mercy care

2025-2026 Member Handbook

Because we care.

mercycareaz.org

MC-1807

mercy care

4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Call Mercy Care Member Services
Monday through Friday, 7 a.m. to 6 p.m.
602-263-3000 or **1-800-624-3879** (TTY 711)
In a life-threatening situation, call **911**.

Mercy Care Member Services for members with a Serious Mental Illness (SMI) designation
602-586-1841 or **1-800-564-5465** (TTY 711)
24 hours a day, 7 days a week

Arizona Behavioral Health Crisis Line
1-844-534-4673 or **1-844-534-HOPE** (TTY 711)
24 hours a day, 7 days a week
Text HOPE to 4HOPE (44673)

Follow us @mercycareaz

Central Region Peer-Operated Warm Line
Serving Maricopa, Pinal and Gila counties
Operated by trained peer counselors who have similar life experiences as you.
24 hours a day, 7 days a week
602-347-1100

Rally Point Arizona Veteran Help Line
Call them to connect with a veteran who understands where you've been and where you are now.
24 hours a day, 7 days a week
1-855-RALLY4U or **1-855-725-5948**

Grievances and Appeals
Phone: **602-586-1719** or **1-866-386-5794**
Fax: **602-351-2300**
MCGandA@mercycareaz.org

Office of Individual and Family Affairs (OIFA)
Mercy Care
ATTN: OIFA – Mercy Care Committees
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
OIFATeam@mercycareaz.org

Personal information and contact information

My Member ID number: _____

My Primary Care Provider (PCP): _____

My PCP's phone number: _____

My Pharmacy: _____

My Pharmacy's phone number: _____

My Pharmacy's address: _____

Hospital: _____

Case manager: _____

My psychiatrist or nurse: _____

You can view or download this Member Handbook at **mercycareaz.org**. You can also request a copy be mailed to you by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), Monday through Friday, 7 a.m. to 6 p.m. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

Handbook revision date: October 1, 2025

Covered services are funded under contract with AHCCCS. Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Mercy Care will never contact you asking for your social security number or Medicare information. Neither will Medicare. If you receive a phone call from someone claiming to be from Mercy Care or Medicare, don't give them any information about yourself. Hang up and call Member Services to report it. You can also make a report online by going to **mercycar.es/fwa**.

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Introduction

Welcome to Mercy Care

Since 1985, our members have trusted Mercy Care to be there for their families. You have many covered benefits and services available to you. You have access to a variety of health care providers and community resources. We'll connect you to the care you need, when and where you need it. We're here to help.

Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. These include but are not limited to:

- 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.

Your Member Handbook and member materials

Read this handbook to learn about:

- Your rights and responsibilities as a member
- How to get physical and behavioral health care
- How to get help with appointments
- Tips to keep you healthy
- Your health care privacy
- Services that are covered
- Services that aren't covered
- What makes an emergency

- What to do if you disagree with a decision about your treatment
- And much more

This handbook has some words that might be hard to understand. To help you, we have a section at the end of the member handbook with definitions for words used in health care.

This handbook is available in large print for Mercy Care members. We can also send you a full-page magnifier if needed.

The handbook is available on CD or digital audio file (MP3) and is available in other languages. Call Member Services to ask for these different formats, or a printed copy of this handbook. We can mail these to you at no cost to you. You can reach us by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation, call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

You can also read the handbook online at **mercycareaz.org**.

Information specifically for members enrolled with the Division of Developmental Disabilities (DDD) is printed in this color throughout the handbook. The graphic to the left will also appear next to the text. All other text in black font also applies to DD members.

Information specifically for ACC-RBHA members with a SMI designation is printed in this purple color throughout the handbook. The graphic to the left will also appear next to the text. All other text in black font also applies to ACC-RBHA members with a SMI designation.

Member information materials in electronic formats

Mercy Care's member information materials are available in an electronic format. This includes the member handbook, provider directory,

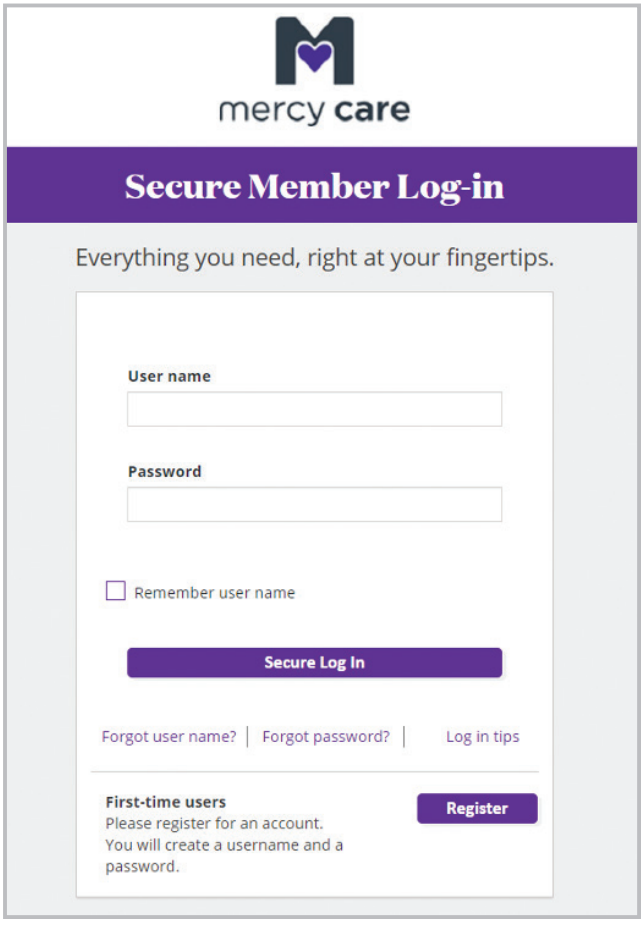
newsletters and much more. You can find these on our website at **mercycareaz.org**. If you receive printed documents and you prefer to get them in an electronic format, let us know. You can call Mercy Care Member Services toll-free at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask for the information to be sent to you electronically, such as by email. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

Mailed member materials

If you don't have the internet or email, you can get materials mailed to you at no cost to you. Call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

Mercy Care website, member portal and mobile app

Visit our website at **mercycareaz.org**. You can view member newsletters and get the latest information on Mercy Care. You can search for a doctor, pharmacy, urgent care, telehealth provider or hospital near you. The website is available in English, Spanish and Arabic. Use the settings on your web browser to make the screen size and text of a page larger or smaller. Our website is compatible with common screen readers.



Mercy Care member portal

You can get your health information by going to our secure member portal. Go

to **mercycareaz.org** and click on the **Login button in the top right corner of the page.** If you're a first-time user, follow the prompts to create a login. Then you can use the portal.

With your secure login, you can:

- See your member ID card or ask for a new one
- Look up your assigned Primary Care Provider (PCP)
- Ask to change your PCP
- Update your contact information
- Track your health goals
- See the status of a claim
- Look up prescription medications
- Check the status of a pending authorization
- Find a provider or pharmacy in your area

Mercy Care mobile app

Always on the go? No problem. The mobile app gives you many of the benefits of your member portal anytime, anywhere. Check out health resources, send us questions and more. Just download the app from the Apple App Store® or the Google Play™ store.

Important contact information

Mercy Care Member Services

Mercy Care Member Services can answer questions about benefits, help you find a doctor, arrange rides to medical appointments and help you get health care services. Representatives are available to help you Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). For members with a SMI designation, Member Services is available to help you at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

Member Services can answer your questions and can help you:

- Learn about the services you can get
- Find a provider, including providers who offer services after normal business hours
- Make a complaint or give positive feedback about services

Medical Management

Mercy Care's Medical Management program assists members and providers with using the right services to help members get and stay healthy. Medical Management reviews and coordinates care for members so they get the proper treatment to improve their health. They help members access high-quality care that is timely, effective, efficient and safe. Call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask to speak with someone in Care Management. For members with a SMI designation, Medical Management works directly with your behavioral health home. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) to discuss options.

Grievances and Appeals

If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. You may also have a concern with a doctor or feel that office staff treated you poorly. The Grievances and Appeals team can help. See the "Appeals" and "Member Grievances" sections in this handbook for more information. Call **602-586-1719** or **1-866-386-5794**, Monday through Friday 8 a.m. to 5 p.m. Fax at **602-351-2300**, or email **MCGandA@mercycareaz.org**.

Family Resolution Line

If you are the family member or loved one of a member with a SMI designation, you can contact the Family Resolution Line with questions or concerns. Our Family Resolution Line is staffed by former case managers who understand the behavioral health system and behavioral health homes. They can offer guidance and support to family members trying

to assist their loved one with getting a SMI evaluation. They can help find crisis services and help families learn about other SMI services. They can also assist with filing grievances and appeals. We ask that only family members contact the family resolution line. They are available Monday-Friday from 8 a.m. to 5 p.m. at **602-212-4980**.

Office of Individual and Family Affairs (OIFA)
OIFATeam@mercycareaz.org
The Office of Individual and Family Affairs (OIFA) helps to give members and their family a voice for program changes and a choice in their healthcare. OIFA offers support, advocacy, education and engage with members. OIFA helps to find resources through community-based partners that support recovery and resiliency.

Mercy Care OIFA- Mercy Care Committees
4750 S. 44th Place, Ste. 150, Phoenix, AZ 85040
Phone: **480-445-8999**
OIFATeam@mercycareaz.org

Nurse Line
Our nurse line is available 7 days a week, 24 hours a day to answer general medical questions. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) and select the option for the Nurse Line. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) and select the option for the Nurse Line.

DD and CRS Care Management and coordination
If you need to contact your DD Support Coordinator prior to your next scheduled visit, call them directly. Your Support Coordinator's phone number is listed on the business card they left you. You can also write it in the space provided at the front of this handbook. You should call your Support Coordinator if you have a change in diagnosis, a change in primary

or commercial insurance, a change in your overall wellness requiring ongoing nursing services or if you suspect any abuse, neglect or exploitation.

You may also have a care manager from Mercy Care assigned to you for short-term acute needs. A care manager does not take the place of your assigned support coordinator. The care manager will work with the support coordinator and other members of your care team to help you get the best care possible. You are welcome to call your care manager directly between the hours of 8 a.m. and 5 p.m. You may call your support coordinator or care manager if you have a change in diagnosis, a change in your overall wellness requiring ongoing nursing services or if you suspect any abuse, neglect or exploitation. If you cannot get in touch with your care manager or don't know the name of your care manager, call Mercy Care Member Services.

If you have questions about your DD or CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711).

Getting care after hours

Except in an emergency, if you or your child get sick when the doctor's office is closed or on a weekend, you should still call the office. An answering service will make sure your doctor gets your message. Your PCP will call you back and tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can even call your PCP in the middle of the night. You most likely will have to leave a message with the answering service. It may take a while for them to get back to you, but a doctor will call you back to tell you what to do.

Urgent care clinics can also help you if you need sick care in the evening or on weekends. Urgent care is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life.

For example:

- Bad sore throat or earache
- Flu
- Migraine headaches
- Back pain
- Medication refill or request
- Sprains

You should NOT go to the Emergency Room for urgent/sick care.

You can find an urgent care center using the "Find a provider or pharmacy" tool at **mercycareaz.org**. Select your health plan, enter the city, state and ZIP code, and select "Urgent Care Facility" under Provider Type.

Telehealth services

Through secure video on your phone or computer, you can meet with a doctor for treatment of common health problems. You can see a doctor via telehealth for things like a cold, the flu, allergies, sinus problems and more. You can call your Primary Care Provider (PCP) to ask for a telehealth visit. If your PCP does not offer telehealth services, you can find a telehealth provider at **mercycareaz.org** under "Find a provider or pharmacy."

Behavioral health crisis services

A crisis can be any situation where someone is experiencing thoughts, feelings, or circumstances they are no longer able to deal with. A crisis can look different for different people. It may include suicidal thoughts, substance use, anxiety, psychosis or social issues. According to AHCCCS' crisis FAQs, a good sign that someone may be in crisis is a sense of urgency

to resolve the situation or thoughts as quickly as possible. Not doing so may put them or others in harm's way.
azahcccs.gov/BehavioralHealth/Downloads/FrequentQuestionsAboutCrisisServices.pdf

Crisis services can be any number of behavioral health services that can help a person when they are experiencing a crisis. In Arizona, the crisis system includes a crisis phone line, crisis mobile teams and crisis facilities providing observation and stabilization. Each crisis provider has trained staff to help resolve the crisis as quickly as possible. While crisis experts can attempt to help a person who does not want care, services are voluntary and most effective for individuals who are willing to receive them.

There are many supports and services that can help when you're having a behavioral health crisis. They can also help if you are having an issue with substance use. They can help if you need guidance from someone with lived experiences. They can help if you're experiencing homelessness. Supports can also help you find and keep a job or a home.

Your physical, behavioral and social needs affect your overall health. That's why our focus is on the whole person. We help you reach your physical and behavioral health goals. We engage others around you. This includes your family, friends, providers and others in the community – anyone you choose to walk with you on your path to recovery.

Behavioral health can affect people of any age, gender, income, race or religion. It can affect how you think, feel and act. Sometimes, symptoms are mild. Other times, they can be more serious and last longer. Either way, feeling better is always possible.

How to get behavioral health services
You don't need a referral from your doctor for behavioral health services. You can call Member Services and ask to connect to a behavioral health

home near you. If you need a ride to an appointment, call Member Services to schedule the ride at least three days before your appointment.

If you're in a behavioral health crisis, you can call the **Arizona Behavioral Health Crisis Line**. Trained staff can help 24 hours a day, 7 days a week. You can reach them at **1-844-534-4673** or **1-844-534-HOPE** (TTY 711). You may be able to get a ride to get care for a behavioral health emergency.

If you think you might hurt yourself or someone else, or if you are having thoughts of suicide you can call the crisis line. You can also call the crisis line if you are feeling overwhelmed and it's hard to cope with stressful things in your life. Trained specialists are available around the clock, every day of the year to help. You may also call the crisis line if you are concerned for someone else who may be struggling.

National Crisis hotline: Call or text **988**, or chat with a crisis counselor at **https://988lifeline.org/talk-to-someone-now**.

State and national crisis lines:

- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE, Text HOPE to 4HOPE** (**44673**), or chat with a specialist at **https://crisis.solari-inc.org/start-a-chat**.
- Fort McDowell Yavapai Nation: **480-461-8888**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**
- National crisis text line: Text **HOME to 741741** about any type of crisis **https://www.crisistextline.org/text-us/**
- Navajo Nation: **928-551-0508**
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- Salt River Pima Maricopa Indian Community: **480-850-9230**
- San Carlos Apache Reservation, and Yuma County: **1-866-495-6735**
- San Lucy District of the Tohono O'odham Nation: **480-461-8888**
- Teen Lifeline: Call or text **602-248-TEEN (8336)**
- Tohono O'odham Nation: **1-844-423-8759**

- Veterans Crisis Line: **988, press 1**
- White Mountain Apache Tribe: **928-338-4811**

Warm Lines:
Warm Line specialists offer peer support for callers who just need to talk and/or need help finding community support services. The Warm Line is a no-cost and confidential phone service staffed by peers who have dealt with behavioral health issues themselves. Warm Line staff can relate to behavioral health situations because many have been through similar experiences.

- Northern Arizona is open 7 days a week from 4:30 p.m. to 10:30 p.m.: **1-888-404-5530**
- Central Arizona is open 24 hours a day, 7 days a week: **602-347-1100**
- Southern Arizona is open 7 days a week from 8 a.m. to 10 p.m. (holiday hours are 8 a.m. to 6 p.m.)
    - Pima County: **520-770-9909**
    - Cochise, Graham, Greenlee, La Paz, Santa Cruz and Yuma counties: **844-733-9912**

If you have a medical emergency, dial 911.

Crisis Mobile Teams
Crisis Mobile Teams are crisis experts who travel to a person to help them during a crisis. They provide support, find community resources and help with planning next steps to keep a person safe. They respond to wherever the person is experiencing the crisis (e.g. home, work, community, nursing home) without duplicating or replacing existing behavioral health services available at that location. They may also offer to arrange transportation to a facility like a crisis facility. Crisis mobile teams are dispatched through the Arizona Statewide Crisis Line **1-844-534-4673**. Crisis mobile teams assess safety, provide support and help you resolve the crisis.

Crisis facilities in Maricopa County
Crisis Facilities are safe places where a person in crisis may choose to go.

Once there, you might see a clinician and be ready to go home in a short time. You also might choose to stay up to 24 hours until other services can be started or the immediate risk is over. These facilities have recliners instead of beds. They are meant to be a short-term stop while you and your crisis team agree on next steps.

During times of crisis or emergencies, you can choose any hospital or other setting for emergency care. The following emergency settings may be easier for you to use:

Crisis observation and stabilization:

Connections AZ Urgent Psychiatric Care Center (UPC) – Adults:
602-416-7600
1201 S. 7th Ave., Phoenix, AZ 85007

RI International Recovery Response Center (RRC) – Adults:
602-650-1212, press 2
11361 N. 99th Ave., Peoria, AZ 85345

Community Bridges Community Psychiatric Emergency Center (CPEC) – Adults: 1-877-931-9142
358 E. Javelina Ave., Mesa, AZ 85210

Community Bridges West Valley Access Point (WVAP) – Adults:
1-877-931-9142
824 N. 99th Ave., Avondale AZ 85323

Mind 24 – 24 hour urgent mental health care for children, teens and adults
mind24-7.com, 1-844-MIND247 or 1-844-646-3247
Mesa: 1138 S Higley Rd., Mesa, AZ 85206
Phoenix: 10046 N. Metro Pkwy. W. Phoenix, AZ 85051

Detox and crisis centers:

Community Bridges Central City Addiction Recovery Center (CCARC) – Adults: 1-877-931-9142
2770 E. Van Buren St., Phoenix, AZ 85008

Community Bridges East Valley Addiction Recovery Center (EVARC) – Adults: 1-877-931-9142
560 S. Bellview Rd., Mesa, AZ 85204

Crisis Facility in Pinal County
Community Bridges Casa Grande – Adults
675 E. Cottonwood Lane, Casa Grande, AZ 85122

Crisis Facility in Pima County
Connections AZ Crisis Response Center (CRC) – Adults and Youth/ Children: 520-301-2400
2802 E. District St., Tucson, AZ 85714

Crisis Facilities Across the State – Scan the QR code to go to the map.
https://mercycar.es/az-crisis-facilities-map

To provide follow up support, crisis providers may work with your behavioral health provider or health home (if known) when you are in crisis or after the crisis has resolved.

Developing a safety plan

It can be helpful to discuss and write down a safety plan or at-risk crisis plan. Keep this plan close to you to spot the first signs of a crisis and what you can do to remain safe. You can create your own safety plan and share it with your supports. You may also develop a plan with your providers and supports that can support you better in a time of crisis.

Mercy Care's Office of Individual and Family Affairs (OIFA) is here to support you on your unique recovery journey. The OIFA team has the lived experience to support you and your family of choice. You can contact OIFA at:

Mercy Care
ATTN: OIFA – Mercy Care Committees
4750 S. 44th Place, Ste. 150, Phoenix, AZ 85040
OIFATeam@mercycareaz.org

Sign up for Pyx Health and connect for a friendly chat or help with resources

No one should go through life's challenges alone. That's why we're giving you access to the Pyx Health, where you can speak to helpful humans over the phone about Mercy Care and resources that are available to you. You can also chat with the compassionate robot friend, Pyxir, 24/7 when you need a friend for support. Sign up at **www.hipyx.com** or call **1-855-499-4777** if you have questions about the program.

How to get substance use disorder services and opioid information

You don't need a referral from your PCP to begin substance use services. To begin your recovery efforts, simply call a behavioral health provider directly to set up an appointment. There are services throughout Arizona to help you with recovery. If you need help finding services, providers or

transportation, you can also call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Opioid treatment including Medications for Opioid Use Disorder (MOUD)
Arizona has four **24/7 Access Point locations** providing opioid treatment services 24 hours a day, 7 days a week to serve individuals seeking treatment. Medications for Opioid Use Disorder (MOUD) is offered in different settings in the community. They are commonly called Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOTs).

CODAC Health, Recovery and Wellness: 520-202-1786
380 E. Ft. Lowell Road, Tucson, AZ 85705

Community Bridges, East Valley Addiction Recovery Center:
480-461-1711
560 S. Bellview, Mesa, AZ 85204

Community Medical Services: 602-607-4700
2806 W. Cactus Road, Phoenix, AZ 85029

Intensive Treatment Systems, West Clinic: 623-247-1234
4136 N. 75th Ave #116 Phoenix, AZ 85033

If you need help finding services, you can go to **mercycareaz.org** to search for providers in your area. You can also call Member Services for help finding services. AHCCCS has a search tool for treatment services at **opioidservicelocator.azahcccs.gov**. You can also go to **www.findtreatment.gov**.

Culturally competent services

The parts of your life that are most important to you, such as your traditions, are your "culture." Your traditions, heritage, religious and spiritual beliefs and language also make up your culture. We encourage providers in our network to understand the culture of each person. This will help them to better understand and communicate with Mercy Care members. You should help your provider understand your culture and what's important to you and your family. This will help you both to determine the best treatment plan for you or your family member. This will help make sure you get the right services for your needs.

You should always use providers who are in the Mercy Care network. You can get covered services and be treated fairly regardless of:

- Payer source
- Ability to pay
- Ability to speak English
- Race
- Ethnicity
- Color
- National origin (including those with limited English proficiency)
- Religion
- Age
- Mental or physical disability
- Sexual orientation
- Gender – including but not limited to discrimination based on pregnancy, sex stereotyping and gender identity

You can get quality medical services that support your personal beliefs, medical condition and background in a language that is easier for you understand. Mercy Care values and respects all cultures. We understand that beliefs about causes, prevention and treatment of illness can vary among cultures. You have the right to learn about care or treatment

choices available to you and the benefits and/or drawbacks of each choice. You can get this information in a way that helps your understanding, is appropriate to your medical condition and in a language you speak. You can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Language, interpretation services and alternate formats

Getting information in a language and format you understand

You should ask your provider or Mercy Care to give you information in a language and format you understand. You can ask for a material in an alternate format, including the Member Handbook and Provider Directory. These materials and formats are provided at no cost to you.

You can get materials in multiple languages, in American Sign Language (ASL), get auxiliary aids and get printed information for the visually impaired. You can ask for these materials at no cost to you by calling Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Printed information for visually impaired members

If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print, Braille or audio format. Contact your provider or Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can get materials in an alternative format at no cost to you. You can also visit mercycareaz.org to view the handbook in large print or other languages.

Interpretation services

You can get phone, on-site or video interpretation for your health care visits at no cost to you. Your Primary Care Provider (PCP) or specialist may also call an interpreter through our language line during your visit. If you need help in your language or if you have a hearing impairment, call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

For interpretation services, you can call Mercy Care Member Services. You must call at least three days before your visit. Be prepared to share the date, time and location of your appointment. Be sure to have your ID card ready in case we need additional information. If you also need a ride to your appointment, ask the representative to schedule it for you. Interpretation services are provided at no cost to members when receiving a covered service.

Mercy Care provides quality interpretation services at no cost to you. This is to make sure you get quality health care in a way you understand. These services are available to discuss utilization management issues as well. Mercy Care cannot ensure a specific person will arrive to provide these services. This is because interpreters have different schedules. In order to help you and all members get interpretation help, Mercy Care cannot take requests for a specific person to be your interpreter.

You may request an interpreter based on gender. Mercy Care cannot guarantee a specific person will be your interpreter.

Sometimes you may not be able to work with the interpreter that arrives. This might be because the person is part of your family or knows you personally. If that happens, ask your provider to call the language line. They can help interpret over the phone.

If you have any questions or need help, you can contact Member Services. They are available Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

Nondiscrimination Notice

Mercy Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Mercy Care:

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

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY:711)**.

If you believe that Mercy Care has 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 member grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
Telephone: **1-888-234-7358** (TTY 711)
Email: MedicaidCRCoordinator@mercycareaz.org

You can file a member grievance or by mail or email. If you need help filing a member grievance, our Civil Rights Coordinator is available to help you.

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/smartscreen/main.jsf.

You can also file or by mail or phone at:
U.S. Department of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building,
Washington, D.C. 20201,
1-800-368-1019, 1-800-537-7697 (TTY).

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

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

NAVAJO: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-385-4104** (TTY **711**).

CHINESE: 注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

ARABIC:

ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104 (**للصم والبكم: **711)**

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS: **711**).

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

JAPANESE: 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または **1-800-385-4104** (TTY: **711**)までご連絡ください。

PERSIAN:
اگر به زبان فارسی صحبت می‌کنید، به صورت رایگان می‌توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

SYRIAC:
ܟܬܘܒ̈ܬܐ ܟܬ̈ܝܒ̈ܬܐ ܗܘ̇ ܐܢ ،ܐܢ̈ܝ̈ܐ ܐܡ̈ܝ̈ܪ̈ܐ ܥ̈ ̈ ̈

Sign language interpreters and auxiliary aids

If you're Deaf or hard of hearing, you can ask for auxiliary aids from your provider or schedule a sign language interpreter to meet your needs. Your provider must offer these services at no cost to you.

Auxiliary aids are things like computer-aided transcriptions, written materials, assistive listening devices or systems and closed and open captioning.

Sign language interpreters are skilled professionals. They're certified to provide interpretation, usually in American Sign Language, to the Deaf. You can get a listing of sign language interpreters and the laws regarding Arizona interpreters. Visit the Arizona Commission for the Deaf and the Hard of Hearing at **www.acdhh.org**. Or call them at **602-542-3323** (Video Phone); **602-364-0990** (TTY); **1-800-352-8161** (Video Phone/TTY) or; **480-559-9441** (Video Phone).

Providers who meet your cultural, language needs

You can search the online provider directory to find the right provider for you. That includes finding a provider who speaks the language most comfortable to you.

You can go to **mercycareaz.org** and click on "Find a provider or pharmacy" at the top of the page. You can select the language you want from the choices under "Provider Language."

Member Services can also help you find a provider who speaks your language. If there isn't a provider who speaks the language you're looking for, Member Services will set up interpretive services at no cost to you.

Accommodating physical disabilities

If you need a provider office that accommodate members with physical disabilities, call Member Services at **602-263-3000** or **1-800-624-3879**

(TTY 711). They can help you find the right provider for you. You can also access the Mercy Care Provider Directory by visiting the Mercy Care website at **mercycareaz.org** or **mercycareaz.org/find-a-provider**.

Get help finding doctors and care
Some members may be very sick, have chronic illness, have serious injuries or mental health problems. When this happens, it's called "high acuity" illness. High acuity means the condition is serious. You might need special or extra care, and/or many doctor visits to recover and remain safe and healthy. This type of care is sometimes called "high utilization."

It can be confusing and scary to need this type of care. Members with high acuity illness requiring high utilization of health care services don't have to go through it alone. We're here to help you get the providers and services you need.

Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can help find the right provider for you. They may also refer you to care management for more help.

Providers not contracted with Mercy Care
If you go to a provider's office for an appointment, give them your Mercy Care ID card. If they tell you that they are not part of the Mercy Care network, you can call Member Services right away at **602-263-3000** or **1-800-624-3879** (TTY 711). They will tell you what to do. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Our affirmative statement about incentives
We want you to feel sure you're getting the health care and services you need. Utilization Management (UM) helps check if a service or treatment

is needed and safe before you get it. UM decision making is based only on appropriateness of care and service and existence of coverage. We make UM decisions by looking at your benefits. We also have policies our providers must follow to ensure you get the right health care.

Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an "affirmative statement." We don't reward or pay extra money to health care providers, staff or other people to:

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary

All our members should receive the right health care. If you want more information on this, call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Provider directory

A provider directory is a listing of Mercy Care doctors and other providers of health care services. There is a searchable online provider directory on our website at **mercycareaz.org** by selecting "Find a provider or pharmacy."

The online provider directory lists information of all network providers, including names, addresses, phone numbers, specialties and qualifications, board certification status and more. You can also search our providers on the **HealthGrades.com** website to get more information, such as medical school attended and residency completion.

You can find information about Mercy Care providers such as:

- Primary Care Providers (PCPs)
- Specialists

- Hospitals
- Pharmacies
- Urgent care centers
- Behavioral health and substance use providers

You can narrow your search by ZIP code, city or county. Provider information includes addresses, phone numbers, languages spoken and whether a provider is accepting new members. The provider directory has information identifying provider offices that accommodate members with physical disabilities.

Mercy Care's online provider directory is the most current version of the directory. It's updated nightly. You can contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) for a paper copy of the provider directory at no cost to you. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

About Mercy Care

Mercy Care is a managed care health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security Division of Developmental Disabilities (DDD) and the Department of Child Safety Comprehensive Health Plan (DCS CHP). AHCCCS is Arizona's Medicaid agency. Mercy Care serves AHCCCS Complete Care members living in the Central Geographic Service Area, or GSA. This service area includes Maricopa, Pinal and Gila counties.

Mercy Care serves DD members in all 15 Arizona counties.

Mercy Care also provides integrated health care for members with a Serious Mental Illness (SMI) designation living in the Central GSA. However, the zip codes 85542, 85192 and 85550 are part of the South GSA.

Mercy Care follows State and Federal laws that apply under the contract with AHCCCS and DDD. These include but are not limited to:

- 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.

As a managed care health plan, we provide health care to our members through a select group of doctors and other providers, hospitals and pharmacies. This is called a provider network. You will need to go to the doctors and other providers who are part of our provider network so that you don't have to pay for services yourself.

About our providers

A provider network is a group of providers who contract with Mercy Care. They may provide behavioral or physical health services or both. Your provider helps you manage your care. They'll work with you to come up with a treatment plan. They can also refer you to other services to improve your health and wellness.

Mercy Care Member Services can help you choose providers from within the provider network. If you'd like to pick a provider because it's convenient, close to you or it's your cultural preference, just let us know when you call. Some providers may not be taking new members. You can find out whether providers in the Mercy Care network are accepting new members by calling the provider or Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call

Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

A Primary Care Provider (PCP) is a doctor or other provider who will coordinate most of your care. Some PCPs are family practice, general practice, internal medicine doctors, pediatricians or OB/GYNs. PCPs may also be physician assistants or nurse practitioners. You will see your PCP for routine and preventive care. The PCP will evaluate your health during your visit and decide if you need to see a specialist or have tests performed. Clinical Practice Guidelines are available at **mercycareaz.org**.

Your health care is important to us. Mercy Care chooses the doctors and other providers in our network very carefully. They must meet strict requirements to care for our members. We regularly check the care they give you. If you need more information about your provider, contact the organizations below:

NAME OF ORGANIZATION	PHONE NUMBER	WEBSITE
Arizona Medical Association	**602-347-6900**	**www.azmed.org**
Arizona Medical Board	**480-551-2700** or **1-877-255-2212**	**www.azmd.gov**
American Board of Medical Specialties	**312-436-2600**	**www.abms.org**
Arizona State Board of Dental Examiners	**602-242-1492**	**https://dentalboard.az.gov/home**
Arizona Board of Osteopathic Examiners	**480-657-7703**	**www.azdo.gov**
Arizona State Board of Optometry	**602-542-8155**	**www.optometry.az.gov**

Member identification (ID) card

Mercy Care will send you a member identification (ID) card when you become a member. Be sure to carry your ID card with you and show it every time you get health care services. If you don't get your ID card or if you lose it, call Mercy Care Member Services. Your Mercy Care ID card is also available on the member portal and Mercy Care's mobile app. Just log in to the portal or the app and click on "My ID Card." You can log in to the portal by going to **mercycareaz.org**. Click the Login button in the top right corner of the page. You can download the Mercy Care app on the Apple or Android app stores.

About your ID card

- Your ID card will have your name, AHCCCS ID number and the name of your health plan – Mercy Care.
- 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). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.
- Protect your ID card! Don't give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and legal action may be taken against you.
- If you don't get your ID card, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care's mobile app. Just log in to the portal or the app and click on "My ID Card." You can log in to the portal by going to **mercycareaz.org**. Click the Login button in the top right corner of the page. You can download the Mercy Care app on the Apple or Android app stores.

Reminders: Your member ID card

- If you lose your ID card, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
- Be sure to carry your ID card with you and show it to your health care providers every time you get services.
- It's very important that you keep your member ID card. Don't throw it away even if you lose eligibility.

Your responsibilities as a member

As a member, you, your family or your guardian(s) have the following responsibilities:

Respect

- Respect the doctors, pharmacists, staff and all people providing services to you.

Share information

- Show your member ID card or identify yourself as a Mercy Care member to health care providers before getting services. If you have other insurance in addition to Mercy Care, show your doctor or pharmacist your other insurance ID card as well.
- You have the responsibility to understand your health conditions and work with your provider(s) to create and agree to treatment goals. If you don't understand your health condition or treatment plan, ask your PCP to explain.
- Tell your PCP the name of other insurance plans you may have. Apply for benefits for which you may be eligible through your additional insurance.
- You have the responsibility to give the information Mercy Care and your doctors need to provide you with care. Give your doctors, and

your case manager if you have one, all the facts about your health problems. This includes past illnesses, hospital stays, all medications, shots and other health concerns. Let your doctors and/or your case manager know about any changes in your condition.
- Notify Mercy Care any time a provider or another member is not using your health plan benefits correctly.
- Report changes that could affect your eligibility to the interviewer at the office where you applied for AHCCCS. This may include address, phone number, assets and other matters.

Follow instructions and participate in your care

- Know the name of your assigned PCP and doctors.
- DD members or guardians, know the name of your care manager if you have one.
- CRS members or guardians, know the name of your care manager if you have one.
- Follow the treatment instructions that you and your PCP have agreed on, including instructions from nurses and other health care professionals.
- Bring your child's shot record to all your child's PCP visits.

Provider Appointments

- Schedule appointments during office hours instead of using urgent or emergency care.
- Keep appointments. Go to your appointments on time. Call your PCP's office ahead of time when you cannot keep your appointment.

Members with a SMI designation

- Participate in recovery
- Know the name of your doctors and/or your case manager
- Participate in creating your Service Plan

Reporting changes in family size or address

Changes in family size

You must report all changes in your family, like births and deaths, to the agency that determined your eligibility. Newborns are put on your insurance only if you tell this agency. For more information, call AHCCCS Eligibility Verification at **602-417-7000** or **1-800-331-5090**.

Change of address/out-of-area moves

If Mercy Care does not have your correct address, you may not get important information we send to you. If you move to a new address within Arizona, you must report your new address to the office that helped you with your AHCCCS eligibility. You can update your address, phone number or email address at **www.healthearizonaplus.gov**.

If you move outside of Arizona

If you move outside of Arizona, you need to close your eligibility file in Arizona. Call your eligibility office as soon as possible and tell them when you move to another county or state. Below is who to contact:

- If you became eligible through the AHCCCS KidsCare office, call **602-417-5437** or **1-877-764-5437**.
- If you became eligible through the Department of Economic Security (DES), call **1-855-777-8590**.
- If you became eligible through the Social Security Administration, call **1-800-772-1213**.

- If you are a member enrolled with the Division of Developmental Disabilities (DDD), call your DDD Support Coordinator to report your new address and ask that an electronic member change request be processed (eMCR). They will help you with any changes you need to make. You may also call the DDD Customer Service Center at **1-844-770-9500, option 7.**

- **If you move, your AHCCCS services could be impacted. Be sure to read this information about moves and AHCCCS services**. Mercy Care serves AHCCCS Complete Care members in Maricopa, Gila and Pinal counties. If you move out of the Mercy Care service area, you will no longer be able to choose Mercy Care for your AHCCCS benefits.

  - If you are a DD member, you may continue to receive your AHCCCS benefits through Mercy Care. Mercy Care serves DD members in all 15 counties.

- If you move outside of Arizona, you'll no longer have AHCCCS benefits.
- If you move to another state within the United States, you can sign up for their state medical benefits (Medicaid) program. Be sure to note different states have different eligibility requirements for their Medicaid programs.
- If you move out of the United States, you are no longer eligible to receive AHCCCS benefits or any other Medicaid benefits from the United States.

If you move, you should tell your provider and Mercy Care right away. You can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). This will help make sure you continue to receive your services and/or medications.

You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Once you give written permission, your provider and Mercy Care can give your records to the new provider. Mercy Care or your provider can help you with a referral to a new provider and/or T/RBHA. You call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

If you're moving out-of-state or out of the country, the T/RBHA may be able to connect you to services in your new location. However, if you move out of the state or out of the country, you won't be eligible for AHCCCS services.

If you lose your AHCCCS eligibility, we want you to be able to get care. At the end of this handbook, we provide a list of clinics that offer low cost or no cost medical care. You can call the clinics to find out about services and costs.

Out-of-area coverage

NO services are covered outside the United States.
If you become sick in a non-Mercy Care County or another state, Mercy Care will pay only for emergency services. For a list of these services, refer to the section "Covered Services."

If you have an emergency while away, go to the closest emergency room and follow these steps:

- Show your member ID card to the hospital.
- Tell them you are a Mercy Care member.
- Ask the hospital to send the bill to Mercy Care for payment.
- **Don't pay the bill yourself.**

Follow-up/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. Mercy Care may approve health care services that are only available away from where you live. If this happens, we may pay for your transportation, lodging and food costs. Mercy Care will only pay for these services if they approve them first. Call Member Services before your trip so we can help you make arrangements.

Health plan changes

Annual Enrollment Choice

Once a year, on the date you first enrolled with AHCCCS, you will have a chance to change your health plan. This is called Annual Enrollment Choice. AHCCCS will send you a notice and information about each health plan two months before the date you can change. If you think you may want to change your health plan, be sure to call Member Services first. We can help you with any concerns you may have about Mercy Care.

Health plan changes outside of Annual Enrollment Choice

If you need to change your health plan outside your Annual Enrollment Choice, call AHCCCS at **602-417-7000** or **1-800-334-5283**. Below are some reasons why you might need to make a change.

1. You were not given a choice of health plans.
2. You were not notified of your Annual Enrollment Choice.
3. You got your Annual Enrollment Choice letter but were not able to change your health plan due to events out of your control.
4. Other members in your family are in another health plan (unless you were given a choice during the Annual Enrollment Choice process and did not choose to change).
5. You are a member of a special group and need to be in the same health plan as the special group.
6. You came back on AHCCCS within 90 days and were not put back on the health plan you had before.
7. You need to stay with your doctor who is not a Mercy Care network doctor because you are pregnant. If you need to change your doctor, call Mercy Care Member Services.
8. You need to stay with your current doctor to ensure continuity of care and they are not part of Mercy Care network. If you need to change your doctor, call Mercy Care Member Services.

Current DD members can change their DDD Health Plan during their birth month. DD members interested in changing their DDD health plan should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at **1-844-770-9500, ext. 7**.

Involving family and friends in your care

Your friends and family of choice play an important role in your care. They often have important information to share with health care professionals. You may allow a family member or authorized representative to participate in your treatment planning process and to represent you in decisions like changing health plans. In most cases, providers need your permission to share information about your health. Here are some important facts about health care privacy:

Federal privacy law requires people who receive physical or mental health services to sign a Release of Information (ROI) form if they want an authorized representative to consult with and receive information from their treatment team. This law is the Health Insurance Portability and Accountability Act (HIPAA). Each provider needs a signed ROI form to share health information.

Mercy Care also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

DD ALTCS transitional program

This program is determined by AHCCCS and is only for members who have improved to the point where they don't need institutional care but who still need long-term care services and supports. This program is not available to new members. Members in the ALTCS transitional program

can receive services in their home or in an intermediate care facility or nursing facility. They can also receive physical and behavioral health services and have a case manager.

Members in the ALTCS transitional program may not remain in a skilled nursing home longer than 90 consecutive days.

AHCCCS places members on, and determines whether to take them off, the ALTCS transitional program after evaluating the member's current functional and medical status. You can contact your case manager if you have been designated as transitional but feel you may need long term nursing home care. Your case manager will request an ALTCS redetermination from AHCCCS.

Transition of care if you change health plans or providers

The member transition process helps ensure that members don't have delay in services when they change health plans or providers. This change can be due to:

- Annual enrollment choice.
- Open enrollment.
- Health plan changes permitted by policy, including special health care needs program. Such programs can be CRS or a SMI diagnosis.
- Changes to Fee-For-Service programs. Such programs include Tribal ALTCS, TRBHAs, DDD Tribal Health Program (THP) and the American Indian Health Plan (AIHP).
- Eligibility changes.
- Moving.
- SMI removal.
- This policy is also followed to transition members in the middle of care to a different health care. provider if a provider leaves Mercy Care's network.

If you change to another health plan, Mercy Care will let you know the name of the new health plan, how to contact them and their emergency phone number. Mercy Care will give you information about services and how to get them. We will also let the new health plan know of your special needs.

To ensure members have continuity and quality care when changing to a different health plan, Fee-For-Service (FFS) program or provider, Mercy Care:

- Identifies the member leaving the health plan or changing from one provider to another.
- Identifies any significant medical conditions the member may have and prior authorizations they have received.
- Notifies the new health plan, FFS Program, the member's health care provider or facilities, about members with special needs.
- Provides the new health plan or health care provider and/or facilities with relevant medical records.
- Maintain confidentiality of information in documents accessed and shared during a member's transition.

To ensure members have continuity and quality care when members are new to Mercy Care, we:

- Assign each new member to a PCP.
- Mail Mercy Care information to each new member.
- Involve all Mercy Care staff, medical providers and other health plans as needed to ensure services continue without disruption.
- Coordinate care for members with special health care needs.
- Extend previously approved prior authorizations for a minimum of 30 days from the date of transition.
- Provide a minimum of 90 days to transition children and adults with special health care needs from an out-of-network PCP to an in-network PCP.
- Allow members in active treatment with an out-of-network provider or facility to continue through the duration of their prescribed

treatment (including but not limited to chemotherapy, pregnancy, drug regime or scheduled procedure).
- Monitor the continuity and quality of care.
- Maintain confidentiality of information in documents accessed and shared during a member's transition.

Information about services

Types of care

There are three different kinds of care you can get: Routine, Urgent and Emergency.

The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.

Type of care
Routine – This is regular care to keep you healthy. For example: • Checkups (also known as wellness exams). • Health conditions you have had for a long time such as asthma, COPD or diabetes. • Yearly exams. • Immunizations.
What to do
Call your doctor to make an appointment for routine care. You can expect to be seen by: • Your PCP within 21 days. • A specialist or dentist within 45 days.

Type of care
Urgent/sick visit – This is when you need care today or within the next couple of days but are not in danger of lasting harm or losing your life. For example: • Bad sore throat or earache. • Flu. • Migraine headaches. • Back pain. • Medication refill or request. • Sprains.
What to do
Call your doctor before going to an urgent care center. To find the closest urgent care center, you can look on the Mercy Care website at **mercycareaz.org**. Select “Find a provider or pharmacy.” You can expect to be seen by: • Your PCP within two days • A specialist or dentist within three days If it’s late at night or on the weekends, your doctor has an answering service that will get your message to your doctor. Your doctor will call you back and tell you what to do. You should NOT go to the emergency room for urgent/sick care.

Type of care
Emergency – This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example: • Poisoning. • Deep cuts. • Overdose. • Broken bones. • Car accident. • Serious burns. • A cut that may need stitches. • Trouble breathing. • Sudden chest pains (heart attack). • Convulsions (seizures). • Very bad bleeding, especially if you are pregnant. • Signs of stroke (numbness/weakness in face, arm, or leg, or trouble seeing with one or both eyes). • Suicidal or homicidal thoughts. In an emergency, a qualified emergency room will provide services that evaluate your condition. You will also get medical treatment to help stabilize you. This may include admission to a hospital.
What to do
Call 911 or go to the nearest emergency room. You don't have to call your doctor or Mercy Care first. You don't need prior authorization to call **911** or to get emergency services. If you can, show them your Mercy Care ID card and ask them to call your doctor.

What is not an emergency?

Some medical conditions that are NOT usually emergencies include:

- Flu, colds, sore throats, earaches.
- Urinary tract infections.
- Prescription refills or requests.
- Health conditions that you have had for a long time.
- Back pain.
- Migraine headaches.

Transportation services (rides)

If necessary, Mercy Care can help you get to your AHCCCS-covered health care visits. **Before** you call Mercy Care for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you.

If you need a ride, call Member Services at least three days in advance. **If you call the same day, we may not be able to arrange a ride for you in time, unless it's urgent. You may have to reschedule your appointment.**

If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, you can call Member Services to set up rides all at one time.

After your appointment, call your transportation provider to arrange a ride home.

If your appointment gets cancelled or changed to a different day or time, call Member Services. You should cancel your transportation or have it changed to your new appointment time.

Tips for getting a ride

Things to do	Things not to do
• DO call Mercy Care Member Services as soon as you make your appointment. • DO call Mercy Care at least three hours before an appointment that you made on the same day for urgent care. • DO let us know if you have special needs, like a wheelchair or oxygen. • DO make sure your prescription is ready for pick up before calling for a ride.	• DON'T schedule a ride if you are not going to be at your pick up place. • DON'T be late for your pick up time. • DON'T forget to call Mercy Care to cancel your ride if you find another one or if you change your appointment. • DON'T wait until the day of your appointment to request a ride.

If you have a medical emergency, dial 911. Use of emergency transportation must be for **emergency services only**.

If you have a behavioral health emergency, call the Arizona Behavioral Health Crisis Line at **1-844-534-4673** or **1-844-534-HOPE** (TTY 711). They're available 24 hours a day, 7 days a week.

If you need a ride to your appointment, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711).

Title 19 members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Note, Non-Title 19 members are only eligible for rides to behavioral health appointments.

Transportation to behavioral health appointments (rides) for members with a SMI designation

You may be able to get a ride to and from non-emergency services for covered behavioral health services, such as medication appointments. You can contact your case manager or your behavioral health home to ask if you can get a ride to behavioral health services. Behavioral health transportation must be set up by the member's health home.

Low cost smartphones and mobile phone services

You may be able to get cell service plus a low cost smartphone through Assurance Wireless. To apply, go to **https://mercycar.es/lifeline**. If you don't have access to the internet, or if you need help filling out the form, you can call Member Services to help you. Mercy Care Member Services can be reached at **602-263-3000** or toll-free at **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You will have to show proof of eligibility to enroll into the Assurance Wireless phone program.

Assurance Wireless service includes:

- Unlimited talk
- Unlimited text
- 10GB of high-speed data each month
- Bring your own phone or explore Assurance Wireless' affordable phone options

For more information, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711) or go to **mercycareaz.org**. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Pyx Health

Sign up for Pyx Health and connect for a friendly chat or help with resources.

No one should go through life's challenges alone. That's why Mercy Care members have access to the Pyx Health app. You can speak to helpful humans over the phone about Mercy Care and resources that are available to you. You can also chat with the compassionate robot friend, Pyxir, in the app 24/7 when you need a friend for support. Sign up at **www.hipyx.com** or call **1-855-499-4777** if you have questions about the program.

Services that are covered

All members	Additional covered services for children (under age 21)
1. Hospital care. 2. Doctor office visits, including specialist visits. 3. Health risk assessments and screenings for members 21 years of age and over. 4. Laboratory, radiology and medical imaging. 5. Durable medical equipment and supplies including augmentative communication devices (AAC). 6. Medications on Mercy Care's list of covered medicines – members with Medicare will receive their medications through Medicare Part D. 7. Emergency care.	1. Early Periodic Screening, Diagnostic and Treatment (EPSDT) visits (wellness visits). 2. Identification, evaluation and rehabilitation of hearing loss. *For DD members 21 years of age or older who live in Intermediate Care Facilities (ICFs), hearing evaluations and, as ordered, hearing aids are a covered service. 3. Medically necessary personal care – This may include help with bathing, toileting, dressing, walking and other activities the member is unable to do for medical reasons.

All members	Additional covered services for children (under age 21)
8. Care to stabilize you after an emergency. 9. Home health services (such as nursing and home health aide) *For DD members, these services may also be available through the Division. 10. Nursing home, when used instead of hospitalization, up to 90 days a year. 11. Inpatient rehabilitation services including occupational, speech and physical therapy. 12. Respiratory therapy. 13. Routine immunizations. 14. AHCCCS-approved organ and tissue transplants and related prescriptions (limitations apply). 15. Dialysis. 16. Podiatry services (foot and ankle services). 17. Maternity care (prenatal, labor, delivery and postpartum). 18. Family planning services and supplies. 19. Behavioral health services. 20. Medically necessary and emergency transportation. 21. Medical foods.	4. Dental services are covered for EPSDT members (under 21 years). 5. Comprehensive and preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, X-rays, fillings, extractions and other therapeutic and medically necessary procedures. 6. Routine and emergency vision services, including screening exams and prescriptive lenses and frames (including replacement and repair of eyeglasses). 7. Outpatient speech, occupational and physical therapy and nutritional therapy. *For DD members, if speech, occupational and physical therapy are habilitative in nature they will be covered by the Division.

All members	Additional covered services for children (under age 21)
22. Emergency eye exam and lens post cataract surgery. 23. Urgent care. 24. Hospice. 25. Wellness exams and preventive screenings. 26. Incontinence briefs to avoid or prevent skin breakdown, with limitations. 27. Physical therapy for members 21 years of age and older up to 30 visits per contract year limit. *For DD members, habilitative physical therapy is provided by DDD for members under the age of 21. 28. Custodial Nursing Facilities (SNFs) (DD members only). 29. Emergency Alert Services (DD members only). 30. Medically necessary practitioner visits to member's home (DD members only). 31. DME installation (DD members only).	8. Chiropractic services. Your Primary Care Provider (PCP) may order up to 20 visits each health plan year (Oct. 1-Sept. 30). Your PCP may request authorization for additional chiropractic services if they are medically necessary. 9. Conscious sedation. 10. Adaptive aids (DD members only). 11. Acute services for AHCCCS Complete Care (ACC) and DD members enrolled in CRS. 12. Developmental Screening and surveillance, Behavioral Health Screenings and Nutritional Screenings. 13. Immunizations. 14. Newborn Hearing Screening and medically necessary hearing aids. 15. Lab tests (Bloodspot Newborn Screening Panel, blood lead screening, TB skin testing, routine blood tests). 16. Health education, counseling, and chronic disease self-management.

All members	Additional covered services for children (under age 21)
32. Emergency dental services up to $1,000 per year for members 21 years of age and older. *This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services or Tribal 638 Facility (IHS/638). 33. Medically necessary comprehensive and preventive dental services, including dentures, up to $1,000 per year for DD members 21 years of age and older. *This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services or Tribal 638 Facility (IHS/638). 34. Outpatient occupational therapy for members 21 years of age and older up to 30 visits per contract year limit *For DD members, habilitative occupational therapy is provided by DDD for members under the age of 21.	17. Nutritional therapy when medically necessary. 18. Cochlear implant when medically necessary. **Additional services for Qualified Medicare Beneficiaries (QMB)** 1. Chiropractic services. Your Primary Care Provider (PCP) may order up to 20 visits each health plan year (Oct. 1-Sept. 30). Your PCP may request authorization for additional chiropractic services if they are medically necessary. 2. Outpatient occupational therapy. 3. Any services covered by Medicare but not by AHCCCS.

Covered services are provided in medical offices, hospitals, pharmacies and via telehealth. Your provider will tell you where to get services.

Expanded Speech Therapy and Cochlear Implant benefits for members who are 21 years of age and older

Starting October 1, 2025, Mercy Care covers speech therapy and cochlear implants for members who are 21 years of age and older. These services were previously limited to children under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services but are now covered for adults as follows:

- Speech Therapy – Now covered in outpatient settings for members aged 21 years and older
- Cochlear Implants – Available for members aged 21 and older following medical evaluation showing medical necessity.

If you have any questions, please call Mercy Care Member Services Monday to Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a Serious Mental Illness designation can call Member Services 24 hours a day, 7 days a week at **602-586-1841** or **1-800-564-5465** (TTY 711).

Adult immunizations are also covered at County Health Departments

Mercy Care members 19 years of age and older can get their immunizations (vaccinations or shots) from a provider in the Mercy Care network. AHCCCS also covers medically necessary covered immunizations (shots) for individuals 19 years of age and older when given by AHCCCS-registered providers through County Health Departments. These immunizations are covered even if the AHCCCS registered provider is not in Mercy Care's provider network. AHCCCS covered immunizations include but are not limited to Hepatitis A, Hepatitis B, and Measles. Prior authorization is not required.

Orthotic devices

Orthotic devices support or brace weak joints or muscles. An orthotic device can also support a deformed part of the body. Orthotic devices for members under the age of 21 are covered when prescribed by the member's Primary Care Provider (PCP), attending physician or practitioner.

Orthotics devices for members 21 years of age and older

Mercy Care covers orthotic devices for members who are 21 years of age and older when all the following apply:

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

If you have any questions, you can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Member Services representatives are available 7 a.m. to 6 p.m., Monday through Friday.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under age 21. This is true when making the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. Mercy Care will replace the component if you provide documentation to show it's not operating effectively.

Vision services

Vision coverage for members 21 and over includes emergency eye care. It also includes some medically necessary vision services such as cataract removal. Members with diabetes should see an ophthalmologist yearly for a retinal exam. Routine and emergency vision services are covered for members under 21. See "EPSDT" for well exams for members under 21 years of age.

Eyeglass coverage for members under 21 years
Vision services are covered for members under age of 21 years. This coverage includes regular eye exams and vision screenings, prescription eyeglasses, frames, and repairs or replacements of lost or broken eyeglasses.

What if glasses are lost or broken?
There are no restrictions for replacement eyeglasses when they are needed to correct vision. This includes but it not limited to loss, breakage or change in prescription. You don't need to wait until your next regularly scheduled vision screening to replace or repair eyeglasses.

*For DD members 21 years of age or older who live in Intermediate Care Facilities (ICFs), physical, vision and hearing evaluations will be covered as ordered. Eyeglasses and hearing aids are a covered service.

Home Delivered Meals
DD members discharging from an acute physical health or behavioral health setting to home residences (lives with family, own home, etc.) are eligible for home delivered meals. Be sure to speak with your Support Coordinator for more information about home delivered meals.

Therapy services for DD members

Occupational Therapy (OT)

- Younger Than 21 Years: Covered by both the Division and DDD Health Plans.
    - The DDD Health Plans cover rehabilitative OT services. The DDD Health Plans cover habilitative OT services for members who receive them at a Multi-Specialty Interdisciplinary Clinic (MSIC).
    - DDD covers habilitative OT services.

- 21 Years and Older:
    - The DDD Health Plans cover both types of therapy services. This includes:
        - Up to 15 visits per contract year for habilitative OT services and;
        - 15 visits per contract year for rehabilitative OT services.
    - DDD covers habilitative OT services.

Physical Therapy (PT)

- Younger Than 21 Years: Covered by both the Division and DDD Health Plans.
    - The DDD Health Plans cover rehabilitative PT services. The DDD Health Plans cover habilitative PT services provided at a Multi-Specialty Interdisciplinary Clinic (MSIC).
    - DDD covers habilitative PT services.
- 21 Years and Older:
    - The DDD Health Plans cover both types of therapy services. This includes:
        - Up to 15 visits per contract year for habilitative PT services and;
        - 15 visits per contract year for rehabilitative PT services.
    - DDD does not cover habilitative PT services for ALTCS members older than 21.

Speech-Language Pathology (SLP)

- Younger Than 21 Years: Covered by both the Division and DDD Health Plans.
    - The DDD Health Plans cover rehabilitative SLP therapy services. The DDD Health Plans cover habilitative SLP services provided at a Multi-Specialty Interdisciplinary Clinic (MSIC).
    - DDD covers habilitative SLP services.

- 21 Years and Older:
    - The DDD Health Plans cover rehabilitative SLP therapy services.
    - DDD covers habilitative SLP therapy services.

Members with questions can contact their Support Coordinator, or the DDD Customer Service Center at **1-844-770-9500**, option 1, or Mercy Care Member Services at **602-263-3000**.

Additional covered services and important information for members with a SMI designation

SMI eligibility for behavioral health services

The following members are eligible for Mercy Care behavioral health services:

- Individuals with a SMI designation.
- Individuals receiving crisis services.
- Individuals receiving grant-funded services and state-only funded services. Including people eligible for Title 19 (Medicaid), Title 21, members enrolled with DCS CHP and DES/DDD for crisis services and for some services that fall under the Mental Health Block Grant that are not funded by Title 19 and Title 21.

A Serious Mental Illness (SMI) is a mental disorder in people 18 years of age or and older that's severe and persistent. People may be so affected by their condition that they cannot remain in the community without treatment and/or services. Solari Crisis and Human Services, a provider who has a contract with Mercy Care, will make a determination of serious mental illness upon referral or request.

Individuals eligible for behavioral health services through AHCCCS are assigned to an ACC-T/RBHA based on where they live. American Indian members can also receive health care services from any Indian Health

Service provider or tribally owned and/or operated facility at any time.

AHCCCS assigned you to Mercy Care because you are eligible and live within the Mercy Care service area. You will continue to receive services from Mercy Care – if you're eligible – unless you move to an area where Mercy Care doesn't oversee services.

Adults who aren't AHCCCS eligible but who have a SMI designation will be enrolled with a T/RBHA for behavioral health services.

Building a clinical team

After you become eligible for services through Mercy Care, you will develop a "team" to help you identify your behavioral health needs and get behavioral health services. We call these clinical teams. More specifically, we call them Child and Family Teams (CFT) or Adult Recovery Teams (ART). You can choose a behavioral health home.

Mercy Care can also assign you to a health home based on where you live. The health home is where you receive your primary outpatient mental health services. Some health homes also offer physical health care.

At your initial appointment, you will help identify who you want on your clinical team. The team will work with you on your goals. They will provide ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you. They'll also work with those who you want as part of your team.

Teams can include family members, guardians, friends, clergy and other supportive people from the community. Many times, the assessment that's done at the first appointment won't be complete. You'll be working with members of your team to continue that assessment process.

This allows you and your team to always review progress and needs so you get the best care. Your treatment plan, also called an Individual Service Plan (ISP), should include all the services you need, such as housing, support services, counseling and transportation. The team should update the plan at least once a year according to your needs. The plan should be updated every six months if you are part of an Assertive Community Treatment (ACT) team.

Child and family team

The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child and his/her family and/or out of home caregiver and a behavioral health representative. It also includes any individuals important in the child's life identified and invited to participate by the child and family.

This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers and representatives from religious affiliations. It can also include representatives from other service systems like the Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD).

The size, scope and intensity of involvement of the team members are determined by the objectives set for the child, the needs of the family in providing for the child and the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.

Adult recovery team

The Adult Recovery Team is a group of individuals working together who are actively involved in a person's assessment, service planning and service delivery by following the Nine Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems.

At a minimum, the team includes the person, their guardian (if applicable), advocates (if assigned) and a qualified behavioral health representative. The team may also include members of the enrolled person's family; physical health, mental health or social service providers; representatives of other agencies serving the person; professionals representing disciplines related to the person's needs or other people identified by the enrolled person.

You can change your team if you want to. You can create a team that will best support your needs and help you achieve the goals you've set.

Sharing your information with your family and team

Your friends and family play an important role in your care. They often have important information to share with health care professionals. The treatment team should encourage input from friends and family. Providers should consult with loved ones whenever possible.

In most cases, providers need you or your guardian's permission to share information about your health. Here are some important facts about health care privacy:

- Federal privacy law requires people who receive physical or mental health services to sign a Release of Information (ROI) form. This form allows your provider to consult and share information with certain people from your treatment team. This law is the Health Insurance Portability and Accountability Act (HIPAA).
- Each provider needs a signed ROI form to share health information.
- Inpatient and outpatient providers in the behavioral health system have ROI forms available for their members or their members' guardians to sign. Mercy Care also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
- If you want your treatment team to share health information with your friends or family, you must sign an ROI for each provider you see.

Designated representative or an advocate

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have a SMI designation, you have the right to have a designated representative help protect your rights and voice your service needs.

Who is a designated representative or advocate?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system or any other person who may help you protect your rights and voice your service needs.

When can a designated representative help me?

- You have the right to have a designated representative help protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings. Your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.
- You have the right to have a designated representative help you file an appeal about decisions affecting your treatment, your Service Plan or Inpatient Treatment and Discharge Plan. You also have the right to have your representative attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.
- You have the right to have a designated representative help you file a member grievance. A designated representative may also go to the meeting with the investigator, the informal conference or an administrative hearing with you to protect your rights and voice your service needs.

How can I designate a representative?

- If you have questions about designated representatives or if you would like to designate a representative, you can call Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can also call the AHCCCS Office of Human Rights at **1-800-421-2124**. Deaf or hard of hearing individuals may call the Arizona Relay Service at **711** or **1-800-367-8939** for help contacting AHCCCS.

Behavioral health "best practices"

Both AHCCCS and Mercy Care create and support "best practices" in behavioral health care. Best practices are ways of delivering services to you that have proven helpful to members through research and evaluations. You can learn more about these best practices by going to the AHCCCS and Mercy Care websites.

You can find links to the Behavioral Health Practice Tools online at **https://www.azahcccs.gov/shared/MedicalPolicyManual/** in the **AHCCCS Medical Policy Manual under Chapter 500**.

Mercy Care's website also includes clinical guidelines for the treatment of children and adults at **mercycareaz.org**.

If you'd like to receive this information by mail, you can contact Mercy Care Member Services at **602-586-1841** or **1 800-564-5465** (TTY 711). Best practices change over time. You can refer to the AHCCCS and Mercy Care websites for updates or contact Mercy Care for more information.

How to get services: Consent to treatment

You have the right to accept or refuse behavioral health services 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. This form gives you or your legal guardian's permission for you to get behavioral health

services. When you sign a “Consent to Treatment” form, you’re also giving AHCCCS permission to get your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or give verbal permission to get a specific service. Your provider will give you information about the service so you can decide if you want that service or not.

This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications; and getting documented authorization or approval for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure 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 and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or don’t understand the information your provider gave 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.

Available behavioral health services for members with a SMI designation

Behavioral health services help people think, feel and act in healthy ways. There are services for mental health problems and there are services for substance use. You can get services based on three things:

- Your need
- Your insurance coverage
- Your provider’s approval, if required

You decide with your provider or clinical team which services you need. Your provider or clinical team can ask Mercy Care for approval of a service for you, but Mercy Care may deny the request for approval. If Mercy Care denies the request for services, you can file an appeal. For more information on filing an appeal, see the section "Grievances and appeals."

You and your provider may not agree about the services you need. If you feel you need a service and your provider does not, you can contact Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

The table below lists the available behavioral health services and any limits they may have. Mercy Care must pay only for the available behavioral health services listed.

Available behavioral health services*

SERVICES		TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
TREATMENT SERVICES			
Behavioral health counseling and therapy	Individual	Available	Provided based on available funding **
	Group	Available	Provided based on available funding **
	Family	Available	Provided based on available funding **

SERVICES		TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
TREATMENT SERVICES			
Behavioral health screening, mental health assessment and specialized testing	Behavioral health screening	Available	Provided based on available funding **
	Mental health assessment	Available	Available
	Specialized testing	Available	Not Available
Other professional	Mental Health Services (Traditional healing)	Provided based on available funding **	Provided based on available funding **
	Auricular acupuncture	Provided based on available funding **	Provided based on available funding **
REHABILITATION SERVICES			
Skills training and development	Individual	Available	Available
	Group	Available	Available
	Extended	Available	Available
Cognitive rehabilitation		Available	Available
Behavioral health prevention/ promotion education		Available	Available
Psycho-educational services and ongoing support to maintain employment	Psycho-educational services	Available	Available
	Ongoing support to maintain employment	Available	Available

SERVICES	TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
MEDICAL SERVICES		
Chiropractic Services. Up to 20 visits per plan year.	Available	Available
Medication services ***	Available	Available
Lab, radiology and medical imaging	Available	Available
Medical management	Available	Available
Electro-convulsive therapy **not a covered benefit for DD members	Available	Provided based on available funding**
SUPPORT SERVICES		
Case management	Available	Available††
Personal care	Available	Available
Home care training (family)	Available	Available
Self-help/peer services	Available	Available
Home Care Training to Home Care Client (HCTC)	Available	Provided based on available funding**
Respite care†	Available†	Available†
Supported housing	Provided based on available grant funds**	Provided based on available grant funds**
Permanent Supportive Housing Services	Available	Available
Sign Language or Oral Interpretive Service	Provided at no charge to the member	Provided at no charge to the member

SERVICES		TITLE 19/21 CHILDREN AND ADULTS	NON-TITLE 19/21 PEOPLE WHO HAVE A SMI DESIGNATION
SUPPORT SERVICES			
Transportation	Emergency	Available	Limited to crisis service-related transportation
	Non-emergency	Available	Available
CRISIS INTERVENTION SERVICES			
Crisis intervention – mobile		Available	Available
Crisis intervention – by phone		Available	Available
Crisis services – stabilization		Available	Available
INPATIENT SERVICES			
Hospital		Available	Available but limited†††
Behavioral health inpatient facility		Available	Available but limited†††
RESIDENTIAL SERVICES			
Behavioral health residential facility		Available	Available but limited†††
Room and board		Not available with T19/21 funding **	Provided based on available funding
BEHAVIORAL HEALTH DAY PROGRAMS			
Supervised day		Available	Available
Therapeutic day		Available	Provided based on available funding **
Medical day		Available	Provided based on available funding **

Limitations:

* For services available through federal block grants, you can view the Special Populations section.

** Services not available with T19/21 funding but may be provided based upon available grant funding and approved use of general funds.

*** See the Mercy Care drug list for members with a SMI designation for further information on covered medications.

† Respite care – Respite care is offered as a temporary break for caregivers to take time for themselves. A member's need is the basis for determining the number of respite hours. The maximum number of hours available is 600 hours within a 12-month period. The 12-months will run from October 1 through September 30 of the next year.

†† A person may be assigned a case manager, based on his/her needs.

††† Coverage is limited to 23-hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding and/or medical necessity criteria.

Services that are not covered

All members	Other services that are not covered for adults (aged 21 and over). These services are available to Mercy Care Advantage members.
1. Services from a health care provider who is NOT contracted with Mercy Care (unless pre-approved by Mercy Care). 2. Cosmetic services or items. 3. Personal care items such as combs, razors, soap, etc.	1. Hearing aids 2. Routine eye exams for prescriptive lenses or glasses 3. Routine dental services 4. Outpatient speech (ACC only) *This limit does not apply to DD members residing in an Intermediate Care Facility (ICF).

All members	Other services that are not covered for adults (aged 21 and over). These services are available to Mercy Care Advantage members.
4. Any service that needs prior authorization that was not authorized prior to receiving the service. 5. Services or items given at no charge, or for which charges are not usually made. 6. Services of special duty nurses, unless medically necessary and prior authorized. 7. Physical therapy that is not medically necessary 8. Routine circumcisions. 9. Services that are determined to be experimental by the Mercy Care medical director. 10. Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest or if physical illness is related to the pregnancy and endangers the health of the mother. 11. Health services if you are in prison or in a facility for the treatment of tuberculosis.	**For more information on Mercy Care Advantage, contact Mercy Care Advantage Member Services at 602-586-1730 or 1-877-436-5288**, 8 a.m. – 8 p.m., 7 days a week (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711), 24 hours a day, 7 days a week.

All members	Other services that are not covered for adults (aged 21 and over). These services are available to Mercy Care Advantage members.
12. Experimental organ transplants, unless approved by AHCCCS. 13. Gender-affirming procedures and reversal of voluntary sterilization. 14. Medications and supplies without a prescription. 15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care. 16. Prescriptions not on our list of covered medications, unless approved by Mercy Care. 17. Physical exams for the purpose of qualifying for employment or sports activities. 18. Medical marijuana.	

Experimental services and treatments

Mercy Care and AHCCCS work together to look at new medical procedures and services to make sure you get safe, up-to-date, high-quality medical care. A team of doctors reviews new health care methods to decide if they should become covered services. **Experimental services and treatments that are being researched and studied are not covered services.**

To decide if new technology will be a covered service, Mercy Care and AHCCCS:

- Study the purpose of each technology.
- Review medical literature.
- Determine the impact of a new technology.
- Develop guidelines on how and when to use the technology.

Limited and excluded services

The following services **are not covered for adults 21 years and older, or are covered but have limitations.** (If you are a Qualified Medicare Beneficiary, we will continue to pay your Medicare deductible and coinsurance for these services.)

BENEFIT/ SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
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 Bone Anchored Hearing Aid (BAHA). Supplies, equipment maintenance (care if 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 them 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.

BENEFIT/ SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Lower limb micro-processor controlled joint/ prosthetic	A device that replaces a missing part of the body and uses a computer to help move 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.
Emergency dental services	Emergency treatment for pain, infection, swelling and/or injury.	For members 21 years of age and older, emergency dental services are covered up to $1,000 per health plan year (October 1 to September 30). Medically necessary emergency dental care and extractions are covered for people ages 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma. Emergency dental services don't require prior authorization. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered. (Comprehensive and preventive dental services are covered for members under 21 years of age.)

BENEFIT/ SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Emergency dental services *continued*	Emergency treatment for pain, infection, swelling and/or injury.	**This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services or Tribal 638 Facility (IHS/638) and does not apply to DD members residing in an Intermediate Care Facility (ICF).*
Transplants	A transplant is when an organ or blood 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.
Incontinence briefs	Incontinence briefs, including pull-ups and incontinence pads to treat a medical condition.	Incontinence supplies are available based on medical need. Members 3-20 years of age can receive up to 240 diapers per month. Members 21 years and older can receive up to 180 briefs per month.

BENEFIT/ SERVICE	SERVICE DESCRIPTION	SERVICE EXCLUSIONS OR LIMITATIONS
Physical therapy	Exercises taught or provided by a physical therapist to make you stronger or help improve movement.	Outpatient physical therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30). For dual-eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).
Occupational therapy	Exercises taught or provided by an occupational therapist to make you stronger or help improve movement.	Outpatient occupational therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30). For dual-eligible members, Mercy Care is responsible for paying the Medicare cost of share limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).

Access to grant-funded covered services

Individuals who are not eligible for AHCCCS may be eligible for treatment and services through grants. The grants funding the services include the Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG).

Substance Use Block Grant (SUBG):
SUBG Block Grant funds are used for treatment and long-term recovery support services for the following people, in order of priority:

- Pregnant women and teenagers who inject drugs
- Pregnant women and teenagers who use drugs or alcohol
- Other people who inject drugs
- Women and teenagers who use drugs or alcohol including women who are trying to regain custody of their children
- As funding is available, to any other person who uses drugs or alcohol

Mental Health Block Grant (MHBG):
MHBG provides covered behavioral health services for members who are:

- Adults (18+) with a SMI designation
- Children (17 and under) with Serious Emotional Disturbance (SED) identification
- People experiencing a First Episode of Psychosis (FEP)

Covered Non-Title 19/21 behavioral health services can include:

- Auricular acupuncture services
- Behavioral health counseling and therapy
- Behavioral health prevention, promotion and education
- Case management
- Childcare services (also referred to as child sitting services)
- Crisis intervention services
- Living skills training
- Medications for Opioid Use Disorder (MOUD)

- Medication training and support services
- Mental health services, room and board
- Mental health services (traditional healing services)
- Outpatient and residential substance use or opioid use treatment
- Self-help and peer services
- Supported housing

Members shall not be charged a copayment for treatment, or supportive services funded by the MHBG, SUBG and Discretionary Grant programs. Sliding scale fees established regarding room and board don't constitute a copayment.

For information on how to access these services, call Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You may also visit **mercycareaz.org/wellness** to learn about programs delivering services under these grants.

Non-Titled 19/21 services and how to get them

Mercy Care covers services paid for by Medicaid. These are called Title 19/21 services. There are some services available to Mercy Care members even if they aren't eligible for Medicaid. These are called Non-Title 19/21 services. Non-Title 19/21 services are paid for by both state, federal, and grant funding. These extra services can help you stay healthy and safe. They include:

- **Behavioral health services**, such as:
    - Auricular acupuncture (also called ear acupuncture)
    - Case management
    - Counseling and therapy
    - Crisis services (up to 72 hours)
    - Medication services
    - Residential treatment
    - Traditional healing services

- **Supportive housing services** to help members get and keep housing in the community
- **Mental health room and board**, which may include:
    - Lodging and meals in a residential facility
    - Personal laundry and cleaning (housekeeping)
    - Holding your bed if you leave for a short time (bed hold/home pass days) in Behavioral Health Residential Facilities (BHRFs)
- **Child-sitting services** when medically needed and part of a treatment plan
- **Employment and rehabilitation supports** for members with behavioral health needs

Getting help with Non-Title 19/21 services

You can get help with Non-Title 19/21 services by calling Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Some Non-Title 19/21 behavioral health services may also be available through a health plan with an **AHCCCS Complete Care (ACC) Regional Behavioral Health Agreement (RBHA)**. These services are also based on available funding and are not entitlements. Mercy Care has a Regional Behavioral Health Agreement in the Central service area, which includes Gila, Maricopa, and Pinal Counties. To get help through an ACC-RBHA, call your local RBHA for more information.

Service area	Health plans with a Regional Behavioral Health Agreement	Contact type and phone number
Central Arizona (Maricopa, Gila, and Pinal)	Mercy Care	Customer service phone: **1-800-564-5465** (TTY 711) Crisis Line: **1-844-534-4673**
Southern Arizona (Pima, Yuma, La Paz, Graham, Greenlee, Santa Cruz, Cochise counties)	Arizona Complete Health	Customer service phone: **1-888-788-4408** (TTY 711) Crisis Line: **1-844-534-4673**
Northern Arizona (Coconino, Yavapai, Mohave, Navajo, Apache counties)	Arizona Complete Health	Customer service phone: **1-888-788-4408** (TTY 711) Crisis Line: **1-844-534-4673**

Housing services

Safe, stable and familiar living arrangements are critical to a person's ability to benefit from treatment and supportive services. Recovery often starts with safe, decent and affordable housing so individuals can live, work, learn and participate fully in their communities.

Permanent supportive housing services

Permanent supportive housing services are available for adult AHCCCS Complete Care (ACC) members, members with a SMI designation and DD members. Permanent supportive housing can help you find and maintain independent housing within your community of choice. Permanent supportive housing services may include help with understanding tenant rights, budgeting, independent living skills and engaging in meaningful activities. Employment and education services may also be included.

Mercy Care contracts with a network of providers to meet the needs of our members. The providers cover a range of behavioral health, General Mental Health/Substance Use and rehabilitation services. These providers also have resources to help you address your housing needs, and they can help connect you with community housing options.

Members with a SMI designation: There may be limited emergency housing/shelter, transitional housing, permanent supportive housing subsidies, move-in assistance, and eviction prevention funds available. Members should work with their clinical team to get a referral to providers.

Housing subsidy/affordable housing resources

There are many housing subsidy and affordable housing programs that exist in the community to help members obtain housing that meets their needs and their budget. Rents may be subsidized or income restricted and there is no limit on how long you can stay. You can view a listing of Arizona's subsidy and affordable housing resources in the back of this handbook. Look for the section called "Resources" and look for the "Housing Subsidy/Affordable Housing" section.

Housing point of contact

Integrated behavioral health homes have a housing point of contact. The housing point of contact serves as the housing subject matter expert for the health home and member. They help you understand housing options, complete and submit housing applications, coordinate community care, locate resources and obtain referrals to community resources and programs. Housing points of contact can be reached by contacting your health home. Mercy Care's Housing Department can be reached at **Housing@mercycareaz.org**.

Grants

Mercy Care seeks opportunities to secure grant funding to assist members with a wide range of housing services that may include Emergency Shelter

(hotels), Rapid Rehousing and Homeless Prevention (rental assistance, utility and security deposits and moving costs). Members should work with their clinical teams to explore these options.

If you need help connecting to providers who offer these services, you can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

HUD Coordinated Entry Access Points for homeless services

Coordinated Entry is a process required by the U.S. Department of Housing and Urban Development (HUD) to connect individuals and families experiencing homelessness with community housing and service resources. Individuals or families can be triaged, assessed, and placed on a list for possible referral to community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access. To access the Coordinated Entry System in your area find the location closest to you and call or visit that location. You can view a listing of Arizona's locations in the back of this handbook. Look for the section called "Resources" and look for the "Coordinated Entry Access Points" section.

AHCCCS Housing Program (AHP)

Members who have an identified housing need can apply for a housing subsidy offered by the AHCCCS Housing Program (AHP). Subsidies are issued based upon availability.

Who can get AHP housing help?

- Be at least 18 years old (or legally emancipated if younger).
- Be legally allowed to live in the United States.
- Have a Serious Mental Illness (SMI) designation or have a substance use disorder, be enrolled in Medicaid and need a lot of care.

- Have a clear need for housing, such as:
    - No regular place to sleep.
    - Staying in a shelter or temporary housing like a hotel paid for by a nonprofit or government program.
    - Fleeing domestic violence or another unsafe living situation.
    - Living somewhere that may harm your physical or mental health.
    - Visiting the hospital or emergency room often (three or more times in 12 months).
    - Getting ready to leave a hospital or criminal justice setting and don't have a place to go.

Members should work with their clinical team to explore this option. Visit **https://azabc.org** for more information. You can also reach out to Mercy Care's Housing Department at **Housing@mercycareaz.org** or by calling Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Housing and Health Opportunities (H20) program

The purpose 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. The goals of the program are to increase positive health and wellbeing outcomes, decrease crisis services utilization, reduce homelessness and improve skills to maintain housing stability. Services covered by H2O will include outreach and education, transitional housing, enhanced shelter, one time transition and moving costs, home accessibility modifications, housing pre-tenancy and housing tenancy services. AHCCCS selected Solari as the statewide H2O Administrator. If you have questions related to the H2O program, including eligibility, visit **community.solari-inc.org/h2o** or reach out to your case manager.

The Division of Developmental Disabilities has partnered with the Public Housing Authorities, the Arizona Department of Housing (ADOH), the Arizona Health Care Cost Containment System (AHCCCS), and the U.S. Department of Housing and Urban Development (HUD) to offer qualified members limited affordable housing opportunities.

For more information on this program, refer to the DES website:
https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services/housing

Information about employment services

Did you know?

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

Employment services

Employment services can include both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be eligible for include:

- Career/educational counseling
- Benefits planning and education
- Job skills training
- Résumé preparation/job interview skills
- Assistance in finding a job
- Job support (job coaching)
- Connection to Vocational Rehabilitation and/or community resources

For information about Mercy Care's employment and employment related services, visit **mercycareaz.org** and find your plan. Then under " Benefits" select "More benefits" and select "Employment Services."

To learn more about employment services and supports, or to get connected, you can call Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), Monday-Friday from 7 a.m.- 6 p.m. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) 24 hours a day, 7 days a week.

How DD members can connect to employment services

All areas of the state have dedicated employment specialists ready to assist you, your Support Coordinator and your planning team with employment resources. Your DD Support Coordinator can connect you with employment services and supports that meet your needs. They will work with you to determine the best services necessary based on your job goal. Speak with your DD Support Coordinator for more information about getting connected with employment services, including the Vocational Rehabilitation program.

Still need help? You may contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). They will connect you to Mercy Care's Employment Administrator.

How to connect to employment services

Most behavioral or integrated health homes have employment staff ready to assist you. They 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 a dedicated employment staff available on site If so, set up a meeting to discuss your job goals. If your behavioral or integrated health home does not have an on-site dedicated employment staff, speak with your case manager or other staff to get connected.

Still need help? You may contact Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). They will connect you to Mercy Care's Employment Administrator.

Other employment resources:

Vocational Rehabilitation (VR)

VR is a program within the Arizona Department of Economic Security (ADES) designed to assist eligible individuals who have disabilities prepare for, get and keep a job.

You may be eligible for VR services if you meet the following requirements:

- You have a physical or mental disability.
- Your physical or mental disability results in a significant barrier to employment.
- You require VR services in order 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 the VR Counselor to develop a plan for employment. Plan development includes identifying a competitive employment goal and will address any disability-related barriers to employment.

Individuals enrolled in school may connect with a Transition School to Work (TSW) VR Specialist. Want to know if your school is connected to TSW ask the school if they have an assigned VR counselor.

Pre Employment Transition Services (Pre ETS) are **workshops** that cover **five employment-related topics:** Job Exploration Counseling; Work-Based Learning; Counseling on Post-Secondary and Training Opportunities; Work Readiness Training; and Instruction in Self-Advocacy.

Youth with any kind of disability between ages of 14 and 22 who are in an education program. Education programs can include high school (public, private, or charter), home-schools, college, a GED program, or vocational education program. Youth who are not VR clients can receive Pre-ETS as participants known as "potentially eligible" youth.

To make a referral or learn more about Arizona Pre-Employment Transition Services completing the Pre-Employment Transition Service Request form located on RSA/VR website and emailing it to **RSATransition@azdes.gov**.

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

ARIZONA@WORK

ARIZONA@WORK is the statewide job center which offers a wide array of workforce services at no cost to connect Arizona job seekers to gainful employment. Through ARIZONA@WORK, you can connect with local employers who have immediate job openings on Arizona's largest employment database. ARIZONA@WORK can connect you to expert advice and guidance on everything from childcare, basic needs, including Vocational Rehabilitation for job seekers with disabilities and educational opportunities.

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

Benefits planning & education

There are many myths related to work and benefits. There are plenty of people living with disabilities who are on benefits, working and are better off financially. Having a disability does not mean you cannot work. Here are some additional 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 earned income from employment. DB101 supports people to make informed decisions when thinking about getting a job by learning how job income and benefits go together. Visit **http://az.db101.org** to access this valuable tool.
- **ABILITY360** – Within ABILITY360 is a program called *Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA)*. This program helps you understand how job income will affect your cash, medical, and other benefits through a benefits analysis. To reach an Intake Specialist, call the *B2W WIPA* program at **602-443-0720** or **1-866-304-WORK (9675)**, or email at **b2w@ability360.org** and see if you might qualify for this service at no cost.
- **AHCCCS Freedom to Work** – AHCCCS offers affordable health insurance for a monthly premium up to $35 per month for qualified individuals who are working and have a disability. Call **1-800-654-8713 Option 6**, or **602-417-6677** to learn more and enroll. Visit **www.azahcccs.gov/Members/GetCovered/Categories/workingdisabled.html** for more information.

Home and community-based services

Out of Home Placements

- **Developmental Home:** A Developmental Home is a family home in which a licensed caregiver provides full-time care and supervision for up to three individuals with developmental disabilities. Child Developmental Homes serve members under the age of 18 and Adult Developmental Homes serve members ages 18 and over.
- **Group Home:** A community residential facility licensed by the Arizona Department of Health Services (ADHS) that provides habilitation and room and board for up to six residents.

- **Assisted Living Centers/Homes:** A residential care facility licensed by ADHS to provide supervisory care, personal care, or direct care services as defined in the Arizona Administrative Code (A.A.C.), Title 9, Chapter 10, Article 8. These settings are designed for members who are unable to live in their own home, but don't need nursing facility care.
- **Nursing Facility:** A licensed facility that provides skilled nursing care, residential care, and supervision to members who need 24-hour-a-day nursing services but don't require hospital care.
- **Intermediate Care Facilities:** An institutional setting for members with Intellectual Disabilities (ICF/ID) that requires specialized services and active treatment. Services are provided at both private and state operated facilities.

Ask your Support Coordinator for more information about these options.

End of life care

End of life care (EOL) involves all health care and support services provided to you at any age or stage of an illness. It focuses on a person-centered approach to comfort and quality of life while protecting your rights and dignity. With end of life care, you and your family will receive information about your illness that helps you understand and make decisions about your care. These services include advance care planning, curative care, supportive care, palliative care and hospice.

Curative care: Curative care provides medical treatment and/or therapies in order to improve or eliminate symptoms that you are experiencing and to cure overall medical problems. You can choose to receive curative care until you choose to receive hospice care.

Supportive care: Supportive care is psychological, social, spiritual and practical support to improve your comfort and quality of life. Supportive

care may be arranged by your case manager. Supportive care may also be provided by friends, family or services available in the community.

Palliative care: Palliative care is a service that works closely with your doctor or medical provider to provide relief from the pain, symptoms and the stress of a serious illness.

Hospice care: Hospice care consists of health care and emotional support for a person with a terminal illness who is approaching the end of their life. Hospice services provide comfort and support, but don't focus on curing your illness. Hospice care may be provided in an individual's own home or in a facility. Members under the age of 21 may receive curative care at the same time as hospice care.

Advance care planning is a voluntary face-to-face discussion between you, your family and your doctor or medical provider. You may want to discuss your illness, health care options, social needs, psychological needs and spiritual needs. Your doctor or medical provider can work with you and your family to develop a plan of care that includes your choices for care and treatment. Your choices can be shared with your family, friends or other providers according to your wishes. Your doctor or provider can also help you with advance directives.

Referrals

Behavioral health specialized care

You or your behavioral health provider may feel that you need specialized care from another behavioral health provider. If that happens, your provider will give you a "referral" to go to another provider for specialized care. You can contact Mercy Care or your provider if you feel you need a referral for specialized care. You can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Medical

Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab, hospital, etc. Mercy Care may need to review and approve certain referrals and special services before you can get the services. Your PCP will know when to get Mercy Care's approval. If your referral needs Mercy Care's approval, your PCP will let you know what's happening. You may also request a second opinion from another Mercy Care network doctor.

Self-referral

You don't need a referral from your PCP for the following services:

- Dental covered services
- OB/GYN covered services
- Behavioral health and substance use services (see the "Behavioral Health" section for more information)
- Family planning services and supplies

Referrals and prior authorizations are not required to see a specialist in-network for members who have special health care needs. Special health care needs are defined as serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by members generally. The care should last, or be expected to last, one year or longer and may require ongoing care not generally provided by a Primary Care Provider (PCP).

Referrals and prior authorizations are not required to see a specialist in-network for members who need long-term services and supports (LTSS). LTSS is defined as services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice. This may include the individual's home,

a provider-owned or controlled residential setting, a nursing facility or other institutional setting. To be eligible for LTSS you must be age 65 or older, have a disability or require nursing facility level of care and must be financially eligible. For more information or to apply, you can visit **https://www.azahcccs.gov/Members/GetCovered/Categories/nursinghome.html**.

Augmentative and Alternative Communication (AAC) devices

What is an AAC device?

An AAC device gives a member added ways to express their wants, needs and thoughts. These devices are computer tablets that assist a person with a speech or language impairment. They can communicate using images from the tablet screen. This is a covered benefit for all Mercy Care Medicaid members with a medical necessity for an AAC device.

Complete these steps to request an AAC device:

1. Ask your Primary Care Provider (PCP) for a prescription to receive an assessment by a Speech Language Pathologist (SLP). This prescription is good for 12 months.
2. Schedule an appointment with the SLP for the assessment. You can find a list of in-network licensed and registered SLPs at mercycar.es/aacdevice or by calling Member Services.
3. The Speech Language Pathologist will perform the evaluation. This will determine if your family member would benefit from the use of an AAC device.
4. Mercy Care must give Prior Authorization before ordering the AAC device.
5. The AAC device vendor will mail or deliver the AAC device to your home.

Scan to watch video on how to order an AAC device.

AAC device treatment

Once the member receives the AAC device, contact the SLP to schedule AAC device treatment. The first treatment should be completed no later than 90 days after Prior Authorization (PA) was given to order the AAC device.

AAC device repairs

- All repairs require Prior Authorization by Mercy Care.
- Mercy Care will cover one device repair every 12 months due to normal wear and tear unless the device is under warranty.
- You can work with the original treating Speech Language Pathologist or AAC device vendor to confirm if the device is under warranty.
- The AAC device vendor will help you to return the device if it's under warranty.
- Mercy Care won't cover the replacement of applications that have been deleted or can't be accessed due to loss of username and password.

AAC device replacements

The device and accessories typically last up to 36 months. Complete the AAC device ordering process again by getting a prescription from your PCP for an assessment by the SLP. AAC device and/or accessories replacement will require a PA and may be replaced when:

- Lost or damaged beyond repair
- It's been 3 years since the first prescription and the AAC device no longer works
- The AAC device doesn't meet the member's needs because their condition changed and they need a reassessment
- The AAC device doesn't meet the member's needs despite adequate treatment
- There is documentation from the manufacturer that the AAC device can't be repaired

- Accessories are damaged or worn
- The AAC device is lost or stolen and the following documentation is submitted:
    - A police report, if stolen
    - A “Find My iPad” report from Apple (iPad only)

Reassessment for device changes

A reassessment by the SLP and device modification may be allowed if:

- At least 3 months of treatment is provided
- There’s a change in the member’s medical condition
- The member isn’t meeting or exceeding current goals with the current AAC device

If you have further questions, call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). ACC-RBHA members with can call Member Services 24 hours a day, 7 days a week at **602-586-1841** or **1-800-564-5465** (TTY 711).

Accessing services not covered due to moral or religious objections

If a provider does not cover a service, including counseling or referral services, due to moral or religious objections, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711), for help with finding a different provider. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Information for American Indian members

American Indian members have several options where to get health care services. American Indian members are able to receive health care services from any Indian Health Service (IHS) facility or tribally owned and/or operated facility at any time. American Indian members can also get health care services from Mercy Care.

American Indian members have the choice of integrated care: AHCCCS American Indian Health Program (AIHP) or an AHCCCS Complete Care ("ACC") health plan like Mercy Care. AIHP members can choose care coordination through a Tribal Regional Behavioral Health Authority (where available). American Indian members can also choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can only change from one ACC Plan to another one time per year. American Indians/Alaska Natives (AI/AN) can choose to receive services through a DDD Health Plan or the DDD Tribal Health Program (THP).

How to obtain a Primary Care Provider (PCP)

When you sign up for Mercy Care, you are asked to select a Primary Care Provider from Mercy Care's Provider Directory. You should choose a doctor in the area close to your home. If you don't select a PCP, Mercy Care will select one for you and let you know your provider's name. You can find the name of your PCP in your welcome letter.

Your Primary Care Provider (PCP) is the "gatekeeper" for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed.

How to change your PCP

We hope that you will stay with your assigned PCP so that you can work with someone you know and who knows you well. If you want to change doctors, we encourage you to talk with your PCP first and let them know why you would like to change. You may be able to work together to solve your problem or they may be able to suggest another provider to you. We do understand that you may wish to change doctors for reasons such as:

- You and your doctor don't seem to understand each other.
- You are not comfortable talking with your doctor openly.
- Your doctor's office is too far from home.

If you need or want to change your PCP, you can call Mercy Care Member Services. They will help you make the change. The change will take place the day of your request. You will also get a letter in the mail to let you know the name and address of your new doctor.

Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Making, changing and cancelling PCP appointments

You should schedule a visit with your assigned PCP soon after enrollment to start a relationship. Your doctor can screen you for your health care needs. When you contact your doctor's office to make your appointment, ask the following questions. These questions will help prepare you for future visits. If you write the answers here, they will be handy when you need them:

What are your office hours?

_____

Do you see patients on the weekends or at night?

_____

Will you talk to me about my problems over the phone?

_____

Is there anyone else that works with you that can help me if you are not available?

_____

Who should I contact if you are closed and I have an urgent situation?

_____

How long do I have to wait for an appointment?

_____

Make the most of your doctor's visit
When visiting your doctor, consider asking the following questions. It may help you better understand your health.

Start, stop and continue:

- **Start:** What do I need to start doing?
- **Stop:** What do I need to stop doing?
- **Continue:** What do I need to keep doing?

Ask your doctor these questions before you leave the office:

- What medications do I need to take (and/or stop taking)?
- When is my next appointment?
- What else do I need to know?
- What do I need to do to get better?
- What foods should I eat?
- What foods should I stop eating?
- Are there any community resources that can help me?
- Why is it important for me to follow these directions?
- What's next? How do I get ready for my next appointment?

Quick tips about your PCP

- Your PCP will manage most of your health care services.
- Call your PCP if you have questions about referrals.
- Know your PCP's office hours and what to expect for after-hours service.
- If you have a problem with your PCP, talk to them about it or call Mercy Care Member Services for help.

- If you need to change your PCP, call Member Services.
- If you want to know more about a particular PCP or dentist, call the provider directly, or visit the Mercy Care website at **mercycareaz.org** to view the Provider Directory.

If you cannot make it to your appointment, be sure to call your PCP's office before the appointment time to cancel.

If you are going to your PCP or dentist for the first time, arrive at least 15 minutes early. They will need to get your information to start your health record. When you go to an appointment, show your member ID card to the office staff before you are seen. If you don't have your ID card, you will still be seen. You may need to show your current picture ID. Ask the office to call Mercy Care for more information.

Your PCP may have to spend extra time with another patient or may have an emergency that puts them behind schedule. When this happens, you may have to wait a little longer to be seen. If you often wait more than 45 minutes for your scheduled appointment, be sure to notify Mercy Care Member Services.

Quick tips about appointments

- Call your PCP early in the day to make an appointment.
- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, arrive at your appointment 15 minutes early. Call a day or two before the appointment to verify the address.
- Let the office know when you arrive and show them your ID card.

Appointment availability timelines

Primary Care Provider (PCP) appointments:

- Urgent care – As quickly as the member's health condition requires, but no later than two business days of request.
- Routine care – Within 21 calendar days of request.

Specialty provider appointments, including dental specialists:

- Urgent care – As quickly as the member's health condition requires, but no later than two business days from the request.
- Routine care – Within 45 calendar days of referral.

Dental provider appointments:

- Urgent appointments – as quickly as the member's health condition requires, but no later than three business days of request.
- Routine care appointments – Within 45 calendar days of request.
- DCS CHP routine care appointments – Within 30 calendar days of request.

Maternity care provider appointments:

Initial prenatal care appointments for enrolled pregnant members shall be provided as follows:

- First trimester – Within 14 calendar days of request.
- Second trimester – Within seven calendar days of request.
- Third trimester – Within three days of business request.
- High-risk pregnancies – As quickly as the member's health condition requires, but no later than three business days of identification of high-risk pregnancy or immediately if an emergency exists.

Behavioral health provider appointments:

- Urgent need appointments – As quickly as the member's health condition requires, but no later than 24 hours from identification of need.

- Initial assessment – Within seven calendar days after the initial referral or request for behavioral health services.
- Initial appointment – As quickly as the member's health condition requires:
    - For members aged 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.
- Subsequent behavioral health appointments – As quickly as the member's health condition requires, but no longer than 45 calendar days from identification of need.

For Psychotropic Medications:

- Assess the urgency of the need immediately.
- Provide an appointment, if clinically indicated, with a behavioral health medical professional within a time frame that ensures the member:
    - Does not run out of needed medications.
    - Does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:

- Rapid Response – When a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by the Arizona Department of Child Safety (DCS) that a child has been or will be removed from their home.
- Screening and Evaluation – Within seven calendar days after the initial referral or subsequent initial request for behavioral health services.
- Initial appointment – Within timeframes indicated by clinical need, but no later than 21 calendar days after any screening and evaluation.

- Subsequent Behavioral Health Services – Within the timeframes according to the needs of the person, but no later than 21 calendar days from any screening and assessment.

For Non-Emergency Medical Transportation (NEMT)

- For medically necessary non-emergent transportation a member should arrive on time for an appointment, but no sooner than one hour before the appointment.
- A member should not have to wait more than one hour after the end of treatment for transportation home.
- A member should not be picked up prior to the completion of treatment.

Substance use services appointments – religious character objections

If you're getting substance use services that are funded by the Substance Use Block Grant (SUBG), you have the right to get services from a provider whose religious character you don't object to. If you object to the religious character of your substance use provider, you can ask for a referral to another provider of substance use treatment. You'll get an appointment with the new provider within seven days of your request for a referral, or earlier if your behavioral health condition requires it. The new provider must be available to you and provide substance use services that are similar to the services you were receiving at the first provider.

Contacting your case manager

If you need to reach your behavioral health case manager between visits for any reason, you can call your provider or your health home directly. You may have questions about your services or need to talk with your case manager about how you're doing. You may want to request new services or ask about community resources. Your provider can help connect you with your case manager. If you are unsure of who your

provider is, Member Services can help connect you. You can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Well visits (well exams)

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.

Tips to keep you healthy

ALL MEMBERS

- Always go to your PCP visits. If you cannot keep your appointment, call to cancel it, and make another one.
- Follow the directions your PCP gives you.
- If you take prescription medication every day, remember to get refills before you run out. You can also find out about our mail order pharmacy program by calling Mercy Care Member Services.
- Never share medication with anyone else.
- Eat right, get enough sleep and exercise.
- Brush and floss your teeth at least two times a day.
- Always wear your seat belt. It’s the law in Arizona.

PLUS, FOR CHILDREN …

- Always put a baby to sleep on their back. Avoid using bumpers along the crib and blankets in the crib.
- Make sure your child has their vaccines! Children and teens need vaccines for good health. They protect against many diseases. Bring their shot records with you to their visit with the PCP.
- Babies and children must ride in an age-appropriate car seat or booster seat until they are 8 years old and over 4 feet 9 inches tall. Every trip, every time. It's the law in Arizona!
- Always apply sunscreen before going outside, even when it's cloudy.
- At every EPSDT well visit, be sure to talk with the PCP about their development. That is the perfect time to ask any questions you may have.
- Make sure your child sees the dentist regularly. Members ages 1(can begin at age 6 months of age, if first teeth have erupted) through 21 should see a dentist twice a year.

Women's services

It's important for women to see their PCP or a Mercy Care obstetrician/gynecologist (OB/GYN) every year. Getting the right tests is an important part of a woman's health care. These tests can find problems before you have any signs or symptoms. Pap tests and mammograms are important tests that can help save your life. If there is a problem, there is a better chance for a cure if it's caught early. A Pap test checks for cervical cancer and a mammogram checks for breast cancer.

According to the American College of Obstetricians and Gynecologists (ACOG), it's recommended to do human papillomavirus (HPV) testing and cervical cytology, including Pap smear testing at the following times:

- If a woman is sexually active, then Pap tests should be done annually and after three normal exams in a row, the test may be less frequent.

- If a woman is not sexually active, then Pap testing should begin at age 21 and occur every three years until age 30.
- Women between 30 to 65 years of age have three options.
    - They may receive co-testing which includes a Pap smear and a HPV test every five years.
    - It's also acceptable to only do the Pap test by itself every three years.
    - It's also acceptable to do the high-risk human papillomavirus (hrHPV) testing without a Pap test every five years.
- The age ranges listed above are recommendations. They don't apply to those that have previously tested positive for HPV. The PCP or OB/GYN will decide your testing timeframes based on medical necessity.

Mercy Care members can see their PCP or a Mercy Care OB/GYN for a Pap test. If you want to see an OB/GYN, you don't need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by searching the provider directory on the Mercy Care website. Go to mercycareaz.org and select "Find a provider or pharmacy."

The ACOG also recommends that mammograms are done at the following times:

- Women who are 40 to 49 years old should talk to their PCP or OB/GYN about when to start and how often to get routine mammograms.
- Women who are 50 to 74 years old and are at average risk for breast cancer should get a mammogram every one to two years.
- The age ranges listed above are recommendations. Mammograms can be done annually at any age if the PCP or OB/GYN decides that it's medically necessary to do so.

You can call your doctor for a mammogram order and then you can schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by using the searchable provider directory on the Mercy Care website at **mercycareaz.org**.

Well-woman preventive care

An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. Female members or members assigned female at birth have direct access to preventive and well care services from a gynecologist within Mercy Care's network without a referral from a Primary Care Provider (PCP). There is no copayment or other charge for covered women's preventive care services.

Benefits of preventive health care

Getting regular checkups and screenings is an important part of a woman's health care. These screenings can find problems before you have any signs. Early diagnosis and treatment will generally result in a better outcome. Focusing on preventing disease and illness before they occur will help improve your health and quality of life.

Description of well-woman preventive care services

The well-woman preventive care visit includes:

- A physical exam (well exam) that assesses overall health
- Clinical breast exam
- Pelvic exam (as necessary and according to current recommendations and best standards of practice).
- Review and administration of immunizations, screenings, and tests as appropriate for your age and risk factors
- Screening and counseling focused on keeping a healthy lifestyle and minimizing health risks. This includes, at a minimum, screening for and counseling about:
    - Proper nutrition
    - Physical activity
    - Elevated Body Mass Index (BMI)

- Tobacco use and/or dependency
- Substance use, abuse, and/or dependency
- Depression, mood disorder, and anxiety screening
- Interpersonal and domestic violence screening that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems
- Sexually transmitted infection (STI) testing, treatment, and counseling
- Annual syphilis testing starting at 15 years of age
- Human Immunodeficiency Virus (HIV) testing, treatment, and counseling
- Family planning services and supplies
- Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
    - Reproductive history
    - Sexual practices
    - Healthy weight, diet and nutrition, as well as the use of nutritional supplements and folic acid intake
    - Physical activity or exercise
    - Oral health care
    - Chronic disease management
    - Emotional wellness
    - Tobacco and substance use (including prescription medications, caffeine, alcohol, marijuana and other drugs)
    - Recommended intervals between pregnancies

• Referrals when your provider identifies a need for further evaluation, diagnosis, and/or treatment

Genetic testing and treatment is not covered as part of the women's preventative/wellness visit. These tests are only covered if criteria is met and the doctor decides the tests are medically necessary.

HPV vaccine
The Human Papilloma Virus (HPV) vaccine is covered and recommended for members 9 years of age to 45 years of age. HPV is a common virus and it can cause cancer of the cervix. Often HPV has no symptoms. This makes it hard for someone to know they have it. It's important that both males and females get the HPV vaccine. They should get the vaccine before they are sexually active.

Information on how to obtain well-woman preventive care services
Call your PCP or gynecologist and schedule an appointment for a well-woman preventive care visit. This visit is provided at no cost to you. You may seek well-woman care services without your PCP's approval.

Assistance with scheduling of appointments
If you need help making a well-woman appointment with your provider or if you need a ride to your appointment, you can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

EPSDT (also known as well visits or well check-ups)

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 health care

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 USC 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, assistance with scheduling appointments, 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.

Health guidelines for children

All children, not just babies, should have well-child checkups and their vaccines (immunizations). Well-child checkups help keep your child healthy and find problems before your child gets sick. Vaccines can protect them against many diseases. Make an appointment with their PCP to keep your child (and teen) healthy. There is no copayment or other charge for EPSDT well visits (well-child visits), vaccines or covered services.

Well-child visits (EPSDT Well Visits)	• Newborn • 3-5 days • 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Annually from ages 3-20 years of age
Vaccines (Immunizations)	• Diphtheria, Tetanus, & Pertussis (DTaP) • Haemophilus Influenzae type b (Hib) Hepatitis A • Hepatitis B • Human Papillomavirus (HPV) • Influenza (Flu) • Measles, Mumps, & Rubella (MMR) • Meningococcal (Meningitis) • Pneumococcal (Pneumonia) (PCV15 or PCV20) • Inactivated Polio (IPV) • Rotavirus (RV) • Tetanus, Diphtheria, & Pertussis (Tdap) • Varicella (Chickenpox) • COVID-19 • Respiratory Syncytial (RSV-mAb or RSV)

For more information on vaccines and to review recommended immunization schedules, visit the Centers for Disease Control and Prevention at **cdc.gov/vaccines/imz-schedules**.

The importance of EPSDT well visits (well-child visits)

One of the best ways to stay healthy is to go to an EPSDT well visit (well-child visit) every year, even if your child is healthy. Regular EPSDT well visits (well-child visits or checkups) help keep people safe from illness and allow their providers to catch problems early. During the EPSDT well visit you have the chance to talk to the doctor and ask questions. Below are some things that may occur during these visits:

- Health and developmental history as well as a comprehensive physical exam. The physical exam may be unclothed.
- Screening for age-appropriate weight gain, as well as providing nutrition education.
- Nutritional assessment and screening and making referrals if necessary.
- Behavioral health screenings and services and making referrals if necessary. For example:
    - Postpartum depression screening for new birthing parents
    - General Developmental screenings
    - Autism Spectrum Disorder (ASD) Specific Developmental screenings
    - Adolescent depression and suicide screenings
    - Adolescent substance use disorder screenings
- Identifying growth and developmental milestones.
- Developmental surveillance and making referrals if necessary.
- Immunizations (vaccines).
- Labs and/or diagnostic testing for conditions such as Anemia, Sickle Cell Anemia, blood lead poisoning, Tuberculosis (TB), etc. If these tests come back with a positive result, you will be asked to return for a follow up visit and possible treatment.

- Health education, counseling and help with chronic disease self-management.
- Oral health screening and education, as well as making a dental referral if necessary.
- Fluoride varnish application when a child has reached six months of age with at least one tooth erupted, with applications happening every three months up to five years of age.
- Vision and hearing screenings and making referrals if necessary.
- The doctor may also determine that a referral to a specialist is medically necessary. A few examples are a dietician or nutritionist, a cardiologist, a neurologist, a physical therapist, occupational therapist, or a speech therapist.
- The doctor may also offer you information on available community resources or programs. Some examples are listed below under "Community Resources".
- Provide information and support on breastfeeding recommendations, the availability of breast pumps, and safe sleeping practices, if appropriate.
- For teens and adolescents, the doctor should also talk with them about subjects that are appropriate for the members age, development, and risk factors, such as:
    - Reproductive health, birth control and safe sex, including how to prevent sexually transmitted infections (STIs), and testing for STI's
    - Avoiding risky behaviors such smoking (including e-cigarettes, hookah, and vaping) as well as drug use and alcohol use.
    - How they are feeling. If they are depressed, anxious, or if they have thoughts of harming themselves.
    - Safe driving and avoiding dangerous content on social media and the Internet.
    - Screening for Substance Use Disorder (SUD) all children 12 years of age and older, will be screened for substance use disorder, with applicable referrals, as needed.

EPSDT well visits are not just for children and teens. These visits are for all members up to 21 years of age. Not all of the items listed above will be included in every visit because some of them are age specific. The age-specific screening and services are based on the American Academy of Pediatrics (AAP) Periodicity Schedule as well as the AHCCCS EPSDT Periodicity Schedule.

Developmental screening

Developmental screening takes a closer look at how your child is developing. Your child will get a brief test, or you will complete a questionnaire about the child. The tools used to check on developmental and behavioral screening are formal questionnaires or checklists, based on research that asks about how your child is developing, including subjects on language, movement, thinking, behavior, and emotions. Developmental screening can be done by their health care professional, and others may also be involved, such as early childhood education professionals, as well as professionals within the community or school settings. It's important that you take the child to see a provider who is certified in the use of these developmental screening tools. The CDC website has more information regarding developmental screening and monitoring. If you would like to learn more, you can visit:
https://www.cdc.gov/ncbddd/actearly/screening.html.

Developmental screenings are required to be completed during specific EPSDT visits (well-child visits). However, caregivers should be aware that a developmental screening can be done at each EPSDT visit (well-child visit) if their provider determines that the screening is medically necessary.

Example of screenings required on specific dates:

- Global Developmental Screenings are required at the 9-month, 18-month, and 30-month visits.
- Autism Specific Developmental (ASD) Screenings are required at the 18-month and 24-month visits.

Below are some examples of accepted Global Developmental Screening tools:

- Parents' Evaluation of Developmental Status (PEDS-R)- Age range: Birth to 8 years of age.
- Ages and Stages Questionnaires Third Edition (ASQ-3)- Age range: Birth to 5 years of age.

Below are some examples of accepted Autism Specific Developmental (ASD) Screening tools:

- Modified Checklist for Autism in Toddlers (M-CHAT-R/F), Age range: 15 to 30 months.
- Ages and Stages Questionnaires: Social-Emotional (ASQ:SE). Age Range: up to 21 years of age.

Once the screenings are complete, the provider uses the results from the screenings to determine if further evaluation is needed. If that is the case, then they will make a referral to a specialist. If there is a recommendation for an autism evaluation, Mercy Care has a list of providers that can diagnosis and provide treatment for autism spectrum disorder. You can find more information by visiting mercycareaz.org.

Immunizations/vaccines

The best way to protect your child from disease is to make sure your child gets their vaccines. Children who get vaccines are protected from possibly getting sick from harmful diseases. Vaccines can help keep your child safe from getting serious illnesses. Vaccine reactions rarely happen. Serious reactions are very rare. The dangers of not being immunized are far worse than the possibility of a serious reaction. Vaccines are offered in different forms such as by mouth, by using a nasal spray, or by getting shots. Some vaccines are also offered in combinations to reduce the number of shots needed. If you have questions, talk to the doctor at your child's next appointment.

Community resources

There are some available community resources and programs that may help you and your child. During the EPSDT well visit, the doctor may discuss these services with you. During that discussion, if you have questions about where to find some of this information or how to navigate the healthcare system, the doctor, and/or medical team should be able to help you. The doctor will also tell us which services you and your child may benefit from. We will provide you with some educational information on how to obtain those services. Examples of some community programs are Women, Infants and Children (WIC), Arizona's Early Intervention Program (AzEIP), Children's Rehabilitative Services (CRS), behavioral health services, crisis care, home visitation programs, Encircle Families, Early Head Start/ Head Start, Vaccines for Children (VFC) and the Birth to Five Helpline and/ or Fussy Baby Programs. For more information, refer to the "Community Resources" section at the back of this handbook or call Mercy Care Member Services.

Dangers of lead exposure and recommended/mandatory testing

Lead poisoning is a problem in Arizona. **Testing the blood for lead is required for all children ages 1 and 2 years old.** The doctor should be doing a verbal blood lead screening at every EPSDT well visit between six months old and six years old to determine if your child is at risk. Additional testing may take place for children up to age 6 if the screening finds that they are at risk for lead poisoning, if your child missed the test that is required at 1 years old or 2 years old, or if your child lives in a high-risk ZIP code. To learn if your zip code is high risk, visit **https://www.azdhs.gov/ gis/childhood-lead**. Also, if you are going to register your child for Early Head Start/Head Start, they will require proof that your child has had a blood lead test.

Age-appropriate weight gain, childhood obesity and prevention measures

During an EPSDT well visit, the doctor will check their Body Mass Index (BMI) to see if they are at a healthy weight for their age, sex and height.

The higher the BMI is, the greater the risk of future health problems. If their BMI is too high or too low, then their doctor should provide nutritional education. They may also make a referral to a dietician or a nutritionist. Here are some healthy choice suggestions to help:

- Eat five servings a day of fruits and vegetables.
- Spend less than two hours a day in front of a screen (this includes TV, video games, computers, tablets, and other mobile devices).
- Be active for at least one hour a day.
- Don't drink sweetened beverages, including soda and juices.

Asthma signs and symptoms and prevention measures

Asthma is a preventable chronic lung condition that can range from mild to severe. It's important to recognize the signs and symptoms such as coughing, sneezing, chest tightness, shortness of breath, and/or a blue coloring to the lips. Everyone's triggers are different and can include pollution, mold, smoke, dust, pollen, foods, stress, physical activity and more. Asthma can be managed by understanding the medications, making sure medications are being taken, and reducing triggers. If you notice any of these signs and symptoms or if your child has a flare-up, call their doctor or take them to an urgent care center near you.

Sudden Infant Death Syndrome (SIDS)/ Sudden Unexpected Infant Death (SUID): SIDS/SUID is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS/ SUID. Other ways to practice safe sleeping to prevent SIDS/SUID is to have the baby sleep on a firm surface and to not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins, or other soft bedding in the crib.

Safety tips and preventing risky behaviors

Protect your child (or teen) by talking with them about avoiding dangerous activities or risky behaviors. Encourage them to talk about their feelings and emotions. Encourage them to tell you if they are feeling depressed or anxious, or if they are having thoughts of hurting themselves or others.

Not all children will be comfortable talking about their feelings and emotions. Be sure to pay attention to the warning signs of suicide and depression and seek help if you see any signs. Examples of these behaviors are being withdrawn, severe changes in their mood, and/or increase in drug or alcohol use. If you are not sure how to talk with your child (or teen), you can ask your child's provider for help, you can call Member Services, and/or crisis lines for help. We should be able to provide you with some good resources.

Examples of things you should talk about are:

- Smoking cigarettes, e-cigarettes, vaping, hookahs, etc.
- Using drugs and/or drinking alcohol.
- Safe sex to prevent pregnancy and prevent the spread of sexually transmitted infections (STIs).
- Risks of participating in sexual behavior at an early age.
- Participating in or being the victim of bullying and violence.
- Avoiding negative peer pressure and encouraging self-confidence.
- The dangers found on social media and the Internet, and not mimicking or copying things they see.

Dental decay prevention measures

The care and cleaning of baby teeth are important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. This can make their adult teeth come in crooked and out of place. Tooth decay on baby teeth can also cause decay to transfer to adult teeth.

Daily dental care should begin even before a baby's first tooth comes in. This can be done by wiping the baby's gums daily with a clean, damp washcloth or gauze. You can also brush the gums gently with a soft, infant-sized toothbrush and water. As soon as the first tooth appears, you can brush their teeth and gums with water. By the time all the baby teeth are in, brush them at least twice a day. It's recommended that for children

between 2 and 6 years old, should use a pea-sized amount of fluoride-containing toothpaste 2 times per day with the parent/caregiver performing and supervising the brushing. Children aged 7 and up can brush with a fluoride toothpaste 2 times a day. It's also important to get children used to flossing early on. A good time to start flossing is when two teeth start to touch. Talk to the child's dentist for advice on flossing tiny teeth.

The importance of oral health care

Your child's PCP should do an oral health screening at every EPSDT well visit. They can also apply fluoride varnish to your child's teeth during their EPSDT visit once the child has reached six months of age with at least one tooth that has erupted. Fluoride varnish is a preventative dental treatment that helps strengthen teeth aiding in cavity prevention. This can happen up to four times a year (once every three months) until your child turns five years old. There is no copayment or other charge for covered EPSDT dental-related services.

Your child's first dentist appointment should be scheduled by age one. After that, take your child to the dentist every six months for regular visits. This is twice a year. The dentist will also apply fluoride varnish during their both of their preventative dental visits until they turn 21 years old. Dental visits may also include X-rays, fillings, cleanings, and sealants.

It's never too soon to start good dental health habits. Follow these simple tips when taking your child to the dentist:

- Keep the dentist's name and number handy.
- Schedule regular appointments a couple of months ahead of time.
- Make sure you have a ride to your appointment.
- Be on time for your appointment.
- Make sure to bring your child's member ID card with you to the dentist's office.
- If you must cancel the appointment, call the dentist's office as soon as you can.

Assistance with scheduling of appointments or transportation
If you need help making an EPSDT well visit appointment or a dental appointment, you can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

Maternity services

Female members, or members assigned female at birth, have direct access to preventive and well care services from a PCP, Obstetrics/ Gynecology (OB/GYN), or other maternity care provider within the Contractor's network without a referral from a primary care provider.

Pregnant women need special care. If you are pregnant, be sure to choose a Mercy Care Primary Care Obstetrician/Gynecologist (OB/GYN) or certified nurse midwife. You may go directly to an OB/GYN for care. You don't need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and the OB/GYN will manage your pregnancy care. If you prefer, you can choose to have an OB/GYN as your PCP during your pregnancy.

If you are new to Mercy Care or you are in your third trimester, and your current provider does not work with Mercy Care, then you have a few options:

- You can change to a maternity care provider that works with Mercy Care.
- To allow for continuity of care, you can stay with Mercy Care and finish your maternity care with your current provider, as long as they are registered with AHCCCS.
- To allow for continuity of care, you can stay with your current provider, and if you call us right away, we can give you the opportunity to change health plans if you wish to do so.

There is no copayment or other charge for covered pregnancy-related services. We will also send you a pregnancy booklet with a lot of information and we will continue to send you pregnancy information throughout your pregnancy and after. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test.

Covered maternity services for all members

- Medically necessary preconception counseling
- Identification of pregnancy
- Prenatal care
- Labor and delivery services
- Postpartum care
- Education, outreach, and prenatal services for the care of pregnancy
- The treatment of pregnancy-related conditions
- Family planning services, supplies, and education
- Prenatal testing including HIV (Human Immunodeficiency Virus) testing and counseling
- Screening for sexually transmitted infections (STIs) including syphilis and chlamydia at the first prenatal visit, in the third trimester, and at the time of delivery
- Screening for perinatal mood disorders and anxiety, including referrals and counseling services

Assistance with the maternity program

If you need help scheduling a prenatal or postpartum visit appointment, you can call Mercy Care Member Services. If you don't want to participate, you can call Member Services to opt out of the maternity program at any time. Member Services can be reached at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

Pregnancy appointments

It's important to have early and regular doctor visits. These are called prenatal care visits, which happen during your pregnancy. It's also important to go to your postpartum care visits, which happen after you deliver your baby. These visits will benefit you and your baby. Be sure to keep all your scheduled prenatal and postpartum visits, even if you feel fine.

Regular prenatal care can help you have a healthy pregnancy and a healthy baby. It will allow your provider to identify any health conditions and prevent problems before they occur. To ensure that you and your baby receive the appropriate care and to keep you healthy, it's best to have your first prenatal visit within the first 42 days of the pregnancy. If you find out about the pregnancy after the first 42 days, then be sure to make your prenatal appointment as soon as possible. During your pregnancy appointments, your OB/GYN provider will tell you when you need to come back. If something comes up and you need to cancel, be sure to call your provider to let them know. Then make a new appointment as soon as possible.

You should be able to get an appointment within the following time frames:

- First trimester- months 1-3, or weeks 1-12: You should be seen within 14 calendar days of calling the doctor
- Second trimester- months 4-6, or weeks 13-27: You should be seen within seven calendar days of calling the doctor
- Third trimester- months 7-9, or weeks 28-40: You should be seen within three business days of calling the doctor
- High-risk pregnancies are expeditiously as the member's health requires and no later than three business days of identification of high risk by Mercy Care or maternity care provider, or immediately if an emergency exists

After your first visit, a common pregnancy visit schedule is:

- Weeks 4-28: Visit at least every four weeks
- Weeks 29-36: Visit at least every two weeks
- Weeks 37-40: Visit at least every week

First visit

- At your first visit, you will have a complete checkup. This checkup includes talking about your health history and the doctor will give you a physical exam. The doctor or nurse will perform routine urine and blood tests. They will also check for infections and sexually transmitted infections.
- If you are taking any medicine, tell your OB/GYN provider or nurse midwife at your first visit. This includes any medicines given to you by other providers and over the counter medicines such as vitamins and supplements.
- You should also tell your provider if you smoke, drink alcohol, or do any drugs that are not given to you by a doctor. This will help them decide which resources they can provide you that can help keep you and your baby safe.

Is it preterm labor?

If you think you are in labor or if you think you may have a problem with your pregnancy, call your doctor immediately. Your doctor should see you within three business days of your call or right away if it's an emergency. These are important symptoms that you should pay attention to. Call your doctor at once if you have any of these symptoms. Don't wait for them to go away.

- Discharge, blood or water leaking from the vagina
- Low, dull backache
- Feeling like you're going to start your period (period-like cramping)
- Pelvic pressure (like the baby is pushing down)
- Stomach cramps (you may or may not have diarrhea with this)
- Regular contractions that last for over an hour

Labor

If you are in labor and need a ride to the hospital, call **911**.

Postpartum care and postpartum visits

After you deliver your baby, it's important to see your OB/GYN for a postpartum visit. You should have a postpartum visit within 1-12 weeks (or within 84 days) after having your baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately. They will also discuss your emotions and feelings and answer any of your questions. At this visit, you can also discuss family planning options, services, and supplies (including immediate postpartum long-acting reversible contraceptives). You can then decide what method best fits your needs until you are ready to get pregnant again.

Listen to your body. Sometimes complications can happen after a baby is born. If you experience any of these warning signs, then you should call your doctor right away. These symptoms can happen up to a year after having a baby. Call your doctor if you experience any of these signs and symptoms:

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or the baby
- Changes in your vision
- Fever of 100.4F or higher
- Chest pain, trouble breathing or fast-beating heart
- Pale or clammy (sweaty) skin
- Severe belly pain or shoulder pain, and/or nausea or vomiting
- Heavy bleeding (more than one pad per hour)
- Severe swelling, redness or pain in your leg or arm
- Severe swelling near the vagina or discharge with an unpleasant smell

If you feel like something just isn't right, even if you aren't sure it's serious, call your doctor. Be sure to tell them you were pregnant in the last year. If you are having a medical emergency, call **911**.

Perinatal mood and anxiety disorders

There are many changes that can happen during and after having a baby. Some of those changes can make a person feel sad, anxious, overwhelmed, or confused. These thoughts and feelings may need treatment to get better. If you have these feelings and they last a long time, or if they are severe and cause you to have problems doing normal daily activities, call your doctor right away. They will figure out if your symptoms are caused by prenatal depression, postpartum depression, anxiety, or something else.

Being depressed is more than "feeling down" or having the "blues." It's not because of something they did or didn't do. It's an illness and needs treatment to get better. Be sure to watch for these warning signs during and after the pregnancy. These warning signs can happen up to a year after the baby is delivered. If you need to talk to someone because you are having troubling thoughts, contact your provider or nurse right away. Don't wait to get help. You can also get help from a behavioral health provider. You don't need a referral from the doctor to see them.

If you need help getting behavioral health services, you can contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). For all emergencies, dial **911**.

Mental Health Hotlines

- Arizona's Postpartum Support International Warmline: **1-833-TLC-MAMA (1-833-852-6262)**
- Arizona State Crisis Line: **1-844-534-HOPE (4673) (English/Spanish)**

- Maternal Mental Health Hotline: **1-833-9 HELP4MOMS (1-833-943-5746)**
- National Suicide and Crisis Lifeline: **988**
- Postpartum Support International Warmline: English **1-800-944-4773** or Spanish **971-203-7773**

Healthy Pregnancy Tips

HIV (Human Immunodeficiency Virus)/AIDS testing and sexually transmitted infection (STI) testing: At the first prenatal visit, the third trimester and when the baby is delivered, the doctor or nurse will check for infections (such as HIV) and sexually transmitted infections (such as syphilis and chlamydia). If the test is positive for HIV or any STI, the doctor can help with treatment and counseling services at no cost to you. The sooner these are diagnosed and treated, the better medicines work. Early treatment can help prevent passing these infections to the baby. Providing medicines early can help children with HIV live longer, healthier lives.

Dental care during pregnancy: It's important to take care of your teeth and gums while you are pregnant, so you don't get an infection. Tooth decay (cavities) or infections in the mouth, can cause bad bacteria to travel through your blood and can pass on to your unborn baby. This means that your oral health can directly affect your unborn baby's health. Dental infections can cause a baby to be born early and at a low birth weight. Make sure to add a dental appointment to your pregnancy to-do list. Be sure to talk to your PCP or OB about your oral health and your dental care needs. Your PCP or OB may want to send a referral to the dentist, giving them clearance for treatment. Also, let your dentist know you are pregnant before getting X-rayed. They can give you a special apron to wear that will protect you and your baby.

Nutrition and healthy eating: When pregnant, weight gain is usually about 25 to 35 pounds. If a person becomes underweight or overweight while pregnant, the doctor should help you understand ways to reach and stay at a healthy weight. Some examples are:

- Drink at least 10 cups of liquids every day. Eight of these cups should be water.
- Eat healthy snacks and meals. Instead of eating three big meals a day, try eating five or six small meals and snacks.
- Stay away from raw foods like fish and shellfish, undercooked eggs, soft cheeses, cheeses not made in the United States, unpasteurized milk, and unpasteurized juices.

Physical activity: Physical activity does not have to stop because a person is pregnant, but the type of physical activity may have to change. Talk to your doctor about the level of physical activity that is safe while pregnant.

Getting plenty of sleep: While pregnant, it's common to feel very tired and need more sleep, especially in the first three months of the pregnancy.

Reducing Labor and Birth Interventions: A birth plan is how you share what you want for your baby's birth. A plan makes it easier for your provider to support you. Try to be flexible, as you may change your mind once labor starts. Your doctor may also advise you based on what's best for both of you. Your plan is also subject to what your health plan covers, as well as options at the hospital where you give birth. Be sure to talk to your provider to talk about your birth plan.

A birth plan can include details about:

- The birthing room
- Labor and birth
- Pain relief during labor
- What happens right after birth
- Postpartum care (care for you and baby after birth)

If you are low-risk, there are some things you can do that may benefit you during the delivery process:

- One-on-one emotional care such as a doula (someone trained to provide support during labor)
- Relaxation techniques such as the use of massage and spending time in water in early labor
- Moving freely throughout labor
- Pushing in a comfortable position
- Staying hydrated
- Involving family or a friend for support during the delivery process

Childbirth classes: These classes can help with the pregnancy and delivery. These classes are available at no cost to members. Ask the doctor about available classes or call to sign up for them at the hospital where the baby will be born.

Family planning services and supplies: Ask the doctor about options for family planning services and supplies such as LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives). A couple examples are IUDs and implants. These types of IUDs and implants are convenient, effective, and can help avoid unintended pregnancy. They can usually be done before you leave the hospital. While there are some risks, such as the IUD coming out of the uterus, pelvic inflammatory disease (PID), and the possibility of pregnancy while using them, these risks are very rare. Receiving contraceptives right after delivery is a good way to help prevent a person from getting pregnant again. It's best to wait at least 18 months between pregnancies. This is called birth spacing. Without good birth spacing, babies are more likely to have low birth weight or be born too early.

Low birth weight/very low birth weight: Regular prenatal visits are very important. Babies whose mothers visit the doctors during pregnancy are much more likely to be born healthy, at a healthy weight and to be born

full-term. Going to every OB/GYN appointment is one of the best things you can do to give the baby a healthy start in life.

Elective labor inductions and C-section risks: Scheduling a C-section or inducing labor prior to 39 weeks without a medical need can be dangerous and have risks. Waiting until at least 39 weeks of pregnancy gives the baby the time they need to grow before being born. Major organs are still growing during that time. Sometimes an induction or C-section is medically needed. If it is, the doctor will decide if that is the case.

Prenatal vitamins: When pregnant, the body will need extra help, such as certain vitamins and folic acid (a B vitamin). Folic acid (found in prenatal vitamins) should be taken before and during pregnancy to help prevent birth defects of the brain and spinal cord. Take the prenatal vitamins prescribed or recommended by the doctor. Don't stop taking any medicines without talking to the doctor.

Risky behaviors: Smoking cigarettes, e-cigarettes, vaping, drinking alcohol and using drugs can cause many problems during pregnancy. Quitting can be hard. Be sure to talk to the doctor or seek help from a local treatment center before quitting. There are also other resources available to help, such as ASHLine. For more information, refer to the "Community Resources" section at the back of this handbook.

Prescribed medications and substance use disorders (SUD) during pregnancy: Some prescribed medicines that people take every day are important for their physical and emotional health, even during pregnancy. Opioids are often prescribed by a doctor after an injury or surgery to help take away pain. Taking opioids during pregnancy may cause Neonatal Abstinence Syndrome (NAS). The baby can go through drug withdrawal after birth. Tell the doctor about all medications being taken, even if it's prescribed by another doctor. Babies born with NAS are more likely to have a low birth weight, breathing and feeding problems and seizures.

Dangers of lead exposure to mother and baby: Lead exposure during pregnancy can cause miscarriage, pre-term birth, low birth weight and developmental delays. Lead poisoning can pass from a pregnant woman to their baby. A person with lead poisoning might look and feel healthy with no signs of illness, but they still need to be treated. Talk to the doctor about getting a simple blood test used to detect lead poisoning.

Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID): SIDS/SUID is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS/SUID. Prevent this by putting the baby to sleep on a firm surface. Some other ways to practice safe sleeping is to not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins, or other soft bedding in the crib.

Breastfeeding: Breastfeeding is the best source of food a baby can get during their first six months to one year of life. Breastfeeding can help provide immune support for the baby. A breastfeeding education packet is sent to members once Mercy Care learns the member is pregnant. The packet provides information, such as when and where to get help, the importance of breastfeeding, how to get started, the effects medicine can have on breastfeeding and when to return to work or school. **Breast pumps are available at no cost to you. If you need assistance with getting a breast pump please call Mercy Care Member Services.**

Women, Infants and Children (WIC): WIC is a program that provides food, breastfeeding education, information about healthy eating and peer counseling. WIC has been shown to improve birth weight, reduce pre-term deliveries and improve the birth weight of babies. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

Community-based resources: There are services are available to help support a healthy pregnancy and a healthy baby. There are programs

such as Women, Infants and Children (WIC), Strong Families AZ home visitation programs, the Arizona Department of Health Services (ADHS) Breastfeeding Hotline, the Birth to Five and Fussy Baby Program Helpline, Arizona Smokers' Helpline (ASHLine), Early Head Start/Head Start, Vaccines for Children (VFC), and more. For more information, refer to the "Community Resources" section at the back of this handbook or call Mercy Care Member Services.

Human Immunodeficiency Virus (HIV) testing

HIV is the virus that causes AIDS. Private, voluntary HIV testing is available to all members. You can get tested at your PCP or at your OB/GYN office. There is no cost for testing and treatment. The sooner HIV is diagnosed and treated, the better medicines work. You can speak to your PCP or OB-GYN to get tested and about your results. Your doctor can also help you get treatment and counseling. Counseling is available for members who test positive.

Family planning services and supplies

Family planning services and supplies are administered by Aetna Medicaid Administrators, LLC. They are covered at no cost to you. Family planning services and supplies are available to members of reproductive age, regardless of gender, who voluntarily choose to delay or prevent pregnancy. You don't have to get a referral before choosing a family planning provider. Members may choose to get family planning services and supplies from any appropriate provider, whether they are in Mercy Care's provider network or not. It's important to keep these appointments to help the provider identify health conditions and prevent problems before they occur.

Family planning services and supplies are often discussed during an EPSDT visit, well visit or a woman's wellness visit and the discussions should be age appropriate. During these visits, providers should provide you with

accurate information, education, and counseling which will allow you to make an informed decision about the specific family planning methods that are available to you. To help provide additional information. we will also send you some educational information on the family planning services and supplies that are available to you. The covered family planning services and supplies that are available to you include medical, surgical, lab services, imaging, medications, and contraceptive devices. Examples of covered services have been listed below for your reference.

Talk to a healthcare provider about available family planning services and supplies, which include:

- Natural family planning education or a referral to a qualified health professional
- Contraceptive counseling
- Emergency oral contraceptives within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, does not fall into this category)
- LARC (long-acting reversible contraceptives)
- IPLARC (immediate postpartum long-acting reversible contraception)
- Injectable contraceptives
- Intrauterine devices (IUDs)
- Subdermal implantable contraceptive (implanted under the skin)
- Birth control pills
- Vaginal rings
- Foams and suppositories
- Condoms
- Diaphragms
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
- Hysteroscopic tubal sterilization/vasectomy. (This is not effective instantly. During the first three months, you must continue to use another form of birth control to prevent pregnancy). At the end of three months, it’s expected that a hysterosalpingogram/sperm count

will be performed to confirm that the member is sterile. Members under 21 are only covered if they meet specific medical criteria and there is documentation of informed consent.
- Testing for sexually transmitted infections (STIs) regardless of gender. This includes counseling and treatment if the results are positive.
- Pregnancy testing
- Medical and lab exams, and imaging including X-rays and ultrasounds related to family planning.
- Treatment of complications resulting from contraceptive use, including emergency treatment
- Medications for medical conditions that are related to family planning or other medical conditions.

The following are **NOT** covered family planning services:
- Infertility services, including diagnostic testing, treatment, or reversal of surgical infertility.
- Pregnancy termination counseling.
- Pregnancy terminations.
- Hysterectomies for the purpose of sterilization.

Long-acting contraceptives

LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives) are convenient and effective, and they can help people avoid unintended pregnancy. A couple examples are IUDs and implants. While there are some risks, such as the IUD coming out of the uterus, pelvic inflammatory disease (PID), and the possibility of pregnancy while using them, these risks are very rare.

Interconception (Birth Spacing)

If you are pregnant or if you have just delivered a baby, then talk to your doctor about getting LARC or IPLARC. They can usually be given to you before you leave the hospital. Receiving contraceptives right after delivery is a good way to help prevent you from getting pregnant right away. Taking

time between pregnancies is good for you and for your baby. It's best to wait at least 18 months between pregnancies. This is called birth spacing. Without good birth spacing, babies are more likely to have low birth weight or be born too early.

Important family planning and safe sex reminders

Abstaining from sex is the best way to avoid infections and pregnancy. Another way to prevent a person from getting pregnant is to use birth control. Physical exams and lab tests may be needed before starting birth control. Regularly scheduled checkups may also be needed. Birth control such as spermicidal foams, jellies, suppositories, or creams may help prevent pregnancy, but they don't protect a person from diseases that they can get from having sex. Condoms may prevent some diseases that people can get by having sex. If sexually active, make sure to protect yourself during sex and get tested for sexually transmitted infections (STIs) regularly.

Your family planning appointment

You may seek family planning services and supplies without your PCP's approval by doing the following:

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, but they don't have to be. You don't need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. If you need transportation, you must call Member services three days prior to your appointment.
4. Keep the appointment. Show the provider your Mercy Care member ID card.
5. At the appointment, talk about your available options for family planning services or supplies.

6. You will not be billed for the visit, and you don't have to pay a copay. If you are asked to pay a copay or billed for the visit, call Member Services.
7. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

Assistance with scheduling of appointments or transportation

If you need help making a family planning visit appointment, you can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

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 services

Dental services for members under 21 years of age

Tooth decay can occur at any age including in the baby teeth, so it's important to start dental care at an early age and continue regularly. Two routine preventive dental visits, which includes two dental cleanings and two fluoride treatments, are covered per year with their dentist. These visits help ensure the long-term health of a child's teeth, gums and overall health. Visits to the dentist must take place within six months and one day after the previous visit. Your child should have their first dental visit by one year of age or when the first tooth erupts. This first visit is known as a dental well-child checkup, and it also helps to establish a Dental Home for future care. Members under 21 years of age don't need a referral for dental care and there is no copayment or other charge for covered dental services and routine preventive dental care.

Members under 21 years of age may receive emergency, preventative, and therapeutic dental services. Some of these services may have age restrictions, limitations and may require prior authorization. Below are examples of some dental services covered for members under 21 years of age:

- Emergency dental services which include treatment for pain, infection, swelling, and/or injury, pulling or restoring symptomatic primary teeth, and sedation when the member requires it.
- Preventative dental visits and services such as fluoride, X-rays, panorex films, teeth cleanings, dental sealants, and space maintainers.

- Therapeutic dental services (with limitations and required approvals) include services such deep cleanings, root canals, crowns, treating cavities on permanent teeth, dental prosthetics, and braces. Braces are only covered if the PCP and dentist create a treatment plan and find them to be medically necessary. Braces are not covered for cosmetic reasons.

Members under 21 years of age also receive oral health screenings, dental referrals, and fluoride varnish treatments through their PCP during their EPSDT visits. See the EPSDT Services section for details.

Dental homes for members under 21 years of age

Mercy Care assigns all members under 21 years of age to a "dental home" on enrollment. A dental home is where you and a dentist work together to best meet your dental health needs. Having a dental home builds trust between you and the dentist. It's a place where you or your child can get regular, ongoing care – not just a place to go when there is a dental problem. A "dental home" may be an office or facility where all dental services are provided in one place. The dental home should also provide you with education on proper oral health care, dietary counseling, information on dental disease as well as provide referrals to dental specialists when care cannot be directly provided within the dental home. You can choose or change your assigned dental provider at any time. If you need help or have questions about the dental home you are assigned to, you can call Member Services. They can help you with the following:

- Find the name, address and phone number of the dental home.
- Change the dental home provider.
- Help you find a different dental home provider who is in-network.
- Help you make dental appointments.
- Arrange transportation to or from the appointment.

$1,000 emergency dental benefit for members 21 years of age or older

Routine dental services are not covered for members 21 years of age or

older. Covered dental services include examining the mouth, X-rays, care of fractures of the jaw or mouth, giving anesthesia and pain medication and/or antibiotics. The diagnosis and treatment of TMJ (Temporomandibular Joint Dysfunction) is not covered except to reduce trauma. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered.

**This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services or Tribal 638 Facility (IHS/638)*

**Tribal members with a Serious Mental Illness (SMI) designation who are enrolled with the Mercy Care have an enhanced dental benefit which covers routine dental services in addition to the emergency dental benefit.*

Dental services for DD/ALTCS members 21 years of age or older

DD/ALTCS members 21 years of age or older may receive medically necessary dental benefits, including dentures, up to $1,000 per contract year (October 1 to September 30).

For DD members 21 years of age or older who live in Intermediate Care Facilities (ICFs), there is no annual dollar maximum for covered dental services.

**This dental limit doesn't apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services or Tribal 638 Facility (IHS/638).*

Dental providers

All dental services need to be provided by a provider contracted with Mercy Care. You may need approval to get some dental services. This

is called prior authorization. If you need approval for a service, the contracted provider will submit the request. You can choose or change your assigned dental provider at any time.

To find a dental provider, you can visit **mercycareaz.org** and select "Find a provider or pharmacy" at the top right of the screen. Then scroll down to "Find local care" under this there is a link "Find a dentist." If you need help finding a dental provider, call Member Services at **602-263-3000** or **1-800-624-3879**.

Making, changing or cancelling dental appointments

If you have questions, need help setting an appointment or if you need a ride to the appointment, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). If you need to change or cancel your dental appointment or your child's dental appointment, call the dental provider 24-48 hours in advance.

Emergency dental phone or video visits

Mercy Care members have access to a dentist 24 hours a day, seven days a week, year-round. You can talk to a dentist by phone or video on your smart device when you need emergency dental care. A dental emergency can be a chipped or broken tooth, tooth pain, face swelling or bleeding. You can search for an emergency dental provider using our "Find a Provider" directory at **mercycareaz.org**. You can also contact your current dentist to see if they offer emergency dental services.

Teledentistry

Teledentistry services are available to Mercy Care members who are under 21 years of age. Limited services are available and cannot replace a periodic or full dental exam. Check with your dentist about teledentistry services they offer. You can also call Mercy Care Member Services for

help. They are available at **602-263-3000** or **1-800-624-3879** (TTY 711) between 7 a.m. and 6 p.m., Monday through Friday. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Disease management services

Mercy Care offers coordination for help with a chronic condition as an optional part of your regular benefits. It's provided at no cost to you. If you choose to participate, you may receive mailed information about your condition. One of our Care Managers may work with you and your doctor to give you more information on what your condition means to your everyday life. You will also receive the names and contact numbers for resources in your community that can help you manage your illness. The Care Manager can work with you to put together a care plan to help you meet your goal of feeling better. They can even help you with things like understanding emergency care after a hospital stay and quitting tobacco.

If you would like more information, or to join one of these programs, call Member Services. They are available at **602-263-3000** or **1-800-624-3879** (TTY 711) between 7 a.m. and 6 p.m., Monday through Friday. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Otherwise, to leave a message for the Care Management team, call **602-453-8391** and someone will return your call the next business day.

Care management services for special health needs

Mercy Care has many health programs to help members with special health needs. For example, we have condition management programs for members with Autism, HIV/AIDS, Neonatal Abstinence Syndrome (NAS), transplants and other chronic conditions. Care managers may reach out to coordinate care for members with behavioral health conditions, developmental issues, a high-risk pregnancy or other serious illnesses.

Mercy Care staff can help manage your health care by working with you and community and state agencies, schools and your doctor.

Pharmacy services

To learn about our pharmacy management updates, visit the links below. You can find out which drugs are covered and anything you must do to get them. You can find out what your doctor needs to do if you need a medication that isn't covered. You can learn about when you might get a generic medication instead of a name brand. You can learn about the process for trying other medications instead of one your provider selected. This is also known as therapeutic interchange and step-therapy protocols. You can also learn about any limits and quotas, formulary updates, copayments, and more.

- ACC-RBHA members: **mercycar.es/a-pharmacy**
- ACC-RBHA members with a SMI designation: **mercycar.es/r-pharmacy**
- DD members: **mercycar.es/d-pharmacy**

Prescriptions

If you need medicine, your doctor will choose one from Mercy Care's list of covered medications (called a formulary) and write you a prescription. Mercy Care's list of covered medicines is reviewed and updated regularly by doctors and pharmacists to make sure you receive safe, effective medicines. If you want a copy of the list, call Mercy Care Member Services or go to our website at **mercycareaz.org** for the most up-to-date list. Some over the counter (OTC) medicines are covered when your doctor writes you a prescription. Ask your doctor to make sure the medicine is on the Mercy Care list of covered medications.

If your medicine is not on the list of covered medications and you cannot take any other medicines except the one prescribed, your doctor may ask Mercy Care to make an exception. If you are at a pharmacy and the

pharmacy tells you that Mercy Care will not pay for your medication, call Member Services right away. Don't pay out of your own pocket for this medicine. Mercy Care may not be able to pay you back. Some medications have limits or require the doctor to get approval from Mercy Care.

You may have to pay a part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section "Copayments."

If you have other insurance (not Medicare), Mercy Care will pay the copayments only if the medication is also on the Mercy Care medication list. The pharmacy should process the prescriptions through Mercy Care. Don't pay any copayments yourself. Mercy Care may not be able to pay you back. See the section "Dual-eligible members: payment for medications" for more information.

Pharmacies

All prescriptions must be filled at a pharmacy in Mercy Care's network. If you need pharmacy services after-hours, on weekends or holidays, some pharmacies are open 24 hours a day, 7 days a week. You can find a network pharmacy on our website at **mercycareaz.org**. Or you can call Member Services for help at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

You can find a list of pharmacies in the Mercy Care Provider Directory. Visit our website at **mercycareaz.org** and select "For Members" under Mercy Care Complete Care or Developmental Disabilities. You'll see "Find a Pharmacy" in the upper right corner of the screen.

If you have any questions or trouble filling a prescription while you are at the pharmacy, contact Mercy Care. Mercy Care Member Services can help you with your prescriptions Monday through Friday from 7 a.m. to 6 p.m.

If you have questions or problems outside the Mercy Care business hours, you can call the Mercy Care 24-hour Nurse Line at **602-263-3000** or **1-800-624-3879** (TTY 711) and select the option for the Nurse Line. Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711), 24 hours a day, 7 days a week.

What you need to know about your prescription

Your doctor or dentist may give you a prescription for medication. Be sure to let your doctor know about any medications you get from another doctor or nonprescription or herbal medications that you buy. Before you leave the office, ask these questions:

- Why am I taking this medication? What is it supposed to do for me?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication and what should you do if a side effect happens?
- What will happen if I don't take this medication?

Carefully read the medication information from the pharmacy when you fill your prescription. It has information on things you should and should not do. It will also list possible side effects of the medication. If you have questions, be sure to ask your pharmacist.

e-Prescribing

Many doctors can now electronically send prescriptions directly to pharmacies. This can help save you time and an extra trip. Ask your doctor if e-Prescribing is an option for you.

Refills

If you live in a nursing home, group home or assisted living facility, the staff will manage your medications for you and get your refills.

The label on your medication bottle tells you the number of refills your doctor has ordered for you. If your doctor has ordered refills, you may only

get refills one at a time for each prescription. Mercy Care covers up to a 30-day supply for medications. If the medication is for a chronic illness, Mercy Care may cover up to a 90-day supply. But if you get Non-Title 19/21 services, you can only get a 30-day supply on medication – even for chronic illness.

If your doctor has not ordered refills for you, be sure to call their office at least five days before your medicine runs out to request a refill. Your doctor may want to see you before giving you a refill.

Diabetes testing supplies

If you have diabetes, Mercy Care covers certain blood glucose meters and test strips. See Mercy Care's medication list for meters and test strips that are covered. If you need a meter and test strips, ask your doctor to write a prescription for you. You can pick up your meter and test strips at a pharmacy listed in your Mercy Care Provider Directory.

Mail order prescriptions

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Care works with a pharmacy to give you this service. You can get mail order prescription service at no cost to you.

If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery:

- Pharmacists check each order for safety
- You can order refills by mail, by phone, online or you can sign up for automatic refills
- You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week

To request a mail order refill order form, call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

You can also register online with CVS Caremark at **www.caremark.com/wps/portal/REGISTER_ONLINE**. Once registered, you will be able to order refills, renew your prescription and check the status of your order.

Specialty pharmacy services

Some conditions that need specialty medications include:

- Cancer
- Immune deficiency
- Multiple Sclerosis
- Rheumatoid arthritis

If you have a prescription for a specialty medication, it will be filled by CVS specialty® pharmacy. At CVS specialty® you can:

- Talk to a pharmacist 24 hours a day, 7 days a week
- Get counseling about your drug and disease
- Get delivery of specialty drugs to your home or doctor's office at no cost to you
- Drop off your prescription and pick up your drug at any CVS Pharmacy (including those inside Target stores)

You can call CVS specialty® toll-free at **1-800-237-2767**;
TTY: **1-800-863-5488**. CVS specialty® will help you with filling your specialty drug.

Exclusive prescriber program

Mercy Care has an exclusive prescriber program. This program is to better support members who are taking habit-forming drugs. In large amounts,

habit-forming drugs can be dangerous. If you have more than one doctor prescribing habit-forming drugs, it can hurt you if the doctors don't talk with each other. You may be enrolled in the exclusive prescriber program if the following have been true for you:

- You have been seeking early refills of habit-forming drugs.
- You have had four or more doctors; and have been prescribed four or more different drugs that can be habit-forming; and have filled drug prescriptions at four or more drug stores in a three month time period.
- You have received 12 or more prescriptions of habit-forming drugs in the past three months.
- You have presented a forged or altered prescription to your drug store.
- You have been identified by prescription claims from Indian Health Services (IHS) when available.
- You have been identified by claims to regularly overuse or misuse habit-forming drugs.
- Your pain is not a short-term problem.
- You have had more than three emergency room (ER) visits in six months for pain, migraines or lumbago.
- You have been to the hospital for an overdose within the past six months.
- You have violated a pain contract or care management agreement related to pain issues.
- You have asked for more than three PCP changes in the past year.
- Reports by the drug store, family or someone else that you pay cash to get extra medications.

Mercy Care will let you know in writing 30 days before you are enrolled in the exclusive prescriber program. When you are enrolled in the exclusive prescriber program Mercy Care will assign you to just one doctor and one pharmacy. This doctor will be responsible for the prescribing and oversight of habit-forming drugs. This pharmacy will be the only pharmacy you will be able to fill these drugs at. Mercy Care will only pay for habit-forming drug prescriptions written by this one doctor and filled at this one

pharmacy. This applies to drugs written at discharge from the emergency room or hospital.

We will also work with you and the doctors who order your drugs to make sure you are only taking the drugs you need. This will be in effect for up to a 12-month period. We will review your records after 12 months and let you know if the program will be continued. If you don't agree with this decision, you may submit a written request for a State Fair Hearing. If you are currently receiving treatment for cancer, are in hospice care, reside in a skilled nursing facility for custodial care or if you have Medicare, you shall not be subject to the exclusive prescriber program requirements.

Referral process for obtaining a SED identification

The Serious Emotional Disturbance (SED) identification process applies to individuals up to age 18. In the past year the individuals will need to have met criteria for a mental disorder and display functional impairment that substantially interferes or limits their functioning in a family, school, employment, or community environment.

Effective March 28, 2025, to be eligible for an SED identification, a child or adolescent under the age of 18 must have a qualifying diagnosis and functional impairment caused by the qualifying diagnosis. The identification process will include the following steps:

1. A qualified clinician completes a comprehensive assessment no later than seven (7) business days after a request for SED identification is made, unless there is a current (within the previous six months old) assessment that supports the qualifying diagnosis and functional impairment.
2. The qualified clinician completes a Child and Adolescent Level of Care Utilization System (CALOCUS) assessment tool (only levels of care 2, 3, 4, 5, or 6 qualify as SED) to indicate functional impairment. Note: The CALOCUS tool is not required for children aged 5.

3. The qualified clinician completes a Serious Emotional Disturbance (SED) Identification/Removal of Identification Request Form to AHCCCS.
4. AHCCCS will update the Behavioral Health Category within three (3) business days. The provider/qualified clinician will communicate to the guardian when the SED identification is updated in the AHCCCS System.

For more information about getting a SED designation, you can call Mercy Care Member Services. You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

Referral process for obtaining a SMI designation

Serious Mental Illness (SMI) is a description used in Arizona for people who need additional support because their mental health impacts their ability to function. Additional services available to those who have a SMI designation can include housing services, assistance from human rights advocates, case management, Assertive Community Treatment (ACT) and more. The SMI diagnoses considered are:

- Psychotic disorders
- Bipolar disorders
- Obsessive-compulsive disorders
- Depressive disorder
- Mood disorders
- Anxiety disorder
- Post-Traumatic Stress Disorder
- Personality disorders
- Dissociative Disorder

To be eligible for SMI services, a person must have both a SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Adults receiving general mental health or substance use services must be

regularly screened for SMI and Transition aged youth (TAY) must be screened as part of their transition into adulthood.

Members that don't have a PCP can call Mercy Care Member Services to set up a SMI determination screening. A member's guardian legal representative can also make the request. If a hospital requests an evaluation, it's considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

Members must be at least 17 and a half years of age to have a SMI evaluation. SMI evaluations must be completed within seven business days of the SMI determination referral request. Providers then send their SMI evaluation packets to the determining entity to make the final SMI determination. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member's right to appeal the decision.

For more information about getting a SMI designation, you can call Mercy Care Member Services. You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

Behavioral health services

Behavioral health services can help you with personal mental health or emotional challenges that may affect you and/or your family. These challenges may include but are not limited to depression, anxiety, attention deficit hyperactivity disorder (ADHD), drug use and/or alcohol use.

Your PCP may be able to help you if you have certain mental health conditions that are within their scope of practice to treat. PCPs may give you medicine, watch how the medicine is working and order different tests to determine the best course of action to address your condition. If you

would like your PCP to help manage your behavioral or mental health, call your PCP directly.

You don't need a referral from your PCP for behavioral health services. If you would like behavioral health services, call the behavioral health provider directly to set up an appointment. You can also call Member Services for help with finding a behavioral health provider.

Behavioral health services you may be eligible for include:

- Behavior management (personal care, family support/home care training, peer support)
- Behavioral health case management services
- Counseling services (individual, family, group, couples, trauma)
- Eating disorder treatment
- Emergency behavioral health care (crisis services)
- Emergency and nonemergency transportation to behavioral health appointments
- Evaluation and assessment
- Inpatient psychiatric hospital services
- Intensive outpatient treatment
- Nonhospital step-down psychiatric facilities services (subacute facilities)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Partial care (supervised day program, therapeutic day program and medical day program)
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations) *For DD members, this may be in combination with respite hours through the Division of Developmental Disabilities.

- Substance use treatment.
- Medications for Opioid Use Disorder (MOUD) for alcohol and opioid use (combination of medications, counseling and behavioral therapies).
- Residential substance use treatment.
- Rural substance use transitional agency services.
- Therapeutic Foster Care (formally known as home care training to home care clients).

Members enrolled with DDD ALTCS, your behavioral health services including members with a SMI designation are provided to you through Mercy Care.

Getting covered behavioral health services for members with a SMI designation

We outlined the behavioral health services earlier in this member handbook. You can get those behavioral health services based on three things:

- Your need.
- Your insurance coverage.
- Your provider's approval, if required.

You decide with your provider or clinical team what services you need. Your provider or clinical team can ask Mercy Care for approval of a service for you. Mercy Care may deny the request for approval. If Mercy Care denies the request for services, you can file an appeal. For more information on filing an appeal, see the section "Grievances and appeals."

You and your provider may not agree about the services you need. If you feel you need a service and your provider does not, you can contact Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY **711**).

Behavioral health emergencies

If you think you might hurt yourself or someone else, call **911**. The crisis line is **988**, and is available for a behavioral health crisis. For example, call the crisis line if you or someone else is talking about or thinking about suicide or if you or someone else is in a violent or threatening situation.

State and national crisis lines:

- National suicide and crisis lifeline: Dial **988**.
- Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**; **TTY: 602-274-3360** or **1-800-327-9254**.
- Fort McDowell Yavapai Nation: **480-461-8888**
- Gila River and Ak-Chin Indian Communities: **1-800-259-3449**.
- Navajo Nation: **928-551-0508**
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- Salt River Pima Maricopa Indian Community: **1-855-331-6432**.
- San Lucy District of the Tohono O'odham Nation: **480-461-8888**
- Tohono O'odham Nation: **1-844-423-8759**.
- Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**
- White Mountain Apache Tribe: **928-338-4811**
- Fort McDowell Yavapai Nation: **480-461-8888**
- Navajo Nation: **928-551-0508**
- Yuma counties and the San Carlos Apache Tribe: **1-866-495-6735**.
- Veterans Crisis Line: **988**, press **1**
- National crisis text line: Text **HOME** to **741741** about any type of crisis or visit **http://www.crisistextline.org**
- Teen Lifeline: Call or text **602-248-TEEN (8336)**

Warm Lines: Warm Line specialists offer peer support for callers who just need someone to talk to and/or need help finding community support services. The Warm Line is a no-cost, confidential phone service staffed by peers who have personally dealt with behavioral health issues. Warm Line

staff can relate to behavioral health situations because many have been through similar experiences.

- Northern Arizona is open 7 days a week from 4:30 to 10:30 p.m.: **1-888-404-5530**
- Central Arizona is open 24 hours a day, 7 days a week: **602-347-1100**
- Southern Arizona is open 7 days a week from 8 a.m. to 10 p.m. (holiday hours are 8 a.m. to 6 p.m.)
    - Pima County: **520-770-9909**
    - Cochise, Graham, Greenlee, La Paz, Santa Cruz and Yuma counties: **1-844-733-9912**

Quick tips about behavioral health services

- You **don't** need a referral for behavioral health services.
- If you have any questions about behavioral health services, call Mercy Care Member Services

Pyx Health: No one should go through life's challenges alone. That's why we're giving you access to the Pyx Health app. You can speak to helpful humans over the phone about Mercy Care and resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, in the app 24/7 when you need a friend for support. Get the app at **www.hipyx.com**.

Behavioral health advocacy resources

Arizona has many advocacy groups and resources available to assist you with a variety of behavioral health needs. These include:

- Arizona Coalition to End Sexual & Domestic Violence: **602-279-2900** or **1-800-782-6400**
- Arizona Center for Disability Law, Phoenix location: **602-274-6287** or **1-800-927-2260**
- Arizona Center for Disability Law, Tucson location: **520-327-9547** or **1-800-922-1447**

- Childhelp National Child Abuse Hotline: **1-800-422-4453**
- Mental Health America of Arizona: **602-214-9507**
- National Alliance on Mental Illness (NAMI): **602-244-8166**
- National Alliance on Mental Illness of Southern Arizona: **520-622-5582**
- National Alliance on Mental Illness of Payson (Gila County): **928-301-9140**
- National Alliance on Mental Illness of Pinal County: **520-414-7173**
- National Domestic Violence Hotline: **1-800-799-7233**

Alcoholics Anonymous:

Mesa – East Valley Intergroup Inc.
Main: **480-834-9033**
www.aamesaaz.org

Peoria – Agua Fria Intergroup
24-hour hotline: **623-937-7770**
Main: **623-937-7836**
www.aawestphoenix.org

Phoenix – Salt River Intergroup, Inc.
24-hour hotline: **602-264-1341**
Main: **602-264-1374**
www.aaphoenix.org

Additional meeting information can be found at:
Narcotics Anonymous – **http://www.arizona-na.info**
Alcoholics Anonymous – **http://aaphoenix.org/meetings**

Arizona's Vision for the Delivery of Behavioral Health Services
In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve

success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.

The 12 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 evaluation 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,
    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, and

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

Mercy Care has contracted with multi specialty interdisciplinary clinics to provide health care for children with special needs who are enrolled in the Children's Rehabilitative Services (CRS) program. These clinics offer primary and specialty care in a single location. The range of available specialties include Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics and Neurology.

Clinic name	Areas of specialization
Children's Clinics for Rehabilitative Services Square & Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712 **520-324-5437** **1-800-231-8261**	Anesthesia, Behavior Analysis/Psychology, Cardiology, Dental and Orthodontia, Development Pediatrics, Endocrinology, ENT, Gastroenterology, Genetics, Hematology, Nephrology, Neurology, Neurosurgery, Orthopedics, Ophthalmology, Optometry, Pediatrician (PCP), Pediatric Dermatology, Pediatric Palliative Care, Pediatric Surgery, Physical Medicine, Plastic Surgery, Pulmonology, Rheumatology and Urology
Yuma Regional Medical Center Children's Rehabilitative Services Tuscany Medical Plaza 2851 South Avenue B Building 25 #2504 Yuma, AZ 85364 **928-336-2777** **1-800-837-7309**	Audiology, Behavioral Health, Cardiology, Comprehensive Assessments, Craniofacial (Cleft Lip & Palate), Ear, Nose and Throat, Endocrinology, Gastroenterology, Nephrology, Neurology, Nutrition, Ophthalmology, Orthopedic, Physical Therapy, Psychiatry, Speech Therapy, Urology and Wheelchair Services
Flagstaff Medical Center Children's Health Center 1200 North Beaver St. Flagstaff, AZ 86001 **928-773-2054** **1-800-232-1018**	Pediatrician (PCP), Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Nephrology, Pediatric Orthopedics, PT, ST, Pediatric Urology and Wheelchair/Seating

You can make, change or cancel appointments directly with the multi-specialty interdisciplinary clinic by calling them. The phone numbers for the clinics are listed above.

Children's Rehabilitative Services (CRS)

What is CRS?

Children's Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS-covered services as non-CRS AHCCCS members. They are able to get care in the community or in clinics called Multi-Specialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. Your health plan will assist a member with a CRS designation with closer care coordination and monitoring to make sure special health care needs are met.

Eligibility for a CRS designation is determined by the AHCCCS Division of Member Services (DMS).

Who is Eligible for a CRS Designation?

AHCCCS members may be eligible for a CRS designation when they are:

- Under age 21, and
- Have a qualifying CRS medical condition.
- Legally living in Arizona

The medical condition must:

- Require active treatment, and
- Be found by AHCCCS DMS to meet criteria as specified in R9-22-1301-1305.

Anyone can fill out a CRS application including a family member, doctor or health plan representative. To apply for a CRS designation mail or fax:

- A completed CRS application.
- Medical documentation that supports that the applicant has a CRS qualifying condition that requires active treatment.

Mail the documentation to:

Mercy Care
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

You can fax documentation to:

Mercy Care Member Services
Fax: **1-844-424-3975**

Mercy Care will provide medically necessary care for physical and behavioral health services and care for the CRS condition.

What happens if you have a CRS diagnosis?

*Our Mercy Care CRS Liaison will get the needed medical records and send a referral to the AHCCCS CRS Enrollment Unit.

*If enrolled into CRS, you will have a CRS designation and all your care will be provided by Mercy Care. Including but not limited to:

- Care management
- Primary care services
- Behavioral health services
- Home health specialty services
- Durable Medical Equipment (DME) services

CRS Multi-Specialty Interdisciplinary Clinics (MSICs)

Members with CRS qualifying diagnosis(es) are assigned to a Multi-Specialty Interdisciplinary Clinic (MSIC). The MSIC is you or your child's assigned health home. This is one location where a member with a CRS diagnosis can see all their medical specialists, benefit from community involvement and receive support services. At the MSIC, you and your family can meet face-to-face with your care team to get medical care, behavioral health care services and be a part of your care plan development.

Each MSIC is open Monday through Friday from 8 a.m. to 5 p.m. You will receive a welcome call from a Care Management team member to tell you more about CRS benefits and help you schedule your first CRS appointment. You can contact your assigned MSIC to schedule or cancel your appointment.

CRS care team

The CRS Program uses a team approach to provide your care. Exactly who will be on your team depends on your special health care needs. Get to know who is on your team so you can talk to them about your care and services. Health providers on your team could be:

Surgeons:

- Cardiovascular and thoracic surgeons
- General pediatric surgeons
- Ear, nose and throat (ENT) surgeons
- Neurosurgeons
- Ophthalmology surgeons
- Orthopedic surgeons (general, hand, scoliosis or amputee)
- Plastic surgeons

Medical specialists:

- Cardiologists
- Neurologists
- Rheumatologists
- General pediatricians
- Geneticists
- Urologists
- Primary Care Providers

Behavioral health care providers and services:

- Psychiatrists
- Psychologists
- Residential care facilities
- Peer support
- Crisis services
- Inpatient services
- Counseling (individual, couples, family or group)
- Child and Family Team
- Behavioral health day program
- Community mental health centers
- Substance use (assessment, counseling or medication therapy)

Dental providers:

- Dentists
- Orthodontists
- Dental hygienists

You can invite others to be on your team if you would like. Talk to your specialty clinic nurse to find out how to invite someone to be on your team.

Can I stay in CRS after age 21?
Enrolled CRS members will lose their CRS designation the month of their 21st birthday. However, your providers and care will not change. Mercy Care will continue to be your AHCCCS Plan for all your health care needs.

If you have questions about your CRS benefits or services, you can call Member Services Monday through Friday from 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Member Councils

At Mercy Care you can take part in conversations about how we serve the community and provide care. We're looking for people to engage and take an active role in helping us improve services for members. You can learn about all our committees listed below:

Governance Committee
Receives feedback from all other committees to evaluate contract performance. Carries out strategic direction of the board.

Member Advocacy Committee
Serves as the voice of the member receiving physical and/or behavioral health services. Discusses accessing services and evaluates program needs from a member's perspective.

Cultural and Linguistically Appropriate Services (CLAS)/ Cultural Competency
Makes sure CLAS standards are met. Establishes outreach strategies to increase access of services for at-risk populations.

Youth Leadership Council
Brings youth from various backgrounds together to talk about care issues and outreach opportunities.

Foster, Adoptive Kinship Care Workgroup
Provides guidance and expertise on the needs and communication methods to foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with child welfare and/or those who have been adopted.

If you're interested in serving on a Mercy Care council or committee, go to our website at **mercycareaz.org/committees.html**, or you can email **OIFATeam@mercycareaz.org**. You can also write to Mercy Care OIFA at:

Attn: OIFA
Mercy Care Committees
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Important information

Restrictions on freedom of choice among providers

Although Mercy Care assigns you to a PCP, you have the freedom to choose your own provider. **You should always choose a network provider.** If you don't see a network provider, you may have to pay for services received from a provider outside of Mercy Care's network. And,

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

1. A service that your provider did not set up or approve.
2. A service that is not listed as a covered service in this handbook.
3. A service that you receive from a provider outside of the provider network without a referral or approval from Mercy Care.

Copayments (for ACC-RBHA members with or without a SMI designation)

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 AAC 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 (QMBs),
- People who receive hospice care,
- American Indian members who are active or previous users of the Indian Health Service (IHS), 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 health care and health care 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, and
- 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 Mercy Care member services representative. You can also check the Mercy Care 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
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, 150 N. 18th Ave., Mail Drop 15019, Phoenix, Arizona 85007*.

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.

Members with a SMI designation are not subject to copays for Medicaid services.

Members who are enrolled in DDD are not subject to copays for Medicaid services. DDD will decide what your share of cost will be based on your income and certain expenses.

Share of cost and/or Room and Board

AHCCCS will decide what your share of cost (SOC) will be based on your income and certain expenses. They will send you a notice telling you the amount if they determine you have this cost. If you live in a nursing home, the nursing home will collect your SOC from you every month. If you live in an alternative residential setting or assisted living facility you will have to pay "Room and Board" to the facility each month. You may also have a SOC that AHCCCS has set. If you receive Home and Community-Based Services (HCBS) services, you live at home or an assisted living facility, and AHCCCS determines you do have a SOC, Mercy Care will collect the money from you or your representative.

Getting bills for services

When can you be billed for services?

Talk to your doctor about payment options before getting any health care services that are not covered. Remember, if you ask for a service that is not a covered benefit and you sign a statement agreeing to pay the bill, you will have to pay the bill.

What if you get a bill for services?

If you receive a bill for a covered service:

- Don't pay the bill yourself.
- Call the provider right away.

- Give them your insurance information and Mercy Care's address.

  Mercy Care
  4750 S. 44th Place, Ste. 150
  Phoenix, AZ 85040

- If you still get bills after giving the provider your health care information, call Mercy Care Member Services for help.
- Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Care. Then ask the provider to pay you back. If they refuse to pay you back, Mercy Care may be able to help you. You can send your paid receipts to Mercy Care Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care within 150 days from the date you received the service.
- You should not pay for covered services or medicines after you have joined Mercy Care.

Other health insurance

If you have other health insurance, here are some important things to know.

- Call Mercy Care Member Services to provide Mercy Care with the name, address and phone number of your other health insurance provider. Knowing this will help us work with the other insurance provider. You can contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
- Before you receive any health care services, show the doctor, hospital or pharmacy your member ID card for your other health insurance and show them your Mercy Care member ID card. This will help your doctor know where to send your claims.

- Your other health insurance pays for your health care expenses **FIRST**. After they pay, Mercy Care will pay its part.
- Call Mercy Care Member Services to provide Mercy Care with the name, address and phone number of your primary insurance provider.
- Choose providers who work with both your other health insurance plan and Mercy Care if possible. This will help us coordinate payments.
- If your provider is not part of the Mercy Care provider network, we may still be able to help you with your copayments for services that are covered by AHCCCS if your doctor is AHCCCS registered and gets a Mercy Care prior authorization number for you to see them. We will pay copayments to your doctor.
- **Don't pay your other insurance's copayment amount yourself.** Ask your doctor to bill Mercy Care for the copay amount.
- **If you are billed directly by a provider, call Member Services for help.** You can contact Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Dual eligibility Medicare and Medicaid services

If you have Medicare, Qualified Medicare Beneficiary (QMB) or Medicare HMO, they will pay for your services first. Mercy Care will share in the cost for AHCCCS-covered services and for certain Medicare services not covered by AHCCCS. Mercy Care will pay your coinsurance, deductible or copayment amounts to your doctor. Don't pay your copayments yourself. Ask your doctor to bill Mercy Care for these copayments.

Note: If you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D. Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care approved doctors found in your Provider Directory, or not with your Medicare HMO, you will be responsible for paying your Medicare coinsurance, deductibles or copayments.

However, if you are a Qualified Medicare Beneficiary (QMB) member, Mercy Care may pay for services not covered by AHCCCS or from a provider who is not part of our network.

If you have questions, you can call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Dual eligible members: payment for medications

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 Mercy Care OTC Drug List for a list of products available on our website at **mercycareaz.org** or call Member Services to request a printed copy.

For members with a SMI designation, Mercy Care will cover applicable Medicare Part D copayments, deductibles, cost sharing amounts, and payments for coverage gap. This covers medications to treat behavioral health diagnoses for people eligible for Title 19/21 and Non-Title 19/21 coverage and a SMI designation when dispensed by an AHCCCS registered pharmacy.

Prior authorizations

Medical authorizations

In some cases, your doctor may decide that your condition requires special services. Mercy Care wants to know about these situations in advance so we can get you the care you need. These services may require approval from Mercy Care before they can be performed – this is called prior authorization. There may be times when Mercy Care doesn't have a network provider who can treat your condition or who is located a reasonable distance from your home. In order to see a provider who is not in Mercy Care's network, you will need an approved prior authorization.

Some medical services require prior authorization from Mercy Care to ensure you receive the appropriate care. If your doctor determines that your condition requires specialized services not available within Mercy Care's network – or if the nearest in-network provider is not within a reasonable distance from your home – Mercy Care will cover out-of-network services for as long as necessary. Mercy Care doesn't set up out-of-network services for you, but if you call Mercy Care Member Services we can give you the information needed to get them.

If you have prior authorization to see a provider outside of our network, Mercy Care will ensure the provider is paid. Mercy Care will ensure there is no cost to you. If you receive a bill for services and you got prior authorization from Mercy Care, call Member Services for help. Don't pay the bill yourself.

Here's how it works:

Your doctor will submit a request to Mercy Care explaining your condition and actions that they would like to take. If the request is approved, we will let your doctor know. If your request is denied, you will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days. The notice will tell you the request is denied and what to do

next. If the request is urgent, you will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours after Mercy Care gets the prior authorization request.

There are times Mercy Care may need additional time to review your request. If an extension is needed Mercy Care will mail you a notice. Extensions can be for up to 14 days. If we ask for an extension, you may file a complaint (also known as a member grievance). The letter will explain your rights and how to submit a complaint.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

How Mercy Care determines urgency of requests:
Routine – A routine request for a service will be reviewed within 14 days. We will send a written notification (called a Notice of Adverse Benefit Determination) to you within 14 calendar days if the request is denied. The notice will tell you what to do next.

Urgent – Your physician believes that your condition is not life-threatening, but it should be handled quickly to make sure it does not worsen. If the medical records or the requested services look urgent to the Mercy Care medical reviewer, we will expedite the standard process. You will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours after we receive the authorization request if the request is denied. This letter will explain what to do next.

Sometimes, we will need more information to make our decision. If this is the case, we may need to ask your doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let you and your doctor know what information we need to help us decide. If we don't receive the

additional information within the 14-day period, we may deny the request for prior authorization.

If we ask for an extension or change the urgency level of your request, you may file what is called a Member Grievance (see “Member Grievances” in this handbook). Send your member grievances to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

How do we make our decision about your request?
We provide a list of services that require prior authorization on our website **mercycareaz.org**. If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care uses to make these decisions. You have the right to review this list to see how we make our decisions.

If Mercy Care does not fully approve the service, one of the following reasons may be why:

- The service is not a covered benefit.
- The service is not medically needed.
- The service is experimental or investigational.
- The provider is not in Mercy Care’s provider network.
- Mercy Care does not have enough information to make a decision.

When an action takes place, Mercy Care is required to issue a Notice of Adverse Benefit Determination. (For more information, see the “Notice of Adverse Benefit Determination” section later in this handbook).

Pharmacy authorizations

If your provider makes an expedited or standard request for a medication that requires prior authorization, is not on the formulary or has other limits, a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request lacks enough information to make a decision for the medication, Mercy Care will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care will issue a final decision no later than seven working days from the initial date of the request.

Notice of Adverse Benefit Determination

When a service you are already receiving or have requested is not approved (denial), we will send you and your provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination.

- If you or your provider make a new request for a service, you will receive your notification within 14 calendar days (if urgent, you will receive the notification within 72 hours after we receive the authorization request).
- If a service you are already receiving is reduced, suspended or ended, you will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.

The Notice of Adverse Benefit Determination letter lets you know:

- What action was taken and the reason.
- Your right to file an appeal and how to do it.
- Your right to ask for a fair hearing with AHCCCS and how to do it.
- Your right to ask for an expedited resolution and how to do it.
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services.
- You have the right to request an extension to give us information to help us make a decision.

- If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided, or the reason why, you can call us.
    - We will look at the letter and, if needed, write a new letter that better explains the services and the action.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

You have the right to receive a reply from Mercy Care within 30 calendar days of your request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. You can ask Member Services to tell you how Mercy Care makes these decisions. You can also ask Member Services to mail you a copy of the list of criteria.

Grievances and appeals

Mercy Care members and/or an authorized representative have the right to file a grievance or appeal. The processes for filing grievances and appeals are specified below.

Appeals

If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. An appeal is a formal procedure asking us to review the request again and confirm if our original decision was correct. During this process, you may submit additional documents or information that you believe would support a different outcome and decision.

You, your representative or a provider acting with your written permission may request an appeal with us. If you need help filing your appeal, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language, you can call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

If you decide to file an appeal, it must be submitted within 60 calendar days from the date on your Notice of Adverse Benefit Determination letter. The appeal may be submitted in writing or by phone. We will not retaliate against you or your provider for filing an appeal.

To file an appeal, you must mail, call or fax the request using the following:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
Phone: **602-586-1719** or **1-866-386-5794**
Fax: **602-351-2300**

You and your authorized representative have the following rights regarding your appeal:

- The right to examine the contents of the appeal case file during the appeal process.
- The right to examine all documents and records considered during the appeal process that are not protected from disclosure by law.

Request for Standard Appeal

When we get your appeal, we will send you a letter within five business days. This letter will let you know that we got your appeal and how you can give us more information. If you are appealing services that you want

to continue while your case is reviewed, you must file your appeal no later than 10 calendar days from the date on the Notice of Adverse Benefit Determination letter.

In most cases, we will resolve your appeal within 30 calendar days. Sometimes, we might need more information to make a decision. When this occurs and we believe it's in your best interest, we will request an extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we still need. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint. If we don't receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar-day extension if you need more time to gather information for the appeal.

Once we have completed the review of your appeal, we will send you a letter with our decision. The letter tells you about our decision and explains how it was made. If we deny your appeal, you may request that AHCCCS look at our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward your appeal file and related documentation to AHCCCS at the Office of General Counsel (OGC).

After the State Fair Hearing, AHCCCS will make a decision. If they find that our decision to deny your appeal was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that our decision on your appeal was incorrect, we will authorize and provide the services promptly.

Request for expedited resolution

You or your representative can request an expedited resolution to your appeal if you believe that the time frame of a standard resolution might jeopardize your life, health or ability to attain, maintain or regain maximum function. We may ask you to send us supporting documentation from your provider. If your provider agrees, we will expedite the resolution of your appeal. We will also automatically expedite the resolution of your appeal if we believe following the standard resolution process could jeopardize your life or health.

If we decide not to expedite the resolution of your appeal, we will notify you promptly. We will attempt to call you and will mail you a written notice within two calendar days that explains this outcome. For more information, see "Request for Standard Appeal" in this handbook. If we change the urgency of your appeal from expedited to standard, you may file a member grievance. We will explain this when we call you. We will include information about how to file a member grievance in the letter we mail to you.

When we expedite the resolution of your appeal, we will resolve your appeal within 72 hours. Sometimes, we may need more information to make a decision. When this occurs and we believe it's in your best interest, we will request extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we need still need. If we don't receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar-day extension if you need more time to gather information for the appeal.

Once we have completed the review your appeal, we will send you a letter with our decision. The letter tells you our decision and explains how it was made. If we deny your appeal, you may request for AHCCCS to review

our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward your appeal file and related documentation to AHCCCS at the Office of General Counsel (OGC).

After the State Fair Hearing, AHCCCS will make a decision. If they find that our decision to deny your appeal was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that our decision on your appeal was incorrect, we will authorize and provide the services promptly.

Quick tips about denial, reduction, suspension or termination of services and appeals

- You will get a letter (Notice of Adverse Benefit Determination) when a service has been denied or changed.
- If you have difficulty understanding the Notice of Adverse Benefit Determination letter, you may file a complaint to have the letter reviewed and re-issued.
- If you want to ask for a review (appeal) of Mercy Care's action, follow the directions in your notification letter.
- To request that services be continued, you must file your appeal no later than 10 days from the date of your notification letter, or within the time frame listed in the notification letter.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

Grievances and appeals for Title 19/21 AHCCCS eligible members

Member Grievances

A member grievance is any expression of dissatisfaction about the delivery of your health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A provider may have failed to provide services, including crisis services, in a timely manner. A member grievance might include concerns with the quality of the medical care you received. Let us know if you have a concern like this or need help with another problem.

The fastest way to report a member grievance is to call Mercy Care Grievance Systems Department Monday through Friday 8 a.m. to 5 p.m. at **602-586-1719** or **1-866-386-5794** (TTY 711). You may also contact Member Services if you need help filing your member grievance, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language.

A representative will document your member grievance. It's important to provide as much detail as possible. The representative will explain the member grievance resolution process and answer any other questions you may have. We may also need to call you back to provide updates or ask you for more information. We want to make sure you are receiving the care and services you need.

If you prefer to file your member grievance in writing, send your complaint to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Filing a member grievance will not affect your future health care or the availability of services. We want to know about your concerns so we can improve the services we offer.

- Once filed, we will review your grievance and give you an answer within 10 days unless extraordinary circumstances require more time, but no later than 90 days from the date that you called us.
- If you submit your member grievance in writing, we will send you a letter within five business days. The letter acknowledges our receipt of your member grievance and explains how you will be notified of the resolution.
- If your member grievance involves concerns about the quality of care or medical treatment you received, we will send the case to our Quality Management department.
- When we cannot resolve your member grievance right away, we will let you know and explain the next steps. During our investigation, we will work with other departments at Mercy Care as well as your health care provider(s).
- During our investigation, we may need to speak with you again. We may have more questions or want to confirm your immediate needs are met.
- Once the review of your grievance is complete, we will notify you of the resolution.
- If your member grievance was reviewed by our Quality Management department, you will get the resolution in writing.
- For other cases, we will call you and explain the resolution to your member grievance. If we are unable to reach you, we will send the resolution in writing.
- We are committed to resolving your concerns as quickly as possible and in no more than 90 days from the date you submitted your grievance.

Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality behavioral health care. If you continue to have questions or difficulties accessing services, call the AHCCCS Clinical Resolution Team at **602-364-4558** or **1-800-867-5808**. You may also submit concerns about quality of care by email at **CQM@azahcccs.gov**.

Quality of Care Concerns (QOC)

You/Health Care Decision Makers (HCDMs) or your designated representative can submit concerns that include but are not limited to:

a. The inability to receive health care services
b. Concerns about the Quality of Care (QOC) received
c. Issues with health care providers
d. Issues with health plans
e. Timely access to services

To file a QOC, you must mail, call or fax the request using the following:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
Phone: **602-586-1719** or **1-866-386-5794**
Fax: **602-351-2300**

Appeals for Title 19/21 AHCCCS eligible members

If you are Title 19/21 AHCCCS eligible, you have the right to ask for a review of the following:

- The denial or limited approval of a service asked for by your provider or clinical team.
- The reduction, suspension or termination of a service you were receiving.
- 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 provide the evidence to Mercy Care in writing. 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 if the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care. The evidence you give to Mercy Care will be used when deciding the resolution of the appeal. You can contact Mercy Care Grievance System Department at **602-586-1719** or **866-386-5794** (TTY 711).

How is my appeal resolved?
Mercy Care must give you a decision, called a Notice of Appeal Resolution, by certified mail within 30 calendar days of getting your appeal for standard appeals, or, for expedited appeals, no later than 72 hours. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which Mercy Care must give you the Notice of Appeal Resolution may be extended up to 14 calendar days. You or Mercy Care can ask for more time in order to gather more information. If Mercy Care asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:
- The results of the appeal process.
- The date the appeal process was completed.

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 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?

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 assist you at the State Fair Hearing.

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 90 calendar 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 for decisions issued by Mercy Care should be mailed to:

Mercy Care
Attn: Hearing Coordinator
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Instructions for appealing a decision issued by AHCCCS will be in the Notice of Appeal Resolution.

What is the process for my State Fair Hearing?
You will receive a Notice of State Fair Hearing at least 30 calendar 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 related to the hearing.

How is my State Fair Hearing resolved?
For standard State Fair Hearings, you will receive 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 requested
- The number of days between the date that you received 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 receive a written AHCCCS Director's Decision within three business days after the date AHCCCS receives your case file and appeal information from Mercy Care. 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 decision letter. If the result of the appeal or State Fair Hearing is to agree with the action to

either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

Grievance/Request for Investigation for DD members

A member enrolled with DDD is entitled to extensive rights, including but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication and inpatient/outpatient services.
- The right to consent or refuse treatment unless under a court order or guardianship.
- The right to review the medical records unless a physician determines it's not in the member's best interest.

A grievance is a request to investigate whether a member had their rights violated. This request can be filed by anyone but must be submitted within 12 months from the date of the incident. It's important to provide all details such as events, names of individuals involved, titles, agencies and dates. It's also important to focus on the facts and include the resolution you want. You may request a grievance orally by contacting Mercy Care. If you would like to submit a grievance in writing, mail your request to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR) at **1-800-421-2124**. If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

Grievances concerning physical abuse, sexual abuse or a person's death are investigated by AHCCCS. To file a grievance concerning physical abuse, sexual abuse or a person's death, contact:

AHCCCS Office of the General Counsel
801 E. Jefferson, MD 6200
Phoenix, AZ 85034
Phone: **602-364-4575**
Fax: **602-364-4591**

Deaf or hard of hearing individuals may call the Arizona Relay Service at **711** or **1-800-367-8939** for help contacting AHCCCS.

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

Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality behavioral health care. If you continue to have questions or difficulties accessing services, call the AHCCCS Clinical Resolution Team at **602-364-4558** or **1-800-867-5808**. You may also submit concerns about quality of care by email at **CQM@azahcccs.gov**.

Complete Care and DD members who have received crisis services in Central Arizona may file a grievance, appeal or request for hearing for crisis services by following the above steps.

DD members in Southern or Northern Arizona can contact one of the following health plans:

Service Area	Health plans with Regional Behavioral Health Agreements	Contact type and phone number
Central Arizona	Mercy Care	Customer service phone: **602-586-1719** or **1-866-386-5794** (TTY 711) Crisis Line: **1-800-631-1314** Arizona Behavioral Health Crisis Line: **1-844-534-4673**
Southern Arizona	Arizona Complete Health	Customer service phone: **1-888-788-4408** (TTY 711) Crisis Line: **1-866-495-6735** Arizona Behavioral Health Crisis Line: **1-844-534-4673**
Northern Arizona	Arizona Complete Health	Customer service phone: **1-888-788-4408** (TTY 711) Crisis Line: **1-866-495-6735** Arizona Behavioral Health Crisis Line: **1-844-534-4673**

Appeals and grievances for members with a SMI designation

A Serious Mental Illness (SMI) is a mental disorder in people 18 years of age or older that is severe and persistent. Solari Crisis and Human Services, a provider who has a contract with Mercy Care, will make a determination of serious mental illness upon referral or request.

Members asking for a designation of serious mental illness and members with a SMI designation can appeal the result of a SMI designation.

Solari will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. If you don't agree with the results of the SMI eligibility determination, you may file an appeal. To file an appeal, you can call Solari at **1-855-832-2866**.

Members with a SMI designation may also appeal the following adverse decisions:

- Initial eligibility for SMI services.
- A decision regarding fees or waivers.
- The assessment report and recommended services in the service plan or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title 19/21 funds.
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.
- A decision is made that the member is no longer eligible for SMI services.
- A PASRR determination in the context of either a preadmission screening or an annual resident review, which adversely affects the member.

To file an appeal about a decision like the ones listed above, you must call or send a letter to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
602-586-1719 or **1-866-386-5794**
Fax: **602-351-2300**

If you file an appeal, you will get written notice that your appeal was received within five business days of Mercy Care's receipt. You will have an informal conference with Mercy Care within seven business 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 designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two working days before the conference. You can participate in the conference over the phone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within one business day of Mercy Care's receipt and the informal conference must occur within two business days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date the resolution will be implemented.

If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to a State Fair Hearing. If you waive the second level informal conference with AHCCCS, Mercy Care will assist you in filing a request for State Fair Hearing at the conclusion of the Mercy Care informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information telling you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

If you file an appeal, you will continue to get any services you were already getting unless:

- A qualified clinician decides that reducing or terminating services is best for you, or
- You agree in writing to reducing or terminating services.

If the appeal is not decided in your favor, Mercy Care may require you to pay for the services you received during the appeal process.

If you or your representative still don't understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

[1] *People determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.*

Members with a SMI designation are entitled to extensive rights, including, but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication and inpatient/outpatient services.
- The right to consent or refuse treatment unless under a court order or guardianship.
- The right to review the medical records unless a physician determines it's not in the member's best interest.

A SMI grievance is a request to investigate whether a member had their rights violated. This request can be filed by anyone but must be submitted within 12 months from the date of the incident. It's important to provide all details such as events, names of individuals involved, titles, agencies and dates. It's also important to focus on the facts and include the

resolution you want. You may request a SMI grievance orally by contacting Mercy Care. If you would like to submit a SMI grievance in writing, mail your request to Mercy Care at the address shown in this section.

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR) at **1-800-421-2124**. If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

Grievances concerning physical abuse, sexual abuse or a person's death are investigated by AHCCCS. To file a grievance concerning physical abuse, sexual abuse or a person's death, contact:

AHCCCS Behavioral Health Grievance and Appeals
150 N. 18th Ave., Mail Drop 6100, Phoenix, AZ 85007
602-364-4575
Fax: **602-364-4591**

Filing complaints for Non-Title 19/21 members and members without a SMI designation

If you are Non Title 19/21 (AHCCCS) eligible and don't have a SMI designation, you may file a complaint related to decisions about behavioral health services you need that are available through Mercy Care.

Appeals for members who don't have a SMI designation and aren't Title 19/21 eligible

If you are Non Title 19/21 (AHCCCS) eligible and don't have a SMI designation, you may appeal actions or decisions related to behavioral health services you need that are available through Mercy Care.

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 the evidence to Mercy Care 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 if the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care. The evidence you give to Mercy Care will be used when deciding the resolution of the appeal. You can contact Mercy Care Grievance System Department at **602-586-1719** or **1-866-386-5794** (TTY 711).

How is my appeal resolved?

Mercy Care must give you a Notice of Appeal Resolution by certified mail within 30 calendar days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which Mercy Care must give you the Notice of Appeal Resolution may be extended up to 14 calendar days. You or Mercy Care can ask for more time in order to gather more information. If Mercy Care or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:

- The results of the appeal process.
- The date the appeal process was completed.

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

- How you can request a State Fair Hearing.
- The reason your appeal was denied and the legal basis for that decision.

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.

How do I ask for a State Fair Hearing?

You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Instructions for appealing a decision issued by AHCCCS will be in the Notice of Appeal Resolution.

What is the process for my State Fair Hearing?

You will receive a Notice of State Fair Hearing at least 30 calendar 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 related to the hearing.

How is my State Fair Hearing resolved?

For standard State Fair Hearings, you will receive a written decision from the AHCCCS director's decision no later than 90 days after your appeal was originally filed. This 90 day period does not include:

- Any time frame extensions that you have requested.
- The number of days between the date you received 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.

Opt-out process

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, and 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 602-586-1841 or 1-800-564-5465 (TTY 711).

Mercy Care follows State and Federal laws that apply under the contract with AHCCCS. These include but are not limited to:

- 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.

Health plan Notices of Privacy Practices

The privacy of our members' medical information is very important to us. We want to keep member information private and confidential.

Mercy Care has policies in place to ensure Mercy Care employees protect member information. This information may include:

- Access to transportation
- Barriers to achieving health
- Disability
- Ethnicity
- Financial insecurity
- Food insecurity
- Gender identity
- Housing insecurity
- Interpersonal safety
- Language
- Race
- Sexual orientation
- Other social needs

The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways. Mercy Care is required to have safeguards for protecting members' health information. This applies to all health care providers and other stakeholders.

There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission. There may be times when you want to share your medical or behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information (ROI) Form, which states 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, you can

contact Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

A member's Protected Health Information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it's in – written, oral or electronic.
- Physical. Your health information is locked up and kept in safe areas. We protect entry to our computers and buildings. This helps us block unauthorized entry.
- Technical. Access to your health information is "role-based." This allows only those who need to do their job and give care to you to have access.

Mercy Care provides a notice of members' rights and responsibilities on the use, disclosure and access to PHI. It's called the "Notice of Privacy Practices" (NPP). The NPP is sent to all new members with their member ID card. You can also view the NPP on our website at **mercycareaz.org** under "privacy."

Your rights and responsibilities

As a Mercy Care member, you have rights and responsibilities. These rights are listed below. It's important that you read and understand each one. If you have questions, you can call Mercy Care Member Services.

Your rights as a member

You have the right to exercise your rights. Exercising those rights shall not adversely affect service delivery to you. You have the right to:

- Know the name of your PCP and/or case manager.
- Receive a copy of the Mercy Care Member Handbook, which includes a description of covered services.
- Know how Mercy Care provides after-hours and emergency care.
- File a complaint about Mercy Care or its subcontractors. You can file a complaint to AHCCCS or to Mercy Care directly. See the section "Grievances and appeals" for more information.
- Request information about the structure and operations of Mercy Care or their subcontractors.
- Information about how Mercy Care pays providers, controls costs and uses services. This information includes whether Mercy Care has Physician Incentive Plans (PIP) and a description of the PIP.
- Know whether stop loss insurance is required.
- Know general grievance results and a summary of member survey results.
- Get information about your costs to get services or treatments that are not covered by Mercy Care.
- Get information about how to get services, including services requiring authorization.
- Get information about how Mercy Care evaluates new technology to include as a covered service.
- Get information about changes to your services or what actions to take when your PCP leaves Mercy Care.
- Be treated fairly and get covered services regardless of race, color, ethnicity, national origin, religion, sex, gender, gender identity, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, ability to pay or ability to speak English.
- Get information about how medical decisions can be made for you when you are not able to make them.

Confidentiality and confidentiality limitations:

- You have a right to privacy and confidentiality of your health care information.
- You have a right to talk to health care professionals privately.
- You will find a copy of the "Privacy Rights" notice in your welcome packet. The notice has information on ways Mercy Care uses your records, including information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.
- You have a right to know about health care privacy. (See the "Health plan Notices of Privacy Practices" section.)
- You have a right to know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn't protect the following information:
    - If you commit a crime or threaten to commit a crime at the provider's office or clinic/health home or against any person who works there, the provider must call the police.
    - If you're going to hurt another person, we must let that person know so 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. We'll only share information necessary to keep you safe.
- There are other times when providers can share certain health information with family members and others involved in your care. For example, if:
    - You verbally agree to share the information.
    - You have an opportunity to object to sharing information, but don't object. For example, if you allow someone to come into

an exam room during an appointment, the provider can assume that you don't object to sharing information during that visit.
    - It's an emergency or you don't have the capacity to make health care decisions and the provider believes disclosing information is in your best interest.
    - The provider believes you're a serious and imminent threat to your health and safety or someone else's health and safety.
    - The provider uses the information to notify a family member of the member's location, general condition or death.
    - The provider is following other laws requiring they share information.
- 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 Primary Care Provider.
    - Certain state agencies and schools following the law, 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 behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. Your written permission may be required before your information is shared.
- You have a right to get a second opinion from a qualified in-network health care professional or have a second opinion arranged outside of the network at no cost to you if there are no other in-network options. For more information, you can call Mercy Care at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

- You have a right to receive information on treatment options and alternatives, appropriate to your condition, in a way that you can understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.

Treatment decisions

- You have the right to agree to or refuse treatment and to choose other treatment options available to you. You can get this information in a way that helps your understanding and is appropriate to your medical condition.
- You can choose a Mercy Care PCP to coordinate your health care.
- You can change your PCP.
- You can talk with your PCP to get complete and current information about your health care and condition. This will help you and/or your family understand your condition and be a part of making decisions about your health care.
- Within the limits of applicable regulations, Mercy Care staff may help manage your health care by working with you, community and state agencies, schools and your doctor.
- You have the right to information about which medical procedures you will have and who will perform them.
- You have the right to a second opinion from a qualified in-network health care professional. You can get a second opinion arranged outside of the network, at no cost to you, only if there is not adequate in-network coverage.
- You have the right to know treatment choices or types of care available to you and the benefits and/or drawbacks of each choice.
- You have the right to have treatment choices presented to you in a way that you can understand.
- You can refuse care from a doctor to whom you were referred and you can ask for a different doctor.
- You can choose someone to be with you for treatments and exams.

- You can have a female in the room for breast and pelvic exams.
- Your eligibility or medical care does not depend on your agreement to follow a treatment plan. You can say “no” to treatment, services or PCPs. You will be informed about what may happen to your health if you don’t have the treatment.
- Mercy Care will tell you in writing when any health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in the notification letter sent to you.
- You have the right to develop a plan with their caregiver provider agency, subject to Electronic Visit Verification (EVV), to decide your preferences when your caregiver is late, does not show up, or if a service visit’s short. This plan can be created for each service subject to EVV.

Your rights under the Home and Community Based Services (HCBS) Rules

- Mercy Care works to ensure that all staff and providers work in a manner consistent with a person-centered approach that respects and enhances a member’s right of choice, integration and autonomy.
- You have the right to privacy, dignity, respect and freedom from coercion and restraint.
- You have the right to make requests in the way your services and supports are delivered.
- You have the right to live in the least restrictive setting.
- You have the right to actively engage and participate in your community.

Advance Directives

- You have the right to be provided with information about creating Advance Directives. Advance directives tell others how to make medical decisions for you if you are not able to make them for yourself.

Medical records requests

- At no cost to you, you have the right to annually request and receive one copy of your medical records and/or inspect your medical records. You may not be able to get a copy of medical records if the record includes any of the following: psychotherapy notes put together for a civil, criminal or administrative action; protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988; or protected health information that is exempt due to federal codes of regulation.
- Mercy Care will reply to your request within 30 days. Mercy Care's reply will include a copy of the requested record or a letter denying the request. The written denial letter will include the basis for the denial and information on ways to get the denial reviewed.
- You have the right to request an amendment to your medical records. Mercy Care may ask that you put this request in writing. If the amendment is made, in whole or in part, we will take all steps necessary to do this in a timely manner and let you know about changes that are made.
- Mercy Care has the right to deny your request to amend your medical records. If the request is denied, in whole or in part, then Mercy Care will provide you with a written denial within 60 days. The written denial includes the basis for the denial, notification of your right to submit a written statement disagreeing with the denial and how to file the statement.

Reporting your concerns

- Tell Mercy Care about any complaints or issues you have with your health care services.
- You may file an appeal with Mercy Care and get a decision in a reasonable amount of time.
- You can give Mercy Care suggestions about changes to policies and services.
- You have the right to complain about Mercy Care.

Personal rights

- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- You have the right to receive information on beneficiary and plan information.

Respect and dignity

- You have the right to be treated with respect and with due consideration for your dignity and privacy.
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment.
- You can get quality medical services that support your personal beliefs, medical condition and background. You can get these services in a language you understand. You have the right to know about other providers who speak languages other than English.
- You can get interpretation services if you don't speak English. Sign language services are available if you are deaf or have difficulty hearing. You may ask for materials in other formats or languages from Mercy Care Member Services.
- The type of information about your treatment is available to you in a way that helps your understanding given your medical condition.

Emergency care and specialty services

- You can get emergency health care services without the approval of your PCP or Mercy Care when you have a medical emergency. You may go to any hospital emergency room or other setting for emergency care.
- You may get behavioral health services without the approval of your PCP or Mercy Care.
- You can see a specialist with a referral from your PCP.
- You can refuse care from a doctor you were referred to and you can ask for a different doctor.
- You may request a second opinion from another Mercy Care doctor.

Physician Incentive Plans

Mercy Care provides incentive payments to Accountable Care Organizations (ACO) and other provider organizations upon successful completion or expectation of successful completion of contracted goals/measures in accordance with the Alternative Payment Measure (APM) strategy. It does not reflect payment for a direct medical service to a member. The intent of these incentive programs is to incentivize quality, health outcomes and value over volume to achieve better care, smarter spending and healthier people.

Fraud, waste and abuse

Fraud is a dishonest act done on purpose. Fraud and abuse include things like loaning, selling or giving your member ID card to someone; inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Waste can mean providers who take actions resulting in needless costs to AHCCCS. This includes providing medical services that are not required. It may also mean the provider does not meet required health care standards. Abuse can also include member actions that result in extra costs to AHCCCS.

Abuse means provider practices that are inconsistent with sound financial, business or medical practices. This can result in an unnecessary cost to the Medicaid program. Abuse can also be billing for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

Committing fraud or abuse is against the law. AHCCCS OIG has the authority to impose penalties for fraud, waste or abuse per Arizona law. Your health benefits are given to you based on your health and financial status. You should not share your benefits with anyone. If you misuse your

benefits, you could lose your AHCCCS benefits. AHCCCS may also take legal action against you. If you think a person, member or provider is misusing the program, call Mercy Care Member Services or AHCCCS.

Examples of member fraud, waste or abuse are:

- Letting someone else use your Mercy Care ID card.
- Getting prescriptions with the idea of abusing or selling drugs.
- Changing information on your Mercy Care ID card.
- Changing information on a prescription.

Examples of provider fraud, waste or abuse are:

- Billing for services that didn't happen.
- Ordering and/or billing for services that are not medically necessary.
- Billing for services that are not documented.

Reporting suspected fraud

Let us know if you think a person, member or provider is misusing the program. You can report to Mercy Care or to AHCCCS. You can fill out a form at **mercycareaz.org**. Select "Fraud & Abuse" in the Members' section of the website. You can also call the Mercy Care Fraud Hotline at **1-800-810-6544**.

Report provider fraud to AHCCCS

If you want to report suspected fraud by a medical provider, you can call:

- In Arizona: **602-417-4045**
- Outside Arizona only: Toll-free at **888-ITS-NOT-OK** or **888-487-6686**

Report member fraud to AHCCCS

If you want to report suspected fraud by an AHCCCS member, you can call:

- In Arizona: **602-417-4193**
- Outside Arizona only: Toll-free at **888-ITS-NOT-OK** or **888-487-6686**

Quitting tobacco

Quitting tobacco is one of the best things that you can do for your health. If you get medication and coaching, you can double your chance for successfully quitting tobacco. You can get help or coaching through group education, over the phone and by text message. You can get medication from your doctor. Your doctor can also refer you to the Arizona Smokers Helpline (ASHLine) for coaching and resources to help quit tobacco. You don't need a referral to the ASHLine. The ASHLine also offers information to help protect you and your loved ones from secondhand smoke. Many people have quit smoking and stopped tobacco use through programs offered by the ASHLine. If you want more information to help you or someone you know quit tobacco, you have choices.

1. You can call Mercy Care Customer Service at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
2. If you are part of Mercy Care's Care Management program, talk to your Care Manager.
3. Talk to your PCP or other provider.
4. Call the Arizona Smokers Helpline (ASHLine) directly at **1-800-55-66-222** or visiting **azdhs.gov/ashline**. Spanish speakers can also access the ASHLine by calling **1-800-55-66-222** or visiting **azdhs.gov/ashline/es**.

In addition to the ASHLine, there are other resources available for you. For more information on quitting tobacco, go to Tobacco Free Arizona at **azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php** or call **1-800-55-66-222**. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting. Arizona also has a program to encourage teens and young adults ages 15-24 to stop smoking called STAND. For more information on their program, you can visit **azdhs.gov/standaz**.

Decisions about your health care

Living wills and other health care directives for adult members

There may be a time when you cannot make decisions about your health care. If this happens, doctors will follow your health care directive. Health care directives are also called advance directives. Advance directives are documents that you fill out to tell doctors what type of care you want. They protect your right to refuse health care you don't want or to request care you do want.

There are four kinds of advance directives: a living will, a medical power of attorney, a mental health care power of attorney and a pre hospital medical directive. Mercy Care strongly encourages you to have one or more of these papers.

- **Living will** – A paper that tells doctors what kinds of services you do or don't want if you become ill and may die. In your living will, you might tell doctors if you want to be kept alive with machines or fed through tubes if you cannot eat or drink on your own.
- **Durable medical power of attorney** – A paper that lets you choose a person to make decisions about your health care when you cannot.
- **Mental health care power of attorney** – Names a person to make mental health care decisions if you are found incapable to do so.
- **Pre hospital medical care directive** – States your wishes about refusing certain life saving emergency care given outside a hospital or in a hospital emergency room. You must complete a special orange form. Mercy Care has written policies to make sure advance directive wishes are followed.

You should get help writing your living will and medical power of attorney.

Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator for help.

Making your advance directives legal

For both a living will and a medical power of attorney, you must choose someone to be your agent. Your agent is the person who will make decisions about your health care if you cannot. They can be a family member or a close friend.

To make an advance directive legal, you must:

1. Sign and date it in front of another person who also signs it. This person cannot:
    - Be related to you by blood, marriage or adoption.
    - Have a right to receive any of your personal and private property.
    - Be appointed as your agent.
    - Be involved in paying your health care.

OR

2. Sign and date it in front of a notary public. The notary public cannot be your agent or any person involved in paying your health care.

If you are too ill to sign your medical power of attorney, you may have another person sign for you.

After you complete your advance directives

1. Keep your original signed papers in a safe place.
2. Give copies of the signed papers to your doctor(s), hospital and anyone else who might become involved in your health care. Talk to these people about your wishes about health care.
3. If you want to change your papers after they have been signed, you must complete new papers. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.
4. Be aware that your directives may not be effective in the event of a medical emergency.

5. You can also have advance directives registered with the Arizona Registry at **www.azsos.gov/services/advance-directives**.

Quick tips about living wills

- It's very important that you decide what treatment you do or don't want.
- Give copies of your living will and/or medical power of attorney to your doctor, hospital and any other people involved with your health care.
- You should get help writing your living will and/or medical power of attorney. Ask your doctor for help if you are not sure whom to call.

  Members enrolled with DDD may call their Division of Developmental Disabilities Support Coordinator. You may also call the DDD Customer Service Center at **1-844-770-9500, option 7**.
- If you change any part of your living will or medical power of attorney, make sure you give a copy of the new one to all the people who already have a copy of the old one.

Mercy Care Health Assistant

This tool provides members:

- A personalized health action plan
- Rewards and incentives (for applicable programs)
- Access to educational information
- The ability to complete their Health Risk Assessment (HRA) digitally
- Digital surveys to provide information to Mercy Care on your experiences with your health care services and providers
- Health tracker (nutrition, weight, blood pressure & activity)
- Secure messaging with the health plan

To access Mercy Care Health Assistant, visit **https://mercycarehealthassistant.healthmine.com**, or scan the QR code.

Common questions

Q. What should I do if I lose my member ID card or don't get one?

A. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can also order a replacement Mercy Care ID card through the member portal. Log in to the portal by going to **mercycareaz.org** and then select Login in the **top right corner**. You can download the Mercy Care app on the Apple or Android app stores. Just log in to the portal or the app and click on "My ID Card."

Q. How will I know the name of my PCP?

A. Mercy Care sends a welcome letter to you. This welcome letter has the name and phone number of your PCP.

Q. Can I change my PCP?

A. Yes. Call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Q. How can I check the status of my authorization?

A. For a quick and easy status check, look at your personal records on our secure web portal. Go to **mercycareaz.org**, then select the **purple button in the upper right corner that says Login**. ACC-RBHA and DDD members, click the first link. Members with a SMI designation, click the second link.

Q. How do I know which services are covered?

A. This handbook explains services that are covered and not covered. Look under the section that applies to you. You may also ask your doctor or call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services

at **602-586-1841** or **1-800-564-5465** (TTY 711). You can find more information about covered and not covered services on our website at **mercycareaz.org**.

Q. What should I do if I get a bill?

A. If you get a bill, call the health care provider who billed you and give them your Mercy Care information. If they continue to bill you, call Mercy Care Member Services for help at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Q. I need help getting to my doctor. What can I do?

A. Check first with neighbors, friends or relatives for a ride. If you are not able to find a ride, call Mercy Care Member Services at least three days before your appointment. If you need to go to urgent care, you may call Member Services the same day to set up a ride. Member Services is available Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Q. Which hospitals can I use?

A. You can find a list of network hospitals in the Mercy Care Provider Directory. There is a searchable provider directory on the Mercy Care website at **mercycareaz.org**. Select "Find a provider or pharmacy," and then you can search by provider or by hospital. You can go to any hospital for emergency care. You can get emergency health care services without the approval of your PCP or Mercy Care when you have a medical emergency. You may go to any emergency room or other settings for emergency care.

Q. What is an emergency?

A. An emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Q. Does Mercy Care have urgent care centers in the provider network?

A. Yes. You can find an urgent care center searching the provider directory on the Mercy Care website at **mercycareaz.org**. Select "Find a provider or pharmacy," and then click select your plan from the dropdown menu. Enter your ZIP code and select "Urgent Care Facility" under "Find a Specialty."

Resources

Community resources

There are local and national organizations that provide resources for people with behavioral health needs, as well as the family members and caretakers of people with behavioral health needs. There are also some resources that focus on caring for children and helping members during their pregnancy. You can reach out directly to these community resources and programs. Some of these are:

2-1-1 Arizona Community Information and Referrals

Community Information and Referral is a call center that can help you find many community services, including food banks, clothes, shelters, help to pay rent and utilities, health care, 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 health care, transportation, homemaker services, child care, after school programs, family help, summer camps and play programs, counseling, help with learning and protective services.

Dial 2-1-1
https://211arizona.org/

Arizona Health Care Cost Containment System (AHCCCS)

The Arizona Health Care Cost Containment System is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of

health care to individuals and families who qualify for Medicaid and other medical assistance programs.

AHCCCS
801 E. Jefferson St., Phoenix, AZ 85034
602-417-4000, **https://azahcccs.gov**

Health-e-Arizona PLUS
Health-e-Arizona is a secure and easy-to-use website open 24 hours a day, 7 days a week. It allows you to apply for AHCCCS benefits, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES.
1-855-432-7587, **www.healthearizonaplus.gov**

Affirm (formerly Arizona Family Health Partnership)
This federally funded program offers family planning, women's health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.
https://www.affirmaz.org/

Alzheimer's Association – Desert Southwest Chapter
The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Resources include care finder, help line, library, workshops, support groups and tips for caregivers.

Helpline (24 hour, 7 days a week): **1-800-272-3900**
1028 E. McDowell Rd., Phoenix, AZ 85006
602-528-0545 or **1-800-272-3900**
https://www.alz.org/dsw

American Diabetes Association
2451 Crystal Dr., Ste. 900, Arlington, Virginia 22202
1-800-342-2383, **www.diabetes.org**

Area Agency on Aging
24-hour Senior help line **602-264-HELP (4357)**

Maricopa County – Region One
1366 E. Thomas Rd., Ste. 108, Phoenix, AZ 85014
602-264-2255 or **1-888-264-2258**, **www.aaaphx.org**

Pima County – Region Two
8467 E. Broadway Blvd., Tucson, AZ 85710
520-790-7262, **http://www.pcoa.org**

Coconino, Apache Counties – Region 3
323 N. San Francisco St., Ste. 200, Flagstaff, AZ 86001
928-774-1895 or **877-521-3500**, **https://nacog.org/index.cfm**

La Paz, Yuma Counties – Region Four
1235 S. Redondo Center Dr., Yuma, AZ 85365
928-782-1886 or **1-800-782-1886**, **https://www.wacog.com**

Mohave – Region Four
208 N. 4th St., Kingman, AZ 86401
928-753-6247, **https://www.wacog.com**

Pinal and Gila Counties – Region Five
8969 W. McCartney Rd., Casa Grande, AZ 85194
1-800-293-9393, **https://www.info@pgcsc.org**

Cochise, Graham, Greenlee, Santa Cruz Counties – Region Six
300 Collins Rd., Bisbee, AZ 85603
520-432-2528, **https://www.seago.org**

Navajo Nation – Region Seven
1800 W. Deuce of Clubs, Ste. 220, Show Low, AZ 85901
928-774-1895, **https://nacog.org/index.cfm**

Yavapai
544 S. 6th St., Ste. 104, Cottonwood, AZ 86326
928-239-7435, **https://nacog.org/index.cfm**

Yavapai
3130 Robert Rd., Ste. 1, Prescott Valley, AZ 86314
928-227-0142 or **1-800-552-9257**, **https://nacog.org/index.cfm**

Inter-Tribal Council of Arizona – Region Eight
2214 N. Central Ave., Phoenix, AZ 85004
602-258-4822, **http://itcaonline.com/?page_id=793**

Arizona Coalition for Military Families
2929 N. Central Ave., Ste. 1550, Phoenix, AZ 85012
602-753-8802, **www.Arizonacoalition.org**

Arizona Department of Health Services (ADHS)
150 N. 18th Ave., Ste. 310, Phoenix, AZ 85007
602-542-1025 or **1-800-252-5942**, **www.azdhs.gov/index.php**

Arizona Department of Economic Security
The Arizona Department of Economic Security can help you identify your needs and get connected to an agency that can answer your questions. Link to a wide range of activities, such as reviewing Medicare/Medicaid

benefits, reading about what's new in health care, searching for job opportunities, caregiver respite, housing options and more.

www.healthearizonaplus.gov
https://des.az.gov
Unemployment insurance: **1-877-600-2722**
Nutrition, cash or medical assistance: **1-855-432-7587**

Arizona Department of Health Services (ADHS) 24-Hour Pregnancy and Breastfeeding Hotline
1-800-833-4642
https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php

Arizona Department of Health Services (ADHS) Childhood Lead Poisoning Prevention Program
602-364-3118

Arizona Disability Benefits 101
Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.
1-866-304-WORK (9675), **www.az.db101.org**

ARIZONA@WORK
ARIZONA@WORK provides comprehensive statewide and locally based workforce solutions for job seekers and employers.
https://arizonaatwork.com

Arizona Opioid Assistance & Referral (OAR) Line
A no-cost, confidential hotline offers opioid advice, resources and referrals 24 hours a day, 7 days a week. This Hotline is staffed by local medical experts at the Arizona and Banner Poison & Drug Information Centers who offer patients, family members or providers valuable opioid information.
1-888-688-4222, **https://www.azdhs.gov/oarline**

Arizona Poison and Drug Information Center
No-cost, confidential, 24 hours a day, 7 days a week
1-800-222-1222, **http://www.azpoison.com**

Arizona Self-Help
Online access to 40 different health and human services programs.
www.arizonaselfhelp.org

Arizona Suicide Prevention Coalition
If you need immediate help within Arizona, call EMPACT at **480-784-1500** or **866-205-5229**
Teens can call Teen Lifeline at **602-248-TEEN (8336)** or **800-248-TEEN**
602-248-8336, **www.azspc.org**

Arizona Workforce Connection
Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services.
602-542-2460
https://www.azjobconnection.gov

Arizona Youth Partnership
Arizona Youth Partnership builds solid foundations for youth and families by partnering with Arizona communities. They provide youth services, prevention programs and health education related to substance abuse, homelessness, human trafficking, mental health wellness, teen pregnancy, and challenging family dynamics.
https://azyp.org/programs
1-877-882-2881

AZ Links
AZ Links is the website of Arizona's Aging and Disability Resource Consortium (lg). AZ Links helps Arizona seniors, people with disabilities,

caregivers and family members locate resources and services.
www.AzLinks.gov

Child and Family Resources
This is a program that offers education and resources for parents, caregivers and children.
1-888-241-5002
https://www.childfamilyresources.org/contact-us

Programs include:

- Child Care Resource & Referral, where parents can call to get a list of childcare centers.
- Healthy Families and Parents as Teachers, which provide in-home support for families with new babies and young children.

288 N. Ironwood Dr., Ste. 104,
Apache Junction, AZ 85120
520-518-5292

1355 Ramar Rd., Ste. 8,
Bullhead City, AZ 86442
928-753-4410

1115 E. Florence Blvd., Ste. M,
Casa Grande, AZ 85122
520-518-5292

952 F Avenue, Douglas, AZ 85607
520-368-8124

2708 N. 4th St., Ste. C1,
Flagstaff, AZ 86004
928-714-1716

625 E. Beale Street,
Kingman, AZ 86401
928-753-4452

116 S. Lake Havasu Ave., Ste. 104,
Lake Havasu City, AZ 86403
928-753-4410

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

1951 W. Camelback Rd., Ste. 370,
Phoenix, AZ 85015
602-234-3941

1491 W. Thatcher Blvd., Ste. 106,
Safford, AZ 85546
928-428-7231

2800 E. Broadway Blvd.,
Tucson, AZ 85716
520-230-7032

3965 E. Foothills Dr., Ste. E1,
Sierra Vista, AZ 85635
520-458-7348

3970 W. 24th St. Ste. 103,
Yuma, AZ 85364
928-783-4003 or **800-929-8194**

Child Care Resource and Referral
Statewide program that helps families find childcare.
1-800-308-9000, **https://www.azccrr.com**

Center for Health and Recovery (CHR)
CHR Recovery Center is a non-profit community service agency serving adults with behavioral health challenges. They provide Recover Support Services through classes, groups, events and one-on-one support, by state-certified Peer Support Specialists. Their primary focus is empowerment, education and employment.
1950 West Heatherbrae Drive, Suite 5, Phoenix, AZ 85015
602-246-7607, **https://azchr.org**

Coordinated Entry Access Points
Coordinated Entry is a process mandated by the U.S. Department of Housing and Urban Development (HUD). They connect individuals and families experiencing homelessness with community housing and service resources. At the locations listed below, individuals or families can be triaged, assessed and placed on a list for possible referral to one of these community housing resources. Placement is based on priority and availability. Note, processes and resources may differ based upon region of access.

APACHE COUNTY

Old Concho Community Assistance Center (OCCAC): 928-337-5047
35432 Hwy 180A, Concho, AZ 85924

COCHISE COUNTY

Good Neighbor Alliance (GNA): 520-439-0776
420 N. 7th St., Sierra Vista, AZ 85635

Bisbee Coalition for the Homeless (Tintown Shelter): 520-432-7839
509 Romero St., Bisbee, AZ 85603

COCONINO COUNTY

Catholic Charities Community Services (CCCS): 928-774-9125
2101 N. Fourth St., Flagstaff, AZ 86004

Flagstaff Shelter Services (FSS): 928-225-2533 x307
4185 E. Huntington Dr., Flagstaff, AZ 86004

GILA COUNTY

Gila County Community Action Program: 928-425-7631
5515 S. Apache Avenue, Suite 200, Globe, AZ 85501
514 S. Beeline Hwy., Payson, AZ 85541

GRAHAM/ GREENLEE

2-1-1: Contact 211 Arizona for Coordinated Entry
https://211arizona.org/

LA PAZ COUNTY

Regional Center for Border Health (RCFBH): 928-669-4436 (928) 256-4110
601 W. Riverside Dr., Parker, AZ 85344

MARICOPA COUNTY

Brian Garcia Welcome Center on the Keys to Change Campus (Singles): 602-229-5155
206 S. 12th Ave., Phoenix, AZ 85007

Youth Resources (aged 12-17): 602-841-5799

Youth Resources (aged 18-24): 480-868-7527

Family Housing Hub (Families only): 602-595-8700 or **877-211-8661** or **2-1-1**
3307 E. Van Buren St., #108, Phoenix, AZ 85008

VA Community Resource and Referral Center (CRRC) Veterans: 602-248-6040
1500 East Thomas Rd., Ste. 106, Phoenix, AZ 85014

MOHAVE COUNTY

Mohave County Housing Authority: 928-753-0723
700 W. Beale St., Kingman, AZ 86401

NAVAJO COUNTY

Re: Center: 928-457-1707
814 E. White Mountain Blvd., Pinetop-Lakeside, AZ 85901

PIMA COUNTY

City of Tucson (Phone only): 520-791-4204

Salvation Army: 520-622-5411
1002 N. Main Avenue, Tucson, AZ 85705

Primavera Foundation – Homeless Intervention & Prevention (HIP) Drop-In Center: 520-623-5111
702 S. 6th Ave., Tucson, AZ 85701

Our Family Services
Youth Resources (aged 12-17) **520-320-5122**
Youth Resources Adults (aged 18-24) **520-323-1708 ext. 103**
2590 N Alvernon Way Tucson, AZ 85712

La Frontera (In Person only): 520-882-8422
4554 S Palo Verde Rd., Tucson, AZ 85714

OPCS: 520-546-0122
2323 S. Park Avenue, Tucson, AZ 85713

PINAL COUNTY

Community Action Human Resources Agency (CAHRA): 520-466-1112
109, N Sunshine Blvd., Eloy, AZ 85131

National Community Health Partners (NCHP): 520-876-0699

CG Helps: 520-483-0010
350 E. 6th St., Casa Grande, AZ 85122

Santa Cruz County
2-1-1: Contact 211 Arizona for Coordinated Entry
https://211arizona.org/

YAVAPAI COUNTY

Coalition for Compassion & Justice (CCJ): 928-445-8382
531 Madison Ave., Prescott, AZ 86301

Nations Finest: 928-237-1095
600 E. Gurley St., Ste F., Prescott, AZ 86301

Verde Valley Homeless Coalition: 928-641-4298
654 Main St., Cottonwood, AZ 86326

Catholic Charities Community Services (CCCS): 928-848-6011
434 W. Gurley St., Prescott, AZ 86301

Prescott Area Shelter Services (PASS): 928-778-5933
336 N. Rush St., Prescott, AZ 86301

US Veterans: 928-583-7204
1040 Whipple St., Prescott, AZ 86305

YUMA COUNTY

ACHIEVE: 928-341-4147
3250A East 40th Street; Yuma, AZ 85365

Western Arizona Council of Governments (WACOG): 928-217-7116
1235 S. Redondo Center Drive, Yuma, AZ 85365

National Community Health Partners (NCHP): 928-726-6022
255 W 24th St., Ste 4, Yuma, AZ 85364

Count the Kicks App
A no-cost pregnancy app available to individuals who are in their third trimester of pregnancy. The app helps expectant parents learn about the importance of tracking fetal movements. Tracking these movements, in addition to regular prenatal visits, helps monitor the baby's well-being. You can download the app at **https://countthekicks.org**.

Division of Licensing Services
The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

Phoenix office: 150 N. 18th Ave., Phoenix, AZ 85007
602-364-2536, **www.azdhs.gov/als/index.htm**

Tucson office: 400 W. Congress, Suite 100, Tucson, AZ 85701
520-628-6965, **www.azdhs.gov/als/index.htm**

Dump the Drugs
Find drop box locations to dispose of unused or unwanted prescription drugs. This application displays all drop-off locations in Arizona. It allows the user to enter their address to receive directions to the location closest to them.

General and Public information: **602-542-1025**
https://azdhs.gov/gis/dump-the-drugs-az

Emergency shelter
2-1-1: Contact 211 Arizona for Shelter Resources
https://211arizona.org/

Food and clothing resources

Andre House (Emergency food boxes and other supports): 602-255-0580
213 S. 11th Ave., Phoenix, AZ 85007

Chicanos Por La Causa Senior Center (Hot, delivered meals for homebound older adults): 602-272-0054
1617 N. 45th Ave., Phoenix, AZ 85035

Cultural Cup Food Bank: 602-266 8370, **www.culturalcup.com**
No-cost emergency food boxes, sack lunches and more.
342 E. Osborn Rd., Phoenix, AZ 85012

First Pentecostal Church Community Center (Canned foods, meals and more): 602-276-9075
2709 E. Marguerite Ave., Phoenix, AZ 85040

Highways and Hedges Ministries: 602-212-0850
Monday through Friday, 9:30 a.m. to 5: p.m.
2515 E. Thomas Rd., Phoenix, AZ 85016

ICM Food and Clothing Bank: 602-254-7450
Monday through Saturday, 9:00 a.m. to 11:00 a.m.
501 S. 9th Ave., Phoenix, AZ 85007

St. Mary's Food Bank: 602-242-3663
Collects and distributes food throughout the state, provides emergency food boxes, mobile pantry, child nutrition programs and a community kitchen.
2831 N. 31st Ave., Phoenix AZ 85009

United Food Bank: 480-926-4897
245 S. Nina Dr., Mesa, AZ 85210

Foothills Food Bank and Resource Center
6038 E. Hidden Valley Dr., Cave Creek, AZ 85331
Call for eligibility: **480-488-1145**

New River (My Crossroads Church): 623-465-9461
42425 N. New River Rd., Phoenix, AZ 85086

St. Lukes Catholic Church: 623-582-0561
19644 N. 7th Ave., Phoenix, AZ 85027

St. Vincent De Paul dining rooms: 602-266-4673
Phoenix Family dining room: 420 W. Watkins Rd., Phoenix, AZ 85003
Phoenix dining room: 1075 W Jackson St., Phoenix, AZ 85210
Sunnyslope: 9227 N. 10th Ave., Phoenix, AZ 85021
Mesa dining room: 49 W. Broadway Rd., Mesa, AZ 85210
El Mirage dining room: 14013 N. Verbena St., El Mirage, AZ 85335

Housing Subsidy/Affordable Housing
This list is not all-inclusive. Work with your case manager to explore other possible community-based housing options.

Affordable Housing Search Arizona – Arizona Department of Housing
877-428-8844, **https://housingsearch.az.gov**

Arizona Behavioral Health Corporation
(AHCCCS Housing Program AHP)
602-712-9200, **www.azabc.org/ahp**

Chicanos Por La Causa: 602-257-0700
cplc.org/programs/affordable-housing
cplc.org/programs/housing-counseling
cplc.org/programs/rural-housing

City of Chandler Housing Authority: 480-782-3200
https://www.chandleraz.gov/residents/neighborhood-resources/housing-and-redevelopment

City of Glendale Housing Authority: 623-930-2180
www.glendaleaz.com/housing

City of Mesa Housing Authority: 480-644-3536
https://www.mesaaz.gov/residents/housing

City of Phoenix Housing Authority: 602-534-1974
https://www.phoenix.gov/housing

City of Phoenix – Senior Housing: 602-534-1974
https://www.phoenix.gov/housing/findingaffordablerental/seniors

City of Scottsdale Housing Authority: 480-312-7717
https://www.scottsdaleaz.gov/human-services

City of Tempe Housing Authority: 480-350-8950
https://www.tempe.gov/government/human-services/housing-services

Community Bridges: 831-688-8840
https://communitybridgesaz.org/providers-referrals/housing/

COPA Health: 480-969-3800
https://copahealth.org/

US Department of Housing and Urban Development programs – Arizona
1-800-955-2232 (TTY 711 or 1-800-877-8339),
www.hud.gov/states/arizona

Gila County Housing Authority: 928-425-7631
https://www.gilacountyaz.gov/government/community/housing_services/index.php

Hom Inc.: 602-265-4640
https://www.hominc.com/ahcccs-housing-program/

Housing Authority of Maricopa County: 602-744-4500
www.maricopahousing.org

Native American Connections: 602-254-3247
https://www.nativeconnections.org/

Pima County Housing Authority: 520-724-9999
https://www.pima.gov/2030/Housing-Resource-Assistance

Pinal County Housing Authority: 520-866-7201
https://www.pinal.gov/584/Housing-Authority

Resilient Health: 602-995-1767
https://www.resilienthealthaz.org

Tucson Housing Authority: 520-791-4171
https://www.tucsonaz.gov/Departments/Housing-and-Community-Development

Information for caregivers
24-hour Senior Help Line: **602-264-HELP (4357)**

La Frontera – EMPACT
Behavioral health services to children, adults and families. Outpatient and inpatient services are available. This includes counseling, psychiatric services, substance use treatment, trauma healing, crisis intervention, supportive services and services for adults with a SMI designation.
www.lafrontera empact.org

Glendale: 480-784-1514 or **480-317-2211**
4425 W. Olive Rd., Ste., 194, Glendale, AZ 85302

Maricopa: 480-784-1514 or **520-316-6068**
21476 N. John Wayne Parkway, Ste. C101, Maricopa, AZ 85139

Tempe: 480-784-1514 or 480-317-2200
618 S. Madison Dr., Tempe, AZ 85281

If you would like to know more about these resources including all residential placement options within the Geographic Service Area (GSA) available in your community, contact Mercy Care at **602-586-1841** or **1-800-564-5465** (TTY 711).

Maternal and Child Health Program and EPSDT – Home visitation resources

Maricopa County Lead Safe Phoenix Program
This program provides home visitation as well as community outreach and education to people who live in the city of phoenix. There is no cost to participate in the program, but you must meet requirements. See their website for details on those requirements. Home visitors will

provide blood lead testing to children under 6 years old, they will check your home for lead, educate you on lead poisoning and refer you to community resources if needed.
602-525-3162, **https://www.maricopa.gov/1853/Lead-Poisoning-Prevention**

Parents Partners Plus
Parents Partners Plus is a network of home visitation support programs. They offer individualized support around every day parenting experiences and family well-being. If you have questions, concerns, or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, their representatives can connect you with critical resources.
602-633-0732, **https://parentpartnersplus.com/**

Southwest Human Development – Healthy Families
Healthy Families is a no cost home visitation program that works with families from pregnancy through the first 5 years of life. Their goal is to help you become the best parent you can be. A home visitor goes to the family's home to provide support and information to become the best parent for their child!
877-705-KIDS, **https://www.swhd.org/programs/health-and-development/healthy-families/**

Strong Families AZ
Strong Families AZ is a network of no-cost home visitation programs that help families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5. Listed below are a few of their home visitation programs available to you.
602-345-0471, **https://strongfamiliesaz.com/**

Arizona Health Start

For women who are pregnant or have a child under 2 years old. If you are pregnant or a mother facing challenges, it's important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. They will get to know you and your family so they can help you get the resources you need. They understand your culture because they live in your community.

https://strongfamiliesaz.com/program/arizona-health-start

Family Spirit

For Native American families with children under 3 years old. The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning and self-help.

https://strongfamiliesaz.com/program/family-spirit-home-visiting-program

Healthy Families Arizona

Healthy Families Arizona is a no-cost program that helps pregnant women as well as mothers and fathers become the best parents they can be. The program continues until the child turns 2 years old. A Home Visitor will get to know you and connect you with services based on your specific situation. Everyone who is having a baby can feel overwhelmed. It's important to know that it's okay to ask for help. To initiate services, you can directly contact any of the service providers serving the area where you reside.

https://strongfamiliesaz.com/program/healthy-families-arizona

High-Risk Perinatal/Newborn Intensive Care Program
For families with newborns who have been in intensive care. The High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is a comprehensive, statewide system of services dedicated to reducing maternal and infant mortality. The program provides a safety net for Arizona families to ensure the most appropriate level of care for birth as well as early identification and support for the child's developmental needs.
https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program

Nurse-Family Partnership
For first-time mothers less than 28 weeks pregnant. Children don't come with an instructional guide. It's normal for new mothers to face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community health care program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.
https://strongfamiliesaz.com/program/nurse-family-partnership

Nurse-Family Partnership/North and West Phoenix/Maricopa County: 602-633-0732
2850 N. 24th St., Phoenix, AZ 85008
https://www.swhd.org/programs/health-and-development/nurse-family-partnership/

Nurse-Family Partnership/East and South Phoenix/Maricopa County: 602-633-0732
4041 N. Central Ave., Suite 700, Phoenix, AZ 85012
https://www.maricopa.gov/1867/Nurse-Family-Partnership

Nurse-Family Partnership/Casa de los Niños/Pima County: 520-624-5600
1101 N. 5th Ave., Tucson, AZ 85705
https://casadelosninos.org/

Nurse-Family Partnership/Easter Seals Blake Foundation – Graham, Gila, Pima and Yuma County:
520-247-3275
7750 E. Broadway Blvd., Suite A200, Tucson, AZ 85710
https://www.easterseals.com/blakefoundation/

Yavapai County Community Health Services: 928-583-1000
1090 Commerce Dr., Prescott, AZ 86305

Yavapai County Community Health Services: 928-639-8132
Verde Valley, AZ 86326

Parents as Teachers
For families with a child on the way or under 5 years old. Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. Most brain development occurs in the first few years of life and you can make a difference. Parents as Teachers will show you how. Their Home Visitors will provide you with resources appropriate for your child's stage of development. Through Parents as Teachers, you'll develop a stronger relationship with your child and help prepare them for academic success.
https://strongfamiliesaz.com/program/parents-as-teachers

SafeCare
For families with a child under 5 years old. Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas:

parent-child interaction, health and home safety. You will build on and strengthen your skills through a variety of interactive sessions.
https://strongfamiliesaz.com/program/safecare

Maternal and Child Health Program and EPSDT – additional resources

Affirm (formerly Arizona Family Health Partnership)

This federally funded program offers family planning, women's health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.
602-258-5777, **https://www.affirmaz.org/**

Arizona's Chapter – Postpartum Support International

Offers support for families dealing with postpartum depression, postpartum anxiety and other mood disorders associated with pregnancy and postpartum. This is a volunteer, peer support warm line. It's helpful to families dealing with postpartum.
Call or text 24 hours a day/7 days a week: **1-833-TLC-MAMA (1-833-852-6262)**
www.psiarizona.org

Arizona Department of Health Services (ADHS) Pregnancy and Breastfeeding Helpline

ADHS offers information about pregnancy tests and low-cost providers. Calls are answered by an International Board-Certified Lactation Consultant (IBCLC) to learn about the benefits of breastfeeding, mom's diet, milk supply or tips and tricks for successful breastfeeding for mother and child.
Available 24 hours a day, 7 days a week
1-800-833-4642, **https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/**

Arizona Diaper Bank

The Arizona Diaper Bank provides Children's Diapers, Adult Incontinence Briefs, and Menstruation (period) products to those in need. One in two families struggles to afford an adequate supply of diapers, which leads to hygiene issues and potential health risks for infants and children. They are committed to ensuring that every child, adolescent, and adult has access to clean, dry products to help improve their health, dignity, and well-being.
Tucson: **520-325-1400**, Phoenix: **602-715-2629**
https://diaperbank.org/need-assistance/

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) helps families of children with disabilities or developmental delays from birth to three years of age. They provide support and can work with your child's natural ability to learn. The AzEIP website can be used to get additional information, to learn more about AzEIP resources and to submit a referral using their AzEIP Online Portal. You can also call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask for the Mercy Care AzEIP coordinator.

AzEIP information: **1-888-592-0140**
AzEIP referral status check: **602-532-9960**
https://des.az.gov/azeip

Arizona Head Start

Arizona Head Start is a great program that gets infants and preschool-aged children ready for school. The program offers education preparation, healthy snacks and meals, services to promote family well-being and more. They offer two Head Start programs depending on your child's age. Early Head Start is the program for children under 3 years old. Head Start is the program for children between 3 and 5 years old. Arizona Head Start offers these services and more at no cost to you.

To locate an Early Head Start or Head Start program in your area, you can visit their website and use the Find Your Head Start Flyer. You can also use the contacts listed below.
http://www.azheadstart.org/headstart.php

Apache, Coconino, Navajo and Yavapai Counties
Northern Arizona Council of Governments (NACOG)
928-774-9504, nacog.org

Cochise, Graham, Greenlee, Pima and Santa Cruz Counties
Child Parent Centers, Inc. (CPC)
520-882-0100, childparentcenters.org

Gila or Pinal County
Pinal-Gila Community Child Services, Inc. (PGCCS)
1-888-723-7321, pgccs.org

La Paz, Mohave and Yuma Counties
Western Arizona Council of Governments (WACOG)
928-782-1886, wacog.com

Maricopa County
Catholic Charities Community Service – Westside Head Start:
623-486-9868, CatholicCharitiesAz.org

Chicanos Por La Causa: 602-716-0156, cplc.org

Child Crisis Arizona: 480-304-9501, childcrisisaz.org

City of Phoenix Human Services – Head Start: 602-262-4040
phoenix.gov/administration/departments/humanservices/programs-services/early-education-head-start

Maricopa County Human Services – Head Start: 602-372-3700 maricopa.gov/5778/Apply-to-Head-Start-Programs

Southwest Human Development – Head Start: 602-266-5976 swhd.org/programs/head-start/

Urban Strategies – Family & Child Academy: 602-353-5313 www.urbanstrategies.us/programs/

Alhambra School District – Head Start: 602-246-5155 alhambraesd.org

Booker T. Washington Child Development Center, Inc.: 602-252-4743, btwchild.org

Deer Valley School District – Head Start: 602-467-6013, dvusd.org/headstart

Fowler School District – Head Start: 623-474-7260, fesd.org/early-childhood-education

Washington Elementary School District – Head Start Plus: 602-347-4806, wesdschools.org/Domain/32

Birth to 5 Helpline

This is a no-cost helpline that is available to all Arizona families with young children and parents-to-be who have questions or concerns about their infants, toddlers, and preschoolers. They work with you to understand your specific concern and they align with each family's own parenting values, traditions, and styles. Call to speak with an early childhood specialist, Monday through Friday from 8 a.m. to 8 p.m. You can also leave a voicemail or submit your question online anytime. You

can also download the Birth to Five Helpline app to your phone for fast and easy access to information.
1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline

Children's Rehabilitative Services (CRS)
Children's Rehabilitative Services (CRS) is a designation (title) given to members who are under 21 years of age and have qualifying medical conditions. Member must complete a CRS application to see if they qualify. If approved, then Mercy Care helps to provide closer care coordination and monitoring for both physical and behavioral health services to make sure special health care needs are met. If you have questions about your CRS benefits or services, you can call Mercy Care Member Services: **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/CRS.html
mercycareaz.org/acc-rbha/childrens-rehabilitative-services.html

First Things First
Partners with families and communities to help our state's young children be ready for success in kindergarten and beyond. There's no one right way to raise a child and sometimes parenting a baby, toddler or preschooler can be a challenge. You don't need to be perfect. To help you do the best you can, they parent resources for you that support your child's healthy development and learning.
602-771-5100 or **1-877-803-7234**
https://www.firstthingsfirst.org/resources/

Fussy Baby Program
The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby's

temperament or behavior during the first year of life. Their clinicians will work with you to find more ways to soothe, care for and enjoy your baby. They'll also offer ways to reduce stress while supporting you in your important role as a parent. Additional visit(s) to a family's home is available if needed (in Maricopa County only).
1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/fussy-baby

4th Trimester of AZ
All families are embraced by their communities in their transition to parenthood. We are an organization of families, health professionals, educators and local businesses that honors, supports and empowers all families of Arizona during their transition to parenthood and beyond.
480-269-1639, **https://4thtrimesteraz.org/**

Hushabye Nursery
Hushabye Nursery offers a safe and inclusive space where mothers, family members and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. They provide a therapeutic and inviting environment of short-term medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and their families. They offer non-judgmental support, education, as well as provide prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.
Call or text **480-628-7500**, **https://www.hushabyenursery.org**

Jacob's Hope
Jacob's Hope is a specialty care nursery providing 24-hour medical care to newborns who were exposed to drugs or alcohol and are experiencing withdrawal symptoms at birth. They provide immediate, short-term medical care between the hospital NICU and home for infants with prenatal drug exposure.
480-398-7373, **https://jacobshopeaz.org**

Office of Children's Health: 602-542-1025
150 N. 18th Ave., Phoenix AZ 85007

Postpartum Support International
Postpartum Support International (PSI) is the world's leading non-profit organization dedicated to helping those suffering from perinatal mood disorders. PSI promotes treatment, prevention, education, and awareness of perinatal mood disorders (PMD) affecting mothers, their families and support systems. Call the toll-free helpline for more information and volunteers will give you information, encouragement, and names of resources near you.

PSI Helpline: 24 hours a day, 7 days a week call or text English **1-800-944-4773**, or Spanish **971-203-7773**
National Maternal Mental Health Hotline – call or text: **1-833-852-6262** in English and Spanish
National crisis line **text HOME to 741741** anywhere in the USA, anytime, about any crisis.
National Suicide Prevention Hotline: Call **988**
https://www.postpartum.net/get-help

Power Me A2Z
This program provides no-cost vitamins for young women. These vitamins are for strong bones and teeth, shiny hair, strong nails, a healthy immune system and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can't get it through what you eat every day. Good vitamins are also important for women's health by reducing the risk of heart disease, colon cancer, memory loss and prevent certain birth defects when you're ready for children. They are provided by the Arizona Department of Health Services (ADHS).
https://www.azdhs.gov/powermea2z/

Encircle Families

Encircle Families is a program that helps improve the lives of children with the full range of disabilities, from birth to age 26. They provide support, training, information, and individual assistance so families can become effective advocates for their children.

encirclefamilies.org
Phoenix – **602-242-4366** or **1-800-237-3007**
Southern Arizona – Tucson **520-441-4007**
Southern Arizona – Yuma **928-444-8803**

Supplemental Nutrition Assistance Program (formerly known as Food Stamps)

This food assistance program provides eligible households with monthly benefits they can use to purchase nutritious foods. They help families meet their fundamental needs by helping to fight food insecurities and allow people to overcome barriers and allowing for self-sufficiency.
1-855-777-8590, **https://des.az.gov/na**

Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to you. They provide vaccines to children who are 18 years and under. If your child's PCP is not registered with this program, you will have to change to another PCP that is registered. For more information on the program, you can visit the Arizona Department of Health Services (ADHS) – Vaccines for Children (VFC) website. ADHS also offers an immunization (vaccine) education course and resources for you on their website that may help you if you have any questions or concerns.
602-364-3642
https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/
index.php#program-overview

WIC (Women, Infants and Children)

WIC is an Arizona nutrition program that provides nutritious foods, breastfeeding education, and information. They help pregnant, breastfeeding, and postpartum women, as well as infants and children under five years old.

1-800-252-5942

www.azdhs.gov/prevention/azwic

Find out if you're eligible: **www.azdhs.gov/prevention/azwic/families/index.php#eligibility**

Find a clinic near you: **https://clinicsearch.azbnp.gov**

WIC online

Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you'll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet, or computer with a webcam to participate.

602-506-9333,

https://www.maricopa.gov/1491/Women-Infants-Children-WIC

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.

www.mikid.org

810 Gemstone #3,
Bullhead City, AZ 86442
928-704-9111

901 E. Cottonwood Lane,
Casa Grande, AZ 85122
520-509-6669

2615 E. Beverly Ave.,
Kingman, AZ 86409
928-753-4354

1777 N. Frank Reed Rd.,
Nogales, AZ 85621
520-377-2122

925 E. Bilby Rd.,
Tucson, AZ 85706
520-882-0142

2891 S. Pacific Ave.,
Yuma, AZ 85365
928-344-1983

365 E. Short Street,
Sierra Vista, AZ 85635
520-895-3409

Migrant and seasonal program services

Chicanos Por La Causa Early Childhood Development
5840 E. Calle Santos Bravo, Guadalupe, AZ 85283
480-491-2301 or **928-250-6085**, **www.cplc.org**

Tribal program services
Gila River Head Start, P.O. Box 97, Sacaton, AZ 85147
520-562-3423, **www.gilariver.org**

Salt River Pima-Maricopa Indian Community Early Childhood Education Center
4826 N Center St., Scottsdale, AZ 85256
480-362-2200, **https://ecec.srpmic-ed.org/**

My Family Benefits
Information about medical, cash and nutrition assistance
1-855-432-7587 or **1-855-heaplus**, **www.azdes.gov/myfamilybenefits**

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.
480-994-4407
www.namiarizona.org

National Hope Line Network: 1-800-442-4673
No-cost 24 hour hotline for anyone in crisis

National Suicide Prevention and Crisis Lifeline
Offers no-cost 24-hour hotline available to anyone in suicidal crisis or emotional distress.
Dial **988** or **1-800-273-8255**, **https://988lifeline.org/about/**

National Veterans Crisis Line
1-800-273-8255 or call **988, option 1**
Or **Text 838255**, **www.veteranscrisisline.net**

Nutrition, Physical Activity and Obesity (NUPAO)
NUPAO provides additional resources for treating obesity and nutritional information.
www.azdhs.gov/phs/bnp/nupao
Arizona Nutrition Network: **https://www.azhealthzone.org/resources/**

Opioid Assistance and Referral Line
Local medical experts offer patients, providers, and family members opioid information, resources, and referrals 24 hours a day, 7 days a week. Translation services available.
1-888-688-4222, **https://www.azdhs.gov/oarline**

Poison Control
Call 911 right away if the individual collapses, has a seizure, has trouble breathing or can't be awakened.
For immediate expert advice that's no cost and confidential.
Call 24 hours a day, 7 days a week: **1-800-222-1222**

Get help online if you took too much medicine, swallowed, or inhaled something that might be poisonous, splashed a product on your eye or skin, need help identifying a pill or information about a medication.
https://triage.webpoisoncontrol.org/#/exclusions
https://www.poison.org/

Lead Safe Phoenix: 602-525-3162
4041 N. Central Ave. St., #700, Phoenix, AZ 85012

Reach Family Services/Alcanza Servicios de Familia
Reach Family Services is a non-profit family-run organization in south Phoenix who offers bilingual services in both Spanish and English. They assist families who are raising children with behavioral and emotional health challenges. You can call them at **602-512-9000** or visit their website at **http://www.reachfs.org** for help.

Social Security and Disability Resource Center
Provides information on the federal disability benefit programs, SSD (social security disability, mandated under Title II of the Social Security Act) and SSI (Supplemental Security Income, mandated under Title 16. They also answer questions about Social Security retirement benefits and provide resource links on Medicare and other topics.
www.ssdrc.com

Teen Lifeline
Peer counseling suicide hotline from 3-9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.
Call or text **602-248-8336 (TEEN)** or **1-800-248-8336 (TEEN)**,
www.teenlifeline.org

Trans Lifeline
A peer support crisis hotline in which all operators are transgender.
1-877-565-8860, **www.translifeline.org**

Veterans line – Be Connected
Veterans' resources (and for those who support them).
1-866-4AZ-VETS or **1-866-429-8387**, **www.beconnectedaz.org**

Vocational Rehabilitation (VR)
The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to people with disabilities with the goal to prepare for, enter or retain employment.
1-800-563-1221 or TTY **1-855-475-8194**
https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr

The Vocational Rehabilitation program provides services and supports in order to help people with disabilities meet their employment goals.
https://des.az.gov/vr

No-cost immunization/vaccination clinics

Sometimes you may not be able to get your child in to see their PCP for vaccinations. You can go to the following clinics for your child's vaccinations.

APACHE COUNTY

North Country HealthCare – Round Valley Clinic
928-333-0127, http://www.northcountryhealthcare.org

North Country HealthCare – Saint John's Clinic
928-337-3705, http://www.northcountryhealthcare.org

St. John's Clinic
928-337-7977,
https://www.co.apache.az.us/health/clinical-services/

Round Valley Clinic
928-333-2415,
https://www.co.apache.az.us/health/clinical-services/

COCHISE COUNTY

Pediatric Center of Excellence
520-364-5437,
http://www.cchci.org

Sierra Vista Pediatrics Clinic
520-459-0203,
http://www.cchci.org

COCONINO COUNTY

Health and Wellness Clinic
928-679-7222,
http://www.coconino.az.gov/health

Lake Powel Medical Center
928-645-8123,
http://www.canyonlandschc.org

NACA Family Health & Wellness Center
928-773-1245,
http://www.nacainc.org

North Country HealthCare – Flagstaff (4th St)
928-522-9400, http://www.northcountryhealthcare.org

North Country HealthCare – Flagstaff (University Ave)
928-522-1300, http://www.northcountryhealthcare.org

North Country HealthCare – Grand Canyon
928-638-2551, http://www.northcountryhealthcare.org

North Country HealthCare – Williams
928-635-4441, http://www.northcountryhealthcare.org

GILA COUNTY

Canyonlands Healthcare – Globe
928-402-0491, http://www.canyonlandschc.org

Gila County Public Health Services Division – Globe
928-425-3189 x8811, https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

Gila County Public Health Department: 928-474-1210, https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

North Country HealthCare – Payson Clinic
928-468-8610, http://www.northcountryhealthcare.org

GRAHAM COUNTY

Canyonlands Healthcare – Safford
928-428-1500, http://www.canyonlandschc.org

Graham County Health Department Public Health Services
928-428-1962, http://www.graham.az.gov/254/health

GREENLEE COUNTY

Canyonlands Healthcare – Clifton
928-865-2500, http://www.canyonlandschc.org

Canyonlands Healthcare – Duncan
928-359-1380, http://www.canyonlandschc.org

Greenlee County Government Health & County Services
928-865-2601,
https://greenlee.az.gov/ova_dep/health-and-county-services/

LA PAZ COUNTY

La Paz County Health Department
928-669-1100,
http://www.lapaz.gov

MARICOPA COUNTY

Chandler Regional Medical Center Immunization Clinic
480-728-2004,
http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics

Mesa Immunization Clinic
602-506-6767,
http://www.maricopa.gov/Facilities/Facility/Details/East-Mesa-Clinic-6

NHW Community Health Center
602-279-5262,
http://nativehealthphoenix.org

Roosevelt Immunization Clinic
602-506-6767,
http://www.maricopa.gov/ facilities/facility/details/Central-Roosevelt-Clinic-5

West Valley Immunization Clinic
602-506-6767, http://www.maricopa.gov/facilities/facility/details/west-clinic-7

MOHAVE COUNTY

Canyonlands Healthcare – Beaver Dam
928-347-5971,
http://www.canyonlandschc.org

North Country HealthCare – Bullhead City
928-704-1221, http://www.northcountryhealthcare.org

North Country HealthCare – Kingman
928-753-1177, http://www.northcountryhealthcare.org

North Country HealthCare – Lake Havasu City
928-854-1800, http://www.northcountryhealthcare.org

NAVAJO COUNTY

Canyonlands Healthcare – Chilchinbeto
928-697-8154,
http://www.canyonlandschc.org

Holbrook Immunization Clinic
928-524-4750,
http://www.navajocountyaz.gov/departments/public-health-services

North Country HealthCare – Holbrook Clinic
928-524-2851, http://www.northcountryhealthcare.org

North Country HealthCare – Show Low Clinic
928-537-4300, http://www.northcountryhealthcare.org

North Country HealthCare – Winslow Clinic
928-289-2000, http://www.northcountryhealthcare.org

Show Low Immunization Clinic
928-532-6050,
http://www.navajocountyaz.gov/Departments/Public-Health-Services

Taylor/Snowflake Immunization Clinic
928-532-6050,
http://www.navajocountyaz.gov/departments/public-health-services

PIMA COUNTY

Continental Family Medical Center
520-407-5900,
http://www.uchcaz.org

Continental Pediatrics Clinic
520-407-5900,
http://www.uchcaz.org

Desert Senita Community Health Center – Ajo
520-387-5651,
http://www.desertsenita.org

El Rio No-Cost Immunization Clinics
520-670-3909, http://www.elrio.org

La Canada Pediatrics Clinic
520-407-5800,
http://www.uchcaz.org

Pima County Health Department Clinic – Tucson East
520-724-9650, http://www.webcms.pima.gov/health

Pima County Health Department Clinic – Tucson North
520-724-2880, http://www.webcms.pima.gov/health

Pima County Health Department Clinic – Tucson Southwest
520-724-7900, http://www.webcms.pima.gov/health

UA Mobile Health Program
520-771-5570, http://www.fcm.arizona.edu/outreach/mobile-health-program

United Community Health Center Arivaca Clinic
520-407-5500,
http://www.uchcaz.org

United Community Health Center at Green Valley Hospital Clinic
520-407-5400,
http://www.uchcaz.org

United Community health Center at Old Vail Middle School
520-762-5200,
http://www.uchcaz.org

United Community Health Center at Sahuarita Heights
520-576-5770,
http://www.uchcaz.org

United Community Health Center at Three Points Clinic
520-407-5700,
http://www.uchcaz.org

PINAL COUNTY

Apache Junction Clinic
866-960-0633,
http://www.pinalcountyaz.gov

Casa Grande Clinic
866-960-0633,
http://www.pinalcountyaz.gov

Desert Senita Community Health Center – Arizona City
833-444-5040,
http://www.desertsenita.org

Eloy Clinic
866-960-0633, http://www.pinalcountyaz.gov

Kearny Clinic
866-960-0633,
http://www.pinalcountyaz.gov

Maricopa Clinic
866-960-0633,
http://www.pinalcountyaz.gov

SANTA CRUZ COUNTY

Mariposa Community Health Center – Nogales
520-281-1550,
http://www.mariposachc.net

United Community Health Center Amado Clinic
520-407-5510,
http://www.uchcaz.org

YAVAPAI COUNTY

North Country HealthCare – Ash Fork Clinic
928-637-2305, http://www.northcountryhealthcare.org

North Country HealthCare – Seligman Clinic
928-422-4017, http://www.northcountryhealthcare.org

Yavapai County Community Health Services Community Health Center – Cottonwood
928-639-8132, https://www.yavapaiaz.gov/Resident-Services/Health-Services/Community-Health-Center-of-Yavapai

Yavapai County Community Health Services Community Health Center – Prescott
928-583-1000, https://www.yavapaiaz.gov/Resident-Services/Health-Services/Community-Health-Center-of-Yavapai

Yavapai County Community Health Services Community Health Center – Prescott Valley
928-583-1000, https://www.yavapaiaz.gov/Resident-Services/Health-Services/Community-Health-Center-of-Yavapai
://www.chcy.info

YUMA COUNTY

Horizon Health and Wellness Primary Care – Yuma
833-431-4449,
http://www.hhwaz.org

San Luis Walk-In Clinic – San Luis Center
928-722-6112, http://www.slwic.org

San Luis Walk-In Clinic – Somerton Center
928-236-8001, http://www.slwic.org

Yuma County Public Health Nursing Division
928-317-4550, http://www.yumacountyaz.gov

If you lose eligibility resources

We want you to be able to get health care if you lose your AHCCCS eligibility. Below is a list of clinics that offer low-cost or no-cost medical care. Call the clinics to learn about services and costs. If you have questions or need help, call Mercy Care Member Services.

LOW-COST/SLIDING SCALE HEALTH CARE

MARICOPA COUNTY

Circle the City Health Care:
Circlethecity.org
3522 N. 3rd Avenue,
Phoenix AZ 85013, 602-776-0776

Adelante Healthcare:
480-964-2273

Avondale – Coronado Professional Plaza:
13471 W. Cornerstone Blvd.,
Goodyear, AZ 85395

Buckeye: 306 E. Monroe Ave.,
Buckeye, AZ 85326

Gila Bend: 100 N. Gila Blvd.,
Gila Bend, AZ 85337

Mesa: 1705 W. Main St.,
Mesa, AZ 85201

West Phoenix: 9610 N Metro Pkwy W., Phoenix, AZ 85051

Central Phoenix: 500 W. Thomas Rd., Ste. 870, Phoenix, AZ 85013

Phoenix: 7725 N. 43rd Ave.,
Ste. 510, Phoenix, AZ 85051

Surprise: 15351 W. Bell Rd.,
Surprise, AZ 85374

Wickenburg: 811 N. Tegner St.,
Ste. 113, Wickenburg, AZ 85390

HonorHealth Desert Mission Health Center:
480-882-4545
9015 N Third Street,
Phoenix, AZ 85020

Valleywise Health Centers:
https://valleywisehealth.org/

Sunnyslope Family Health Center: 602-344-6300
934 W. Hatcher Rd.,
Phoenix, AZ 85021

Comprehensive Health Center:
833-855-9973
2525 Roosevelt St.,
Phoenix, AZ 85008

Guadalupe Family Health Center: 480-344-6000
5825 E. Calle Guadalupe,
Guadalupe, AZ 85283

South Central Family Health Center: 602-344-6400
33 W. Tamarisk St.,
Phoenix, AZ 85041

Mountain Park Health Center – Baseline: 602-243-7277
635 E. Baseline Rd.,
Phoenix, AZ 85042

Maryvale Family Health Center:
623-344-6900
4011 N. 51st Ave.,
Phoenix, AZ 85031

Chandler Family Health Center:
480-344-6100
811 S. Hamilton St.,
Chandler, AZ 85225

El Mirage Family Health Center:
623-344-6500
12428 W. Thunderbird Rd.,
El Mirage, AZ 85335

Avondale Family Health Center:
623-344-6800
950 E. Van Buren St.,
Avondale, AZ 85323

Mesa Family Health Center:
480-344-6200
59 S. Hibbert, Mesa, AZ 85210

Seventh Avenue Family Health Center: 602-344-6600
1205 S. 7th Ave.,
Phoenix, AZ 85007

Mind 24 – 24 hour urgent mental health care for children, teens and adults
mind24-7.com, 1-844-MIND247 or 1-844-646-3247

Mesa: 1138 S Higley Rd.,
Mesa, AZ 85206
Phoenix: 10046 N. Metro Pkwy. W.,
Phoenix, AZ 85051

Mind 24-7 – Outpatient non-urgent services:
Mesa: 1220 S Higley Rd Ste# 201,
Mesa AZ 85206

Mountain Park Health Centers:
602-243-7277,
mountainparkhealth.org

Tempe Community Health Center:
1840 E. Broadway Rd.,
Tempe, AZ 85282

Goodyear: 140 N. Litchfield Rd.,
#106, Goodyear, AZ 85338

South Phoenix: 635 E. Baseline,
Phoenix, AZ 85042

East Phoenix:
3830 E. Van Buren St.,
Phoenix, AZ 85008

Native American Community Health Center, Inc.: 602-279-5262
4041 N. Central Ave., Building C,
Phoenix, AZ 85012

Panda Pediatrics: 602-257-9229
515 W. Buckeye Rd., Ste. 402,
Phoenix, AZ 85003

Maryvale Family Medical:
623-207-7642
4700 N. 51 Ave., Ste. 6,
Phoenix, AZ 85031

OSO Medical: 623-925-2622
13851 W. Lamar Blvd., Ste. C,
Goodyear, AZ 85338

St. Vincent De Paul/Virginia G. Piper Medical & Dental Clinic: 602-261-6825 or 602-261-6842
420 W. Watkins St.,
Phoenix, AZ 85003

PIMA COUNTY

Desert Senita Community Health Center: 520-387-5651
410 N. Malacate St., Ajo, AZ 85321

El Rio Community Health Centers

Congress Health Center:
520-670-3909
839 W. Congress St.,
Tucson, AZ 85745

El Rio Northwest Health Center:
520-670-3909
320 W. Prince Rd.,
Tucson, AZ 85705

El Rio Southwest Internal Medicine: 520-670-3909
1500 W. Commerce Ct.,
Tucson, AZ 85746

El Rio Health – Broadway Campus: 520-309-4200
1 W. Broadway Boulevard Ste #151, Tucson, AZ 85701

El Rio Health – El Pueblo Campus: 520-670-3909
101 W. Irvington Rd.,
Tucson, AZ 85714

MHC Healthcare

Freedom Park Health Center:
520-790-8500
5000 E. 29th St.,
Tucson, AZ 85711

Keeling Health Center:
520-696-6969
435 E. Glenn St.,
Tucson, AZ 85705

Ortiz Community Health Center:
520-682-3777
12635 W. Rudasill Rd.,
Tucson, AZ 85743

Flowing Wells Family Health Center: 520-887-0800
1323 W. Prince Rd.,
Tucson, AZ 85705

East Side Health Center:
520-574-1551
8181 E. Irvington Rd.,
Tucson, AZ 85709

COCHISE COUNTY

Chiricahua Community Health Center – Bisbee: 520-432-3309
108 Arizona St., Bisbee, AZ 85603

Chiricahua Community Health Center – Douglas: 520-364-3285
1100 F Ave., Douglas, AZ 85607

Chiricahua Community Health Center – Elfrida: 520-642-2222
10566 N. Hwy 191,
Elfrida, AZ 85610

Copper Queen Medical Associates RHC – Douglas: 520-364-7659
100 E. 5th St., Douglas, AZ 85607

Copper Queen Community Hospital – Bisbee: 520-432-5383
101 Cole Ave., Bisbee, AZ 85603

GRAHAM COUNTY

Canyonlands Community Health Care – Safford: 928-428-1500
2016 W. 16th St., Safford, AZ 85546

GREENLEE COUNTY

Canyonlands Community Health Care – Duncan: 928-359-1380
227 Main St., Duncan, AZ 85534

Low-fee dental services

MARICOPA COUNTY

AT Still – AZ School of Dentistry & Oral Heath
5855 E. Still Circle, Mesa, AZ 85206
480-248-8100 – General Care Dentistry
480-248-8107 – Advanced Care Clinic and Orthodontic clinic

Mountain Park – Christown YMCA: 602-243-7277
Pediatric Dental Care, 5517 N. 17th Ave, Phoenix

Midwestern University Dental Institute: 623-537-6000
Dentures, General and Pediatric Dental Care, Oral Surgery, Orthodontics for Youth
5855 W. Utopia Rd.,
Glendale, AZ 85308

Parson's Center for Pediatric Dentistry: 602-353-5435
3140 W. Buckeye Rd,
Phoenix, AZ 85009

Phoenix College: 602-285-7323
Dental Cleanings, Fluoride and sealants
3144 North 7th Ave,
Phoenix, AZ 85013

Rio Salado Community College – General Dental Care:
480-377-4100
2250 W. 14th St., Tempe, AZ 85281

New Horizon Dental Center –
Dentures and implants available:
480-530-7626
1030 N Colorado St., Suite 102,
Gilbert, AZ 85233

PDS Foundation Dentists for Special Needs:
602-844-9472
Serves individuals with special needs
4550 E. Bell Rd. #106,
Phoenix, AZ 85032

Brighter Way Dental Center:
602-362-0744
Providing adult dentures and implants
1300 W. Harrison St.,
Phoenix, AZ 85007
(Gate Code 0212 Press Key Sign)

Adelante Healthcare – General Dentistry: 480-964-2273, adelantehealthcare.com/services/dental

Buckeye: 306 E. Monroe Ave, Buckeye, AZ 85326
Gila Bend: 100 N. Gila Blvd, Gila Bend, AZ 85337
Goodyear: 13471 W. Cornerstone Blvd, Goodyear, AZ 85395
Mesa: 1705 W. Main St, Mesa, AZ 85201
Surprise: 15317 W. Bell Rd. Ste 108, Surprise, AZ 85374
West Phoenix: 9610 N. Metro Pkwy W, Phoenix, AZ 85051

Boys and Girls Clubs of Metro Phoenix Children's Dental Clinic
(Children aged 5-18)
1601 W. Sherman St.,
Phoenix, AZ 85007
602-271-9961, bgcaz.org/parsons-dental-clinic/#locations

Gila River Health Care (3 locations)
sees children, adults, endo, ortho for medically necessary.

Hu Hu Kam Memorial Hospital:
520-562-3321 Ext. 1209
483 W. Seed Farm Rd.,
Sacaton, AZ 85147

Komatke Health Center:
520-550-6015
17487 S. Health Care Dr.,
Laveen Village, AZ 85339

Hau'pal Health Center:
520-796-2682
3042 W. Queen Creek Rd.,
Chandler, AZ 85248

Mountain Park Dental Clinic
(4 locations): 602-243-7277
(scheduling all locations)
mountainparkhealth.org

1300 N. 48th St.,
Phoenix, AZ 85008
(pediatrics only)

5517 N. 17th Ave.,
Phoenix, AZ 85015
(pediatrics only)

635 E. Baseline Rd.,
Phoenix, AZ 85042

6601 W. Thomas Rd.,
Phoenix, AZ 85033

NOAH Health center (3 locations)

Cholla Health center:
480-882-4545
8705 E. McDowell Rd.,
Scottsdale, AZ 85257

Desert Mission Health Center:
480-882-4545
9015 N. 3rd St.,
Phoenix, AZ 85020

Palomino Health Center:
480-882-4545
16251 N. Cave Creek Rd.,
Phoenix, AZ 85032

Native Health Central
4041 N. Central Ave., Building C,
Phoenix, AZ 85012
602-279-5262,
NativeHealthPhoenix.com

Phoenix College Clinic – dental hygiene only
1202 W. Thomas Rd.,
Phoenix, AZ 85013
602-285-7323, phoenixcollege.edu/community/community-services/dental-clinic

St. Vincent De Paul
420 W. Watkins St.,
Phoenix, AZ 85002
602-261-6842, stvincentdepaul.net/locations/delta-dental-arizona-oral-health-center

Valleywise Health (5 locations)
valleywisehealth.org/services/dental

Chandler: 480-344-6100
811 S. Hamilton St.,
Chandler, AZ 85225

Phoenix: 1-833-855-9973
2525 E. Roosevelt St.,
Phoenix, AZ 85008

Phoenix: 602-344-6550
1101 N. Central Ave., Suite 204,
Phoenix, AZ 85004

Peoria: 1-833-855-9973
8088 W. Whitney Dr.,
Peoria, AZ 85345

Avondale: 623-344-6800
950 E. Van Buren St.,
Avondale, AZ 85323

PIMA COUNTY

El Rio: 520-670-3909, elrio.org

El Rio Dental Congress:
839 W. Congress St.,
Tucson, AZ 85745

El Rio Northwest Dental Center:
340 W. Prince Rd.,
Tucson, AZ 85705

El Rio Southwest Dental Center:
1530 W. Commerce Ct.,
Tucson, AZ 85746

MHC Healthcare (3 locations):
mhchealthcare.org/service/dental-care

Clinica Del Alma Health Center:
520-616-6760
3690 S. Park Ave. Suite 805,
Tucson, AZ 85713

Ina Health Center: 520-616-1531
2945 W. Ina Rd.,
Tucson, AZ 85741

MHC Main & MHC Quick Care:
520-682-4111
13395 N. Marana Main St.,
Marana, AZ 85653

Pima Community College – Dental Hygiene Clinic West Campus:
520-206-6090
2202 W. Anklam Rd., Science Building K, Room K-212,
Tucson, AZ 85709
pima.edu/student-resources/support-services/health-wellness-safety/dental-hygiene-clinic/index.html

Desert Senita Health Center:
520-387-5651, option 3,
desertsenita.org/dental
410 Malacate St., Ajo, AZ 85321

United Community Health Center (2 locations):
520-407-5617,
uchcdental@uchcaz.org

Green Valley Location:
1260 S. Campbell Rd. Bldg. #1,
Green Valley, AZ 85614

Sahuarita Location:
18841 S. La Canada Dr.,
Sahuarita, AZ 85629

COCHISE COUNTY

Chiricahua Community Centers INC.
(3 locations, 1 mobile unit)

Cliff Whetten Clinic:
520-642-2222
10566 N. Hwy 191,
Elfrida, AZ 85610

Ginger Ryan Clinic:
520-364-3285
1100 F Ave., Douglas, AZ 85607

Mobile Medical/Dental Clinics – 3rd Friday of Each Month
(Serving all of Cochise County):
520-642-2222

Sierra Vista Family Dental Center – Open Saturdays:
520-459-3011
115 Calle Portal,
Sierra Vista, AZ 85635

COCONINO COUNTY

Canyonlands Healthcare – Page/Lake Powell:
928-645-8123

MOHAVE COUNTY

Canyonlands Healthcare – Beaver Dam: 928-347-5971

GRAHAM COUNTY

Canyonlands Healthcare – Safford: 928-428-1500, canyonlandschc.org/dental

YUMA COUNTY

Sunset Health – general and dentures and partials 928-819-8999, mysunsethealth.org/general-dentistry

North Yuma Dental: 928-539-3140
675 S. Avenue B, Yuma, AZ 85364

San Luis Dental: 928-627-8584
801 N. 2nd Avenue,
San Luis, AZ 85349

Somerton Dental: 928-627-2051
115 N. Somerton Avenue,
Somerton, AZ 85350

Wellton Dental - every other Wednesday: 928-785-3256
10425 William Street,
Wellton, AZ 85356

SANTA CRUZ COUNTY

Mariposa Community Health Center: 520-281-1550
1103 Circulo Mercado,
Rio Rico, Arizona 85648

PINAL COUNTY

Sun Life Health:
www.sunlifehealth.org/dentistryandortho

Casa Grande – Family Dentistry: 520-381-0381
865 N. Arizola Rd.,
Casa Grande, AZ 85122

Casa Grande – Pediatric Dentistry: 520-350-7560
865 N. Arizola Rd.,
Casa Grande, AZ 85122

Advocacy

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your family, which can help promote health and access to health care. An advocate is anyone who supports and promotes your rights.

There are many advocacy resources listed below.

Arizona Attorney General's Office: 602-542-5763, www.azag.gov
1275 W. Washington St., Phoenix, AZ 85007

Arizona Attorney General's Office – Tucson: 520-628-6504
400 W. Congress, Ste. 315, Tucson, AZ 85701

Arizona Attorney General's office – outside Phoenix and Tucson:
1-800-352-8431

Arizona Center for Disability Law – Mental Health: The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States make sure the human and civil rights of people with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of people with disabilities to enforce their constitutional and statutory rights.
azdisabilitylaw.org

Arizona Center for Disability Law – Maricopa:
602-274-6287 or 1-800-927-2260
5025 E. Washington, Ste. 202, Phoenix, AZ 85034

Arizona Center for Disability Law – Pima:
520-327-9547 or 1-800-922-1447
177 N. Church Ave, Ste. 800, Tucson, AZ 85701

Arizona Coalition Against Sexual and Domestic Violence: Hotline and legal hotline, providing education and training, technical help, advocacy and legal advocacy.
602-279-2900; 1-800-782-6400; TTY 602-279-7270, acesdv.org

Arizona Department of Child Safety (DCS): The Arizona Department of Child Safety receives, screens and investigates allegations of child abuse and neglect. They assess child safety, assess the imminent risk of harm to the children and evaluate conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

P.O. Box 44240, Phoenix, AZ 85064 4240
1-888-SOS-CHILD (1-888 767 2445); 602-530 1831 (TTY), dcs.az.gov

Behavioral health advocacy: Arizona has several advocacy groups and resources available to help you with a variety of your behavioral health needs. These include:

- Mental Health America of Arizona: 602-576-4828.
- National Domestic Violence Hotline: 1-800-799-7233.
- Arizona Coalition to End Sexual & Domestic Violence: 602-279-2900 or 1-800-782-6400.
- Childhelp National Child Abuse Hotline: 1-800-422-4453.

Caregiver Resource Line: 1-888-737-7494, azcaregiver.org

Center for Independent Living – Ability 360 - Maricopa: 602-256-2245
5025 E. Washington, Ste. 200, Phoenix, AZ 85034

Childhelp National Child Abuse Hotline: 1-800-422-4453

Department of Economic Security – Aging and Adult Administration
1789 W. Jefferson, Site Code 950A, Phoenix, AZ 85007
602-542-4446, azdes.gov/DAAS

Direct Center for Independence: 520-624-6452
1001 N. Alvernon Way, Tucson, AZ 85711

Disability Benefits 101 (DB101): Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment. 1-866-304-WORK (9675), az.db101.org

Mental Health America of Arizona: 602-576-4828

Mental Health Awareness Coalition: At the Mental Health Awareness Coalition, their goal is to bring community stakeholders and community members together and bring awareness to mental illness. They do so by educating, connecting others to resources and brining communities together. mhacarizona.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.
www.namiarizona.org

- National Alliance on Mental Illness (NAMI): 602-244-8166
- National Alliance on Mental Illness of Southern Arizona: 520-622-5582
- AZ Crisis Line: 1-844-534-4673

National Domestic Violence Hotline: 1-800-799-7233

NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment): NAZCARE is a peer oriented agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to help you on your journey to better wellness. nazcare.org

- Phone: 480-982-1514 (Apache Junction); 520-635-5873 (Casa Grande); 928-532-3108 (Show Low); 928-758-4253 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928-634-1168 (Cottonwood); 520-586-8567 (Benson).

Office of Human Rights (AHCCCS): The Office of Human Rights will help you if you have a serious mental illness. They can help you understand and exercise your rights. They will help you protect your rights and advocate for yourself: 1-800-421-2124.

Pinal-Gila Council for Senior Citizens: 520-836-2758
8969 W. McCartney Rd., Casa Grande, AZ 85194

Wellness Connections: Based in Southeast Arizona, Wellness Connections uses a peer run model. Through many programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.
754-354-8156, recovery.org

Special assistance for members with a Serious Mental Illness (SMI)

Special Assistance is support provided by a designated representative to members who are unable to communicate, their treatment preferences and/or take part in the development of their service plan, discharge plan, or the Serious Mental Illness (SMI) appeal and grievance process. This inability to participate may be because of a cognitive or intellectual issue, language barrier, or medical condition.

Member assessment

Only a qualified individual involved in the member's services can start an assessment for special assistance. A qualified individual could be someone from the member's clinical team or other inpatient or outpatient service provider, the health plan or AHCCCS. Qualified clinicians regularly assess whether members need special help based on whether they meet all of the following criteria:

- The member has a SMI designation.
- The member is unable to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process.
- The member's inability described above is due to one or more of the following specific conditions:
    - Cognitive ability such as the long-term effects of a traumatic brain injury;
    - Intellectual capacity such as developmental delays;
    - Language barriers that cannot be addressed by a translator/interpreter;
    - A medical condition (including severe psychiatric symptoms) and/or
    - An Arizona Court has determined the need for Full and Permanent Legal Guardianship for the member

Special assistance determinations

When a determination is made that a member needs special assistance, AHCCCS must be notified within five (5) business days of the assessment. Once the AHCCCS Office of Human Rights (OHR) reviews the notification, they will designate a guardian, family member, friend or an OHR Advocate to provide assistance and support to the member. The member will continue to be assessed on an ongoing basis. If at any point it's decided that the member no longer meets criteria, AHCCCS must be notified within ten (10) business days of the assessment. Once the AHCCCS Office of Human Rights (OHR) reviews the notification, the member's special assistance status will end. Members may be placed on and removed from special assistance as often as their mental health requires throughout the duration of their services.

Special assistance is **not** legal advocacy and is not offered based on member request. However, members may at any time request to be assessed for whether they need special assistance based on the criteria above. If a member disagrees with the determination of whether they be placed on special assistance, they may appeal the decision through Mercy Care's SMI appeal process.

Member rights related to special assistance

All members with a SMI designation have certain legal rights about their treatment including but not limited to receiving treatment in a way that:

- Preserves dignity,
- Protects privacy, and
- Promotes freedom of choice

The purpose of a special assistance advocate is to ensure that vulnerable members are provided equal opportunity to exercise these rights as they apply to service-related decisions. Members receiving special assistance are entitled to have their legal guardian or designated representative

present for any service-related discussions including but not limited to:

- Outpatient service planning,
- Inpatient discharge planning, and
- Any and all grievance and appeal processes including the filing of a grievance or appeal

All members with a SMI designation, regardless of whether they are receiving special assistance, have the right to advocacy and guidance in navigating the system. If a member would like advocacy and education, they may contact the advocate of the day by phone at 1-800-421-2124.

For more information about special assistance for members with a SMI designation you can visit **azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html**.

If you have questions, you can contact:

Special Assistance Coordinator, Mercy Care Grievance System Department
MCGandA@mercycareaz.org, 602-586-1719 or 1-866-386-5794

Office of Human Rights (OHR) Advocate or Designated Representative: Protects the rights of members with a SMI designation during Service Planning, Inpatient Treatment Discharge Planning, the SMI grievance or investigation process and the SMI appeal process. The advocate or designated representatives are only assigned to SMI individuals who meet the Special Assistance criteria listed above. However, OHR is a resource for technical assistance for all SMI individuals. Contact the AHCCCS Office of Human Rights at **1-800-421-2124** or via email at **OHRts@azahcccs.gov**.

Arizona Long Term Care and Supports (ALTCS) advocacy

The following organizations provide health care directive forms and information. Your local Area Agency on Aging and Senior Center may also have forms and information.

AARP: 1-888-687-2277,
states.aarp.org/arizona/
601 E. St., N.W.,
Washington, D.C. 20049

Arizona Attorney General's Office – Phoenix: 602-542-5763 or 1-800-352-8431, www.azag.gov
1275 W. Washington,
Phoenix, AZ 85007

Arizona Attorney General's Office – Tucson: 520-628-6504
400 W. Congress, South Bldg.,
Ste. 315, Tucson, AZ 85701

Arizona Attorney General's office – outside Phoenix and Tucson:
1-800-352-8431

Arizona Center for Disability Law – Maricopa: 602-274-6287 or 1-800-927-2260
5025 E. Washington, Ste. 202,
Phoenix, AZ 85034

Arizona Center for Disability Law – Pima: 520-327-9547 or 1-800-922-1447
177 N. Church Ave, Ste. 800,
Tucson, AZ 85701

Department of Economic Security (DES) – Division of Aging and Adult Services
1789 W. Jefferson, Site Code 950A,
Phoenix, AZ 85007
602-542-4446, azdes.gov/DAAS

Hospice of the Valley:
602-530-6900, hov.org
1510 E. Flower St.,
Phoenix, AZ 85014

The following organizations provide information and answer questions about health care directives and other related legal matters.

Arizona Senior Citizens Law Project: 602-252-6710
4146 N. 12th St., Phoenix, AZ 85014

Community Legal Services:
602-258-3434 or 1-800-852-9075,
clsaz.org

Phoenix: 305 S. 2nd Ave., P.O. Box 21538, Phoenix, AZ 85036
Mesa: 635 E. Broadway Road, Mesa, AZ 85204

Information for caregivers:
24-hour Senior Help Line
602-264-HELP (4357)

Long Term Services and Supports (LTSS) advocacy

Centers for Independent Living – Ability 360 – Maricopa
5025 E. Washington, Ste. 200,
Phoenix, AZ 85034
602-256-2245

Low-income housing: This website gives you information about low-income housing.
lowincomehousing.us

Southern Arizona Legal Aid (SALA) – Administration Building
2343 E. Broadway Blvd., Ste. 200,
Tucson, AZ 85719
520-623-9465 or 1-800-640-9465

Southern Arizona Legal Aid (SALA)
1729 N. Trekell Rd., Ste. 101,
Casa Grande, AZ 85122
520-316-8076 or 1-877-718-8086

Tohono O'odham Legal Services – A division of Southern Arizona Legal Aid
520-623-9465, Ext. 4122 or
1-800-248-6789

White Mountain Legal Aid – A division of Southern Arizona Legal Aid
5658 Highway 260, Ste. 15,
Lakeside, AZ 85929
928-537-8383 or 1-800-658-7958

The following national organization also provides health care directive forms and information. Your local Area Agency on Aging may also have forms and information.

OMBUDSMAN
Area Agency on Aging Region 1,
Maricopa County – Long Term Care
Ombudsman Program
1366 E. Thomas Rd., Ste. 108,
Phoenix, AZ 85014
602-264-2255

The following organizations will provide information and answer questions about health care directives and related legal matters:

Arizona Senior Citizens Law Project: 602-252-6710
1818 S. 16th St., Phoenix, AZ 85034

Community Legal Services:
602-258-3434, clsaz.org
305 S. 2nd Ave., P.O. Box 21538,
Phoenix, AZ 85036

Domestic violence resources

Arizona Coalition Against Sexual and Domestic Violence: Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline.
602-279-2900; 1-800-782-6400; TTY 602-279-7270
acesdv.org

National Domestic Violence Hotline: Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.
1-800-799-7233; TTY 1-800-787-3224, thehotline.org

Rape, Abuse and Incest National Network: Information, referrals and phone or online support for victims of rape or abuse.
1-800-656-4673, rainn.org

Sojourner Center: Offers 24-hour hotline with information about shelters and safety planning, emergency food, housing, clothing, and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs.
24-hour hotline: 602-244-0089; 602-889-1610, 602-244-0997,
sojournercenter.org

Peer and Family Services

Family Support

Mentally Ill Kids In Distress (MIKID) – (Phoenix, Tucson, Yuma, Casa Grande, Kingman, Nogales)
602-253-1240, mikid.org

Caring Connections for Special Needs – (Benson, Sierra Vista, Payson, Douglas, Safford, and Tucson)
520-639-9006, ccsneeds.com

Family Involvement Center (FIC) – (Phoenix, Prescott, Flagstaff, and Tucson)
602-288-0155,
familyinvolvementcenter.org

Encircle Families (Statewide): 800-237-3007,
encirclefamilies.org

Reach Family Services/ Alcanza Servicios de Familia (Phoenix): 602-512-9000,
reachfs.org

Peer Support

Center for Health and Recovery: 602-246-7607, azchr.org

Hope Lives: 855-747-6522, hopelivesaz.org

Hope Inc. (Pinal County): 520-770-1197, hopearizona.org

Recovery Empowerment Network (REN): 602-248-0368, renaz.org

Stand Together and Recover (STAR): 602-231-0071, thestarcenters.org

NAZCARE: 928-442-9205, nazcare.org

Definitions

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

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

3. **Durable Medical Equipment:** Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

4. **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.

5. **Emergency Medical Transportation:** See EMERGENCY AMBULANCE SERVICES
   Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

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

7. **Emergency Services:** Services to treat an emergency condition.

8. **Excluded Services:** See EXCLUDED
   Excluded: Services that AHCCCS does not cover. Examples are services that are:
   - Above a limit.
   - Experimental, or
   - Not medically needed.

9. **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.

10. **Habilitation Services and Devices:** See HABILITATION
    Habilitation: Services that help a person get and keep skills and functioning for daily living.

11. **Health Insurance:** Coverage of costs for health care services.

12. **Home Health Care:** 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.

13. **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.

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

15. **Hospitalization:** Being admitted to or staying in a hospital.

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

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

18. **Non-Participating Provider:** See OUT OF NETWORK PROVIDER
    Out of Network Provider: A health care 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.

19. **Participating Provider:** See IN-NETWORK PROVIDER
    In-Network Provider: A health care provider that has a contract with your health plan.

20. **Physician Services:** Health care services given by a licensed physician.

21. **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.

22. **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.

23. **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.

24. **Prescription Drug Coverage:** Prescription drugs and medications paid for by your health plan.

25. **Prescription Drugs:** Medications ordered by a health care professional and given by a pharmacist.

26. **Primary Care Physician:** A doctor who is responsible for managing and treating the member's health.

27. **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.

28. **Provider:** A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

29. **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.

30. **Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

31. **Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

32. **Urgent Care:** Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Additional definitions

Appeal resolution – The written determination by Mercy Care about an appeal.

Arizona Health Care Cost Containment System (AHCCCS) – Arizona's Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

Authorization – An approval from your doctor and/or health plan before getting other health care services including but not limited to laboratory and radiology tests and visits to specialists and other health care providers (see "Referral").

Emergency – An emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Expedited appeal – As an appeal in which Mercy Care determines (for a request from a member) or the Provider indicates (when making the request for the member or in support of the member's request) that taking the time for standard resolution could seriously jeopardize the

member's life, physical or mental health or ability to attain, maintain or regain maximum function.

Family planning – The provision of accurate information, counseling and discussion with a health care provider to allow a member to make informed decisions to voluntarily choose to delay or prevent pregnancy.

Grievance system – A system that includes a process for member grievances, member appeals, provider claim disputes and access to the State Fair Hearing system.

Health care decision maker – Someone who is authorized to make health care decisions for a member.

Hospital outpatient care – Any type of medical or surgical care performed at a hospital that your doctor does not expect will be an overnight hospital stay. In some cases, you may stay overnight in the hospital but not be admitted as an inpatient (this would still be considered outpatient service).

Medically necessary transportation – Transportation that takes you to and from required medical services.

Medical Supplies – Health care-related supplies that are needed for a medical reason, are generally not reusable and are disposable.

Notice of Adverse Benefit Determination – If Mercy Care decides that the requested service cannot be approved or if an existing service is reduced, suspended or ended, a member will receive a "Notice of Adverse Benefit Determination" telling them what action was taken and the reason for it; their right to file an appeal and how to do it; their right to ask for a fair hearing with AHCCCS and how to do it; their right to ask for an expedited resolution and how to do it. It also includes their right to ask that their

benefits be continued during the appeal, how to do it and when they may have to pay the costs for the services.

Prescription – An order from your doctor for medicine. The prescription may be called in over the phone or can be written down.

Prescription drugs – Medications ordered by a health care professional and given by a pharmacist.

Provider fraud & abuse

- Falsifying claims/encounters that include the following items:
  - Alteration of a claim.
  - Incorrect coding.
  - Double billing.
  - False data submitted.
- Administrative/financial actions that include the following items:
  - Kickbacks.
  - Falsifying credentials.
  - Fraudulent enrollment practices.
  - Fraudulent third-party liability (TPL) reporting.
  - Fraudulent recoupment practices.
- Falsifying services that include the following items:
  - Billing for services/supplies not provided.
  - Misrepresentation of services/supplies.
  - Substitution of services.

Qualified Medicare Beneficiaries (QMB) – Members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

Regional Behavioral Health Agreement (RBHA) – A behavioral health center under contract with the Arizona Department of Health Services to deliver behavioral health services in a certain area of the state.

Referral – When the PCP sends you to a specialist for a specific, usually complex, problem.

Room and board – A cost Mercy Care determines you must pay for food and housing when you live in an alternative residential setting (e.g., assisted living facility).

Service Plan – A written description of covered health services and other supports which may include:

- Individual goals.
- Peer and recovery support.
- Family support services.
- Authorized LTC services.
- Care coordination.
- Plans to help the member better their quality of life.

Share of cost – The amount that AHCCCS determines a member must pay toward the cost of their care. Room and board are the amount that Mercy Care determines a member must pay toward the cost of assisted living.

Specialty Physician – A physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems or certain types of diseases.

Definitions for maternity care services

1. **Certified Nurse Midwife (CNM)** – An individual certified by the American College of Nursing Midwives (ACNM) based on a national certification exam and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological and newborn care, within a health care system that provides for medical consultation, collaborative management or referral.

2. **Certified doula** – A trained nonmedical professional who may provide continuous physical, emotional, and informational support to families before, during, and after childbirth for a period of one year after birth or in the case of loss and who may serve as a liaison between the birth parents and medical and social services staff to improve the quality of medical, social, and behavioral outcomes. Certified doulas practice within the scope of AAC R9-16-901 through 909, and must be referred to the member by an eligible physician or other licensed practitioner.

3. **Free Standing Birthing Centers** – Out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free-Standing Birthing Centers. These facilities are staffed by registered nurses and maternity care providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with and in close proximity to an acute care hospital for the management of complications, should they arise.

4. **High-risk pregnancy** – Refers to a condition in which the mother, fetus or newborn is or is anticipated to be at increased risk for morbidity or mortality before or after delivery. High-risk is determined by the American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

5. **Licensed Midwife** – An individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. R9-16. (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

6. **Maternity care** – Any covered service related to pregnancy to include, but not be limited to, preconception counseling, identification of pregnancy, medically necessary for the care of the pregnancy, treatment of pregnancy-related conditions, labor and delivery services, and postpartum care. Includes identification of pregnancy, prenatal care, labor/delivery services and postpartum care.

7. **Maternity care coordination** – Consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

8. **Maternity care provider** – The following are provider types who may provide maternity care when it's within their training and scope of practice:
    - Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers
    - Physician Assistants
    - Nurse Practitioners
    - Certified doulas
    - Certified Nurse Midwives, and
    - Licensed Midwives

9. **Obstetrician/Gynecologist (OB/GYN)** – a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

10. **OB care management** – obstetrical care managers link expectant mothers with appropriate community resources such as the Women, Infants and Children's (WIC) nutritional program, parenting classes,

smoking cessation, teen pregnancy case management, shelters and substance use counseling. They provide support and promote compliance with prenatal appointments and prescribed medical treatment plans.

11. **Perinatal services** – Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201). This includes services during pregnancy, as well as during the postpartum period.

12. **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.

13. **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. Service include but are not limited to, addressing chronic medical conditions (e.g. hypertension, diabetes, mood disorders), family planning, and a plan to transition to parenthood and well-woman or preventive care. Postpartum care visits are an ongoing process that should align with recommendations from the American College of Obstetricians and Gynecologists (AGOC).

14. **Practitioner** – Refers to certified nurse practitioners in midwifery, physician assistant(s) and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.

15. **Preconception counseling** – The provision of assistance and guidance aimed at identifying/reducing behavioral and social risks through preventive and management interventions. This counseling is available to individuals of reproductive age who can become pregnant, regardless of whether they are planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventive care visit and does not include genetic testing.

16. **Prenatal care** – The provision of health services during pregnancy which is composed of three major components:
    1. Early and continuous risk assessment.
    2. Health education and promotion.
    3. Medical monitoring, intervention and follow-up.

Notes:

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