You may get some services from Medicare providers and some services from ABHS providers. You may have to use Medicare for some behavioral health services before you can use your AHCCCS coverage.

If you are in a Medicare Cost Saving (MCS) program, your Medicare co-payments, premiums, and/or deductibles may be covered for you. ABHS or your provider can help you find out what services Medicare will cover and what services AHCCCS will cover.

Sometimes people with Medicare want to get services from a provider that does not work with ABHS. These providers are referred to as out of network providers. If you choose to get services from an out of network provider, you may have to pay for your Medicare co-payment, premium and/or deductible. This does not apply to emergency services. Call the ABHS Intake and Assessment at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939 for more information on out of network providers.

When is Prior Authorization Needed?

In general, ABHS does not need prior authorization to provide you with most services. However, to receive some services from a non-IHS/638 provider, you first must have approval from your health plan provider. This is called prior authorization. The need for prior authorization will depend on your health plan.

If you are in the American Indian Health Program (AIHP) and/or enrolled in a TRBHA, your health care provider should contact AHCCCS before you receive certain services, including:

- Non-emergency medical or behavioral health inpatient admissions,
- Non-emergency and elective surgeries,
- Nursing home placements,
- Home health services,
- Admission to a Residential Treatment Center (for children only),
- Admission to a Behavioral Health Residential Facility,
- Medical equipment and medical supplies,
- Hospice services, and
- Medically necessary eyeglasses for adults.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about prior authorization.

Am I Covered Outside of Arizona?

As an AIHP and/or TRBHA member you may be covered by AHCCCS if you are temporarily out of the state, but still an Arizona resident. You may receive services if:

- Medical services are needed because of a medical emergency,
- You need treatment that you can only get in another state, or
- You have a chronic illness, and your condition must be stabilized before returning to Arizona.

Members enrolled in an AHCCCS Complete Care (ACC) plan should contact the ACC plan with questions about coverage outside of Arizona.

What Services Will AHCCCS Pay For?

AHCCCS covers medically needed preventative, acute and behavioral health care when it is provided by an AHCCCS registered provider. AHCCCS also offers limited coverage of rehabilitative services, home health care and long term care services.

If you have questions about whether or not a service is covered, please check with your health care provider. Your health care provider can contact AHCCCS to verify whether or not a service is covered.

IV. AHCCCS Covered Services

This Chapter generally describes AHCCCS Covered Services. For more information on AHCCCS Covered Services, visit the AHCCCS website at the following address:

azahcccs.gov/Members/AlreadyCovered/coveredservices.html

Behavioral Health Care Services

In General

AHCCCS covers behavioral health services provided at an Indian Health Service (IHS) facility, at a tribally owned and/or operated 638 facility, or at an AHCCCS registered provider who accepts fee-for-service. AHCCCS covered behavioral health services include:

- Behavioral Health Day Programs – including supervised day programs, therapeutic day programs, medical day programs;
- Crisis Services – including mobile team services, telephone crisis response, and urgent care Inpatient Services including hospital, sub-acute, and residential treatment;
- Rehabilitation Services – including living skills, cognitive rehabilitation, supported employment, and education support;
- Health Promotion – including prevention, Education and Medication Training – education and standardized training for the purpose of increasing an individual’s behavioral knowledge of a health-related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills and health lifestyles;
- Residential Behavioral Health Services – including a range of up to 24hr/day services in a structured living environment for individuals needing support;
- Support Services – including case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, child care connections;
- Treatment Services – counseling, consultation, assessment and specialized testing, and substance abuse treatment; and
- Services for Special Populations – Some people are eligible to receive behavioral health services that are funded through federal block grants. For more information about these services and who is eligible for these services, please contact ABHS at (928) 338-4811, Toll Free 1-877-336-4811 or go to our website www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

ABHS Services

ABHS provides many of the above behavioral health services to members for treatment of mental health conditions, substance (drug and alcohol) use disorders, crisis interventions, etc. ABHS also provides services to persons determined to have a serious mental illness (SMI) and members who are eligible to receive services funded through federal block grants.

A member determined to have a serious mental illness (SMI) is 18 years or older with a mental, behavioral, or emotional disorder that severely and negatively affects their daily life. The member may not be able to remain in the community without treatment and/or services. A referral or request can be coordinated with the member’s behavioral health provider or TRBHA to assess and determine if a member is eligible to receive SMI services. If a member is determined to have an SMI, they may receive SMI services through either a TRBHA or a RBHA.

Note: Information regarding appeals for persons determined to have a Serious Mental Illness can be found on page 17-18 in the Grievance and Appeals section below.

How does ABHS ensure that my values and beliefs are being considered when services are offered to me and while I am receiving services?

Your traditions, your heritage, religious/spiritual beliefs, language, and other aspects of your life define who you are, and are part of your “culture.” ABHS encourages its staff to understand the culture of each individual to better understand, communicate with, and treat the people ABHS serves. Your ABHS clinician will ask you to share cultural information with them so they can help you determine the best treatment plan for you or your family member. It is important that you help your ABHS clinician understand what is important to you and your family, as this will help tailor services for your specific needs.

Be sure to discuss with your ABHS clinician what you and your family believe is most important when determining your treatment and discussing your goals. If your clinician understands what your goals are, your clinician can better help you to reach those goals.

ABHS works with its clinical staff to better understand various cultures and to provide services in a culturally competent manner.

How do I contact my Behavioral Health Case Manager?

If you would like more information about behavioral health case management, please call Apache Behavioral Health Services (ABHS) at (928) 338-4811, Toll Free 1-877-336-4811 or go to our Web site www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

Other Covered Services

In addition to behavioral health care services, the AHCCCS American Indian Health Program covers the following medical care.

In General

- Inpatient services in a hospital and other facilities;
- Partial care (supervised, treatment or medical day programs);
- Individual, group, and/or family counseling and therapy;
- Emergency/crisis services;
- Behavior management (behavioral health personal assistance, family, and peer support);
- Evaluation and diagnosis;
- Medicine and monitoring of medicine;
- Psychosocial rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching, and employment support);
- Laboratory and radiology services;
- Screening;
- Emergency transportation;
- Non-emergency transportation; and
- Respite care (with limits)

Emergency Care

AHCCCS covers emergency care 24 hours a day, 7 days a week, both in-state and out of state. An emergency is when something happens suddenly, with serious symptoms. Some examples of an emergency are:

- Chest pain
- Car accident
- Bleeding
- Problems breathing
- Poisoning
- Broken bones
- Intense thoughts of suicide or violence toward yourself or someone else
- Hearing or seeing hallucinations telling you to harm yourself or someone else

Emergencies can lead to disability or death if not treated, so seek care immediately. Prior authorization is not required for emergency care. If there is an emergency **CALL 911**.

If you need emergency care, go to the nearest emergency room (ER) or Dial 911.

Emergency Transportation

Transportation to the nearest appropriate facility for emergency services is covered 24 hours a day, 7 days a week. **CALL 911**. You do **not** need prior authorization for emergency transportation. If there is an emergency **CALL 911**.

Preventative Care

The AHCCCS American Indian Health Program (AIHP) pays for health assessments, screening tests, immunizations, and health education. ABHS provides behavioral health services. The below services are provided here for your information:

- Well Exams and Physical Exams
- Laboratory Tests
- Cancer Screenings:
 - Breast (mammogram)
 - Cervical (Pap tests)
 - Colon (colonoscopy)
 - Prostate (PSA test)
- Heart Disease Screenings:
 - High blood pressure screening
 - Cholesterol screening
- Other Diseases:
 - HIV screening
 - Sexually transmitted disease screening
 - Tuberculosis screening
- Immunizations such as:
 - Flu shots, and
 - Pneumonia shots
- Behavioral health prevention such as:
 - Assessment and treatment planning

- Individual, group, and family counseling
- Suicide prevention education and outreach
- Community education and outreach

AHCCCS **does not** pay for:

Physical exams needed by outside public or private agencies such as:

- Exams for insurance,
 - Pre-employment physical examinations,
 - Sports exams or exams for exercise programs (except for children under the age of 21),
 - Pilot’s examinations,
 - Disability exams, or
 - Evaluation for lawsuits.

Medical Office Visits

The AHCCCS American Indian Health Program (AIHP) pays for medically needed office visits for the diagnosis and treatment of illness and injury.

Services for Children

The AHCCCS American Indian Health Program (AIHP) pays for health care for members under age 21 including both behavioral and physical health care. ABHS provides behavioral health services. AHCCCS provides health care for members under age 21 through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This program helps keep your children healthy. Naturopathic physician services are covered under the EPSDT benefit for members under age 21, and that naturopathic physician services for adult members age 21 and older is not covered.

Take your children for well child visits, not just when they are sick. Also, take your children to the dentist for regular checkups.

EPSDT screenings include:

- Health, nutrition, and developmental history;
- Screening for immunizations;
- Laboratory tests;
- Vision, speech, and hearing screening;
- Dental screening; and
- Behavioral health screening.

Immunizations

ABHS does not generally provide immunizations to clients. However, the AHCCCS American Indian Health Program (AIHP) pays for recommended immunizations for adults and children. Covered immunizations include, but are not limited to:

- Diphtheria-Tetanus-Pertussis (DTP);
- Influenza;
- Pneumococcus;
- Rubella;
- Measles;

- Hepatitis B;
- Pertussis, as currently recommended by the Centers for Disease Control and Prevention (CDC) or ACIP;
- Zoster vaccine, for members 60 and older;
- HPV vaccine, for females and males up to age 26 years; and
- All child and adolescent immunizations, as recommended by the CDC childhood immunization schedules.

All children can get immunizations under the Vaccines for Children (VFC) program.

Hospital Inpatient Services

The AHCCCS American Indian Health Program (AIHP) pays for medically needed inpatient hospital care in licensed participating hospitals. This can include IHS and 638/Tribal facilities.

Covered hospital inpatient services include, but are not limited to:

- Routine (regular) hospital care;
- Intensive care;
- Intensive care for newborns;
- Maternity care, including labor and delivery, recovery rooms, and birthing centers;
- Nursery for newborns and infants;
- Surgery, including anesthesiology; and
- Emergency services.

Outpatient Services

The AHCCCS American Indian Health Program (AIHP) pays for medically needed outpatient treatment and surgeries.

Transportation for Medical & Behavioral Health Appointments

1. Non-Emergency Medical Transportation (NEMT)

AHCCCS pays for medically needed non-emergency medical transportation (NEMT) to and from covered medical and behavioral health appointments. This service is available for members who are unable to provide or pay for their own transportation, when free transportation services are not available. Your health care provider may need to obtain approval (prior authorization) from AHCCCS before the transport occurs.

AHCCCS pays for NEMT to the **nearest** IHS/Tribal 638 medical or behavioral health facility or to the **nearest** medical or behavioral health provider capable of meeting your needs.

2. Transportation from a Hospital to another Facility

Round-trip ground ambulance transportation may be covered if you are hospitalized and need to be taken to the nearest appropriate facility for special services if:

- Use of any other type of transportation may be unsafe, or
- You cannot get the needed services at the hospital where you are staying.

Medicines

AHCCCS pays for medicines prescribed by your provider. There are three places you can go to get your medicines:

- IHS facilities,
- 638/Tribal Facilities, or
- Pharmacies that are part of Optum's network.

Please work with your physician, dentist, or other health care provider to get your prescriptions through the appropriate pharmacy. It is best to have your prescriptions filled at the same pharmacy each time. AHCCCS uses a list of preferred medicines. If your provider prescribes a medicine that is not on the preferred list, the pharmacy will work with your provider to change to a preferred medicine. If your provider disagrees with the change, your provider may need to request prior authorization for the non-preferred medicine in order for AHCCCS to pay for it.

Medicines filled outside of an IHS or a 638 pharmacy will have their prescriptions filled through Optum, AHCCCS's Pharmacy Benefit Manager (PBM).

If you have questions about your prescription benefits, please call 1-855-577-6310. You can get information about your prescription benefits 24 hours a day every day of the week. You may also visit our website at: <https://ahcccs.rxportal.mycatamaranrx.com/rxclaim/portal/preLogin>

Other Covered Services

AHCCCS may cover additional services when there is a medical need. These services include family planning, prenatal care, hysterectomy services, dental, dialysis, podiatry services, rehabilitative services, and vision care. Please remember that many services do have limits. Please check with your provider to find out what services are available to you.

If you would like more information about other covered services, please call ABHS at (928) 338-4811, Toll Free 1-877-336-4811 or go to our Web site www.wmabhs.org, TDD/TYY Users 1-800-367-8939.

Tribal ALTCS – Arizona Long Term Care Services

The Arizona Long Term Care System (ALTCS) provides culturally competent care for disabled and elderly American Indians who are living on-reservation or who have lived on a reservation prior to admission into a nursing facility located outside of the reservation. ALTCS provides institutional care and home and community-based services to AHCCCS members who are at risk of institutionalization. A complete list of covered services can be found in the ALTCS member handbook.

The ALTCS member handbook can be found on the AHCCCS website at the following address: <https://www.azahcccs.gov/shared/Downloads/LTCCaseMan/2020TribalALTCSMemberHandbook.pdf>

V. Advance Directives

There may be a time when you are unable to make medical decisions for yourself. An Advance Directive is a legal document that you sign to protect your right to refuse any health care that you do not want, and to receive any health care you do want.

The following are different types of Advance Directives:

- A living will tells providers what types of services you do or do not want if you become sick.

- A medical power of attorney lets you choose a person to make decisions about your health care when you cannot do it yourself.
- A pre-hospital medical care directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room.

VI. Grievance and Appeals

How do I file a grievance?

You have the right to make a complaint if you have concerns about or problems with your care and services. A complaint is also called a “grievance.” If you or your representative would like to file a grievance or make a complaint with AHCCCS, please call the AHCCCS Office of Administrative Legal Services (OALS):

- Within Maricopa County 602-417-4232
- Statewide 1-800-654-8713 ext. 74232

If you have a complaint or grievance, you can also send a written complaint to a TRBHA, who may be able to help you resolve the problem right away.

How do I file an appeal?

An appeal is a formal request to review an action or decision related to your behavioral health services.

Appeals can be filed orally or in writing with ABHS, or in writing with the AHCCCS Office of Administrative Legal Services within 120 days after the date listed on a Notice of Adverse Benefit Determination or a Notice of Appeal Resolution. A Notice of Adverse Benefit Determination or a Notice of Appeal Resolution are written letters that tell you about a change in your services. An expedited appeal will be resolved sooner than a standard appeal due to the urgent behavioral health needs of the person filing the appeal. Contact AHCCCS Member Services or ABHS to see if your appeal can be expedited.

You can file an appeal yourself or your legal or authorized representative can file an appeal for you with your written permission. You can also get help with filing an appeal by yourself.

For help with filing an appeal, call ABHS at (928) 338-4811, Toll Free 1-877-336-4811, TDD/TYY Users 1-800-367-8939, or go to the ABHS website at www.wmabhs.org. You can also call the AHCCCS Office of Grievance and Appeals 602-364-4575 or 1-800-421-2124. Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting the AHCCCS.

All appeals submitted to the AHCCCS Office of Administrative Legal Services need to be in writing. Eligibility appeals must be sent to the agency that made the determination (AHCCCS or Arizona Department of Economic Security (ADES)). Appeals related to denials, discontinuances, or reductions in medical services must be sent to the AHCCCS Office of Administrative Legal Services:

AHCCCS
Office of Administrative Legal Services
 801 E. Jefferson, MD-3900
 Phoenix, AZ 85034
 FAX: 602-253-9115

What is a Grievance/Request for Investigation for persons determined to have a Serious Mental Illness and how can I file one?

The Grievance/Request for Investigation process applies only to adult persons who have been determined to have a Serious Mental Illness (SMI).

You can file a Grievance/Request for Investigation if you feel:

- Your rights have been violated;
- You have been abused or mistreated by staff of a provider; or
- You have been subjected to a dangerous, illegal or inhumane treatment environment.

You have 12 months from the time that the rights violation happened to file a Grievance/Request for Investigation. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at ABHS and other providers of behavioral health services. You may ask ABHS staff for help in filing your grievance or contact the AHCCCS Office of Administrative Legal Services to make your oral or written Grievance/Request for Investigation.

ABHS or AHCCCS will send you a letter within 5 days of receiving your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned to investigate, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told of your right to appeal if you do not agree with the conclusions of the investigation.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

Additional information about how members with an SMI can file a Grievance or Appeal can be found on the AHCCCS website:

<https://www.azahcccs.gov/Members/GetCovered/RightsAndResponsibilities/grievanceandappeals.html>

VII. Fraud and Abuse

What is fraud and program abuse?

Fraud is defined by Federal law (42 CFR 455.2) as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law."

Members need to use behavioral health and other health care services properly. It is considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member, or
- Get AHCCCS benefits that they are not eligible for.

Program Abuse is defined by Federal law (42 CFR 455.2) as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program."

Program abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS ID card or the information on it to someone else, or
- Selling an AHCCCS ID card or the information on it to someone else.

Provider fraud and program abuse happens if a provider:

- Falsifies claims/encounters, such as double billing or submitting false data, or
- Performs administrative/financial actions, such as kickbacks or falsifying credentials, or
- Falsifying services, such as billing for services not provided, or substituting services.

Misuse of your AHCCCS ID card, including loaning, selling or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and program abuse are felony crimes and are punishable by legal action against the member or provider.

How do providers know whether my AHCCCS ID card is being used by someone other than me?

For all AHCCCS members who have an Arizona driver's license or a State issued Identification (ID) card, AHCCCS will get their picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member's social security number, the member's picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member's identity.

How do I report fraud or program abuse?

If you think that somebody is committing fraud or program abuse, contact:

- ABHS Member Services at (928) 338-4811, Toll Free 1-877-336-4811 or, TDD/TYY Users 1-800-367-8939;
- AHCCCS Member Fraud Line at 602-417-4193 or 1-888-487-6686, or
- AHCCCS Provider Fraud Line at 602-417-4045 or 1-888-487-6686.

You may remain anonymous when reporting.

If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, you may contact the AHCCCS Office of Inspector General (OIG) at AHCCCSFraud@azahcccs.gov. To report fraud and abuse online, please click on the following link: <http://www.azahcccs.gov/fraud/reporting/reporting.aspx>.

APPENDIX A

Apache Behavioral Health Services, Inc. ("ABHS")
Member Handbook Acknowledgment

My signature below verifies that I have read the ABHS Member Handbook and that I understand the contents described therein or know that I can obtain answers to my questions through ABHS administrative and clinical staff.

Member Signature

Date