Arizona

Welcome to the community

AHCCCS Complete Care (ACC), Developmental Disabilities (DD), and Long Term Care ALTCS-EPD (ALTCS-EPD) Member Handbook

Handbook revised October 2025.
Covered services are funded under contract with AHCCCS.

© 2025 United HealthCare Services, Inc. All Rights Reserved.
CSAZ25MD0310176_000

UnitedHealthcare® Community Plan

This page is intentionally left blank.

Table of contents

Welcome to UnitedHealthcare Community Plan (UHCCP)

We are glad to have you as a member. We look forward to serving your health care needs. UnitedHealthcare Community Plan is a managed care organization. That means all of the medical care and services members receive must be requested and provided by a doctor or health provider who is an AHCCCS registered provider.

DD members:

Look for this box throughout the Member Handbook. It will tell you details about your unique benefits and services.

ALTCS-EPD members:

Look for this box throughout the Member Handbook. It will tell you details about your unique benefits and services.

Important information

Member Services:

Available 8:00 a.m.–5:00 p.m., Monday–Friday, excluding State holidays

ACC and DD Toll-free **1-800-348-4058**

ALTCS-EPD Toll-free. **1-800-293-3740**

ALTCS-EPD After-hours. **1-800-377-2055**

TTY/TDD (for the hearing impaired). **711**

Urgent or emergency care:

If you need urgent care, your PCP should see you within 48 hours. Urgent Care centers are also available in our network of providers. If you need emergency care, your PCP should see you that day. For life-threatening emergencies, call 911 or go to the nearest emergency room.

Websites

UHCCommunityPlan.com
This is the site for members of UnitedHealthcare Community Plan. Visit this site if you have UnitedHealthcare Community Plan.

www.HealtheArizonaPlus.gov
This website will introduce people to the new requirements for AHCCCS Health Insurance and KidsCare eligibility, and connect to the Federal Insurance Marketplace.

Your health providers

Be sure to fill in the blanks so you will have these numbers ready.

My member ID: _____

My doctor's name is: _____

My doctor's phone number: _____

My doctor's address: _____

My dentist: _____

Pharmacy: _____

Behavioral health providers: _____

Behavioral health crisis: Call **1-844-534-HOPE (4673)** or **988.**
You may also text **4HOPE (44673).**

ALTCS-EPD members:

My Case Manager's name is: _____

My Case Manager's phone number is: _____

Case Manager . . . . . .**1-800-293-3740,** TTY **711**

Your Case Manager helps set up services for you and will help you with any behavioral health, dental, medical, prior authorization or social service needs. If you do not have your Case Manager's name or phone number, contact Member Services.

Member Services

8:00 a.m.–5:00 p.m., Monday–Friday, excluding state holidays

Member Services can:

- Answer questions about your physical and behavioral health benefits
- Help solve a problem or concern you might have with your doctor or any part of the health plan
- Help you find a doctor or dentist, behavioral health, or other services
- Tell you about our doctors, their backgrounds, and the care facilities in our network
- Help you if you get a medical bill
- Tell you about community resources available to you
- Help you if you speak another language, are visually impaired, need interpreter services, or sign language services
- Help answer other questions you may have
- Provide you with a copy of the Member Handbook or Provider Directory at no cost to you
- How to contact your Case or Care Manager

When you call us ...

We ask questions to check your identity. We do this to protect your privacy. This is federal and state law. Gather the following information before you call:

- Member ID number
- Current address and phone number on file with AHCCCS
- Date of birth

Member Services is here to help you

ACC and DD members can call **1-800-348-4058,** ALTCS-EPD members can call **1-800-293-3740,** TTY/TDD **711,** 8:00 a.m.–5:00 p.m., Monday–Friday, excluding state holidays.
Non-emergency transportation: MTM Reservation line 1-888-889-0358, TTY **711.**
See page 36 for additional non-emergency transportation information.

UHC Doctor Chat

UHC Doctor Chat is a virtual care program that lets you begin chatting with a doctor in seconds, anywhere, anytime. You can video chat with a UHC doctor 24/7 at no cost to you. Access the Doctor Chat feature in the UnitedHealthcare mobile app or go to **UHCDoctorChat.com**.

NurseLine

1-877-440-0255, TTY/TDD **711,** available 24 hours per day/7 days a week.

Visit our website – UHCCommunityPlan.com

It has resources and helpful information. For example:

- Information about UnitedHealthcare Community Plan
- Member Handbook and Member Newsletters
- Links to the AHCCCS website
- How to find a doctor, dentist, behavioral health or other providers
- How to find a pharmacy
- How to find a prescription medications
- How to file a grievance or an appeal
- Links to health information
- Member education

Visit myuhc.com for personalized information

You can:

- View and print your member ID card
- Find a provider
- Manage your prescriptions
- View your benefits
- View claims and visits
- View your Member Handbook
- And much more!

 Questions? Visit **UHCCommunityPlan.com**, or call Member Services. ACC/DD members call **1-800-348-4058,** TTY **711.** ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Web Tech team

If you have any website or technical questions, please reach out to the Web Tech team. The Web Tech team ensures you have all that you need to take full advantage of available UHCCP services. You can receive assistance with:

- How to access our website
- How to navigate our website
- Updating your account settings
- Troubleshooting any issues you may have

The Web Tech team has experience assisting members and is here to help. For help, please call 1-877-542-9239, TTY 711, 8:00 a.m.–5:00 p.m., Monday–Friday.

UnitedHealthcare® mobile app

Get information on-the-go with the UnitedHealthcare mobile app. Download the UnitedHealthcare mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the Member Handbook, find help and support in your community, or view your ID card.

Don't have the UnitedHealthcare® App yet?

Scan here to easily download the App

Assurance Wireless Lifeline Service

As a member, or as the guardian of a UnitedHealthcare member, you may qualify for Assurance Wireless a government Lifeline Assistance program that provides a low-cost cell phone and no cost service plan. If you already have a cell phone you may be eligible for no cost services. As an Assurance Wireless customer, you can easily access:

- Health-related information from UnitedHealthcare
- Benefit and program reminders via text for you and your family
- UnitedHealthcare Member Services

Already have Lifeline? You can switch from your current service provider.

Choose the Lifeline service that's right for you

Visit **AssuranceWireless.com/partner/buhc** to apply or learn more about Assurance Wireless Lifeline services.

Care Management

Care Management is a short-term focused approach, supporting you to close gaps in your care that have been identified. A Care Manager will work with you and your doctor(s) to provide resources for your complex medical or behavioral health needs that include social determinants of health. Your assigned Care Manager will provide information and education that could help you manage your chronic conditions like asthma, diabetes, heart failure and depression if your needs require special attention. Your designated Care Manager will assist you how to find and/or navigate services such as how to stop smoking, information about healthy eating and exercise, making appointments with your doctor(s) and remind you about special tests that you might need. Our Care Managers include experienced nurses, community health workers and behavioral health specialists who will help you with the support and education you need. We can help you enroll in community-based programs and/or show you how to use services or offer how to opt out of the program if you prefer.

If you need to reach out to your Care Manager or if you would like more information about the care management program, contact Member Services at **1-800-348-4058.**

ALTCS-EPD members:

A Case Manager is a person who helps you set up and schedule your care. You will get a Case Manager when you enroll. They will contact you within 7 business days of your enrollment. Your Case Manager cannot give you medical care. You go to your doctor or a nurse for medical care. Your Case Manager will help set up services for you and send you for services. Your Case Manager will help you with any behavioral health, medical or social service needs. They will also help you develop a Person-Centered Service Plan that is focused on your preferences and strengths to help you to meet your personal goals – this is called Member Empowerment. **Write your Case Manager's name and phone number on the inside cover of this handbook.**

How to contact your Case Manager

Your Case Manager will provide you with their business card. Your Case Manager will review this information with you each time they visit you. Please call your Case Manager if you have any needs or questions between your Person-Centered Service Plan (PCSP) meetings with your Case Manager. If you do not have your Case Manager's telephone number, please call **1-800-293-3740,** TTY **711.** The call center representative will help you to contact your Case Manager.

Urgent and after-hours care

If you are sick, or have a sudden health problem, but it is not an emergency, call your PCP. Even if the office is closed, an answering service will take your call. Tell the answering service or the PCP what is wrong and listen to their instructions. They may send you to another doctor or tell you to go to an urgent care center that is contracted with UnitedHealthcare Community Plan. If you need help finding an urgent care center or you cannot contact your PCP, call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** Or go to the UnitedHealthcare Community Plan website at **UHCCommunityPlan.com** to locate the nearest urgent care center.

What if I am experiencing a behavioral health crisis?

If you are experiencing a behavioral health crisis, it is important to get help right away. For assistance with a mental health crisis please call the new single statewide crisis line 1-844-534-HOPE (4673) **OR** call or text **988.** Remember, you should always call **911** if you are experiencing a medical, police and/or fire emergency situation.

Crisis hotlines:

If you are experiencing a behavioral health crisis call one of the phone numbers below that matches the county you live in. Crisis hotlines are available 24 hours a day, 7 days a week, 365 days per year. Crisis calls are answered by a live trained crisis specialist. These crisis hotlines will provide access to 24/7 mobile crisis intervention and facility based 23-hour crisis stabilization centers, including detox/medication assisted treatment. Crisis services are available to all Arizonans and is not dependent on Medicaid status and health insurance coverage.

Single statewide crisis hotline . . . . . **1-844-534-HOPE (4673)**

Text . . . . . **4HOPE (44673)**

Chat – Start a chat now . . . . . **https://crisis.solari-inc.org/start-a-chat/**

Crisis hotlines by county:

Phone

Gila, Maricopa, and Pinal Counties **1-800-631-1314**

Apache, Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties **1-866-495-6735**

Coconino, Mohave, Navajo and Yavapai Counties **1-877-756-4090**

Gila River and Ak-Chin Indian Communities **1-800-259-3449**

Salt River Pima Maricopa Indian Community **480-850-9230**

Tohono O'Odham Nation **1-844-423-8759**

Especially for teens: Teen lifeline phone or text . . **602-248-TEEN (8336)** or **1-800-248-8336**

Senior Help Line: 24-hour senior help line **602-264-4357**

National Suicide and Crisis Lifeline

Phone or text **988**

Chat **https://chat.988lifeline.org/**

Online **https://988lifeline.org/**

Trans Lifeline:

Is a peer-support crisis hotline in which all operators are transgender . . . **1-877-565-8860**

Online . . . . . **www.translifeline.org**

Veteran Line/Beconnected Line:

Veterans resources (and for those who support them) . . . . . **1-866-4AZ-VETS** or **1-866-429-8387**

Veteran's Crisis Line . . . . . **988, Option 1**

Online . . . . . **https://connectveterans.org/bcaz/**

AHCCCS Opioid Service Locator . . . . . **https://opioidservicelocator.azahcccs.gov/**

National Maternal Mental Health Hotline | MCHB

24/7, no cost, confidential hotline for pregnant and new moms in English and Spanish. Interpreter services are available in 60 languages (US only).
Call or text . . . . . **1-833-852-6262 (1-833-TLC-MAMA)**
TTY users can use a preferred relay service or . . . . . dial **711** and then **1-833-852-6262**
Not intended as an emergency response line.

Warm Line:

The Warm Line is a confidential telephone service staffed by peers who have, themselves, dealt with behavioral health challenges. Peer support specialists offer peer support and compassion for callers who just need someone to talk with. This is available statewide at no cost. Members can call any number listed below:

Central Arizona
Solari Crisis & Human Services Network **602-347-1100**
24/7 (some hold time when at high volume)

Northern Arizona
NAZCARE **1-888-404-5530**
4:00 p.m.–10:30 p.m., Monday–Thursday
3:00 p.m.–10:30 p.m., Friday–Sunday
(Recorded message asks for person's name and number and staff will return call)

Southern Arizona
HOPE, Inc:
Pima County. **520-770-9909**
All other Southern AZ Counties **844-733-9912**
8:00 a.m.–10:00 p.m., 7 days a week
Holidays: 8:00 a.m.–6:00 p.m.
(Recorded message: can hold or leave a voice message requesting call back)

A Family Warm Line supports family members that deal with behavioral health challenges. The support service provides confidential no cost guidance and connects people to resources for helping deal with job loss, heightened anxiety, and much more. Anyone who feels overwhelmed due to life's current challenges is encouraged to call.

Statewide in Arizona
Family Involvement Center (FIC) Warm Line **877-568-8468**
8:30 a.m.–5:00 p.m., Monday–Friday

ALTCS-EPD members:

UHCCP ALTCS Warm line

You can call HOPE INC's ALTCS-EPD Line at **520-770-9909.**

Disparate health outcomes, language, and cultural services

At UnitedHealthcare Community Plan, we celebrate people, ideas and experiences by creating a culture where all members are appreciated, valued, and able to contribute to their full potential. Deeply rooted disparities cannot be solved through a singular program or initiative. We see the opportunity to address disparate health outcomes and to help build a modern, high-performing health system.

UnitedHealthcare Community Plan has created resources to help connect our members to the information they need and to promote better inclusion and belonging. You can explore the Community Resource Guide to find out about health information and community services for Behavioral Health, Housing, LGBTQ+ and more. Please visit the UHCCP website.

For ACC visit: https://www.uhc.com/communityplan/arizona/plans/medicaid/ahcccs/links-health-information

For DD visit: https://www.uhc.com/communityplan/arizona/plans/medicaid/developmental-disabilities/links-health-information

For ALTCS-EPD visit: https://www.uhc.com/communityplan/arizona/plans/medicaid/long-term-care/links-health-information

Clear communication is important to get the health care you need. UnitedHealthcare Community Plan provides member materials to you in a language or format that may be easier for you to understand. We also have interpreters for you to use if your doctor or service provider does not speak your language. If your doctor or service provider does not understand your cultural needs, we can help. We will work with your doctor or service provider or help you pick a new doctor or service provider.

English:

Call Member Services for interpreter services, to find a doctor who understands your cultural needs, or for materials in another language or format. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** These services are provided at no cost to you.

Español:

Llame a Servicios para Miembros al **1-800-348-4058** para obtener servicios de interpretación, para encontrar a un doctor que entienda sus necesidades culturales o por materiales impresos en otro idioma o formato. Estos servicios son provistos gratuitamente.

Somali:

Adeegyada turjumaanka ka wac Adeegga Xubnaha lambarka 1-800-348-4058, si aad u hesho dhakhtar fahmaya baahiyahaaga dhaqaneed, ama waxyaabo ku qoran luqad ama qaab kale. Adeegyadaas kuguma joogaan adiga wax kharash ah.

Simplified Chinese:

请致电会员服务部（电话：1-800-348-4058）以获得口译服务、寻找了解您的文化需求的医生、或获得其他语言或格式的材料。上述服务均免费为您提供。

Serbian:

Pozovite Službu za usluge za članove na broj 1-800-348-4058 za usluge prevodioca, da pronađete lekara koji razume vaše kulturne potrebe ili za materijale na drugom jeziku ili u drugom formatu. Ove usluge vam se pružaju besplatno.

Traditional Chinese:

請致電會員服務部（電話：1-800-348-4058）以獲得口譯服務、尋找瞭解您的文化需求的醫生、或獲得其他語言或格式的材料。上述服務均免費為您提供。

Romanian:

Sunaţi departamentul Servicii destinate membrilor la numărul 1-800-348-4058 pentru servicii de interpretariat, pentru a găsi un medic care înţelege necesităţile dvs. culturale sau pentru materiale în altă limbă sau în alt format. Aceste servicii vă sunt oferite gratuit.

Vietnamese:

Gọi Dịch Vụ Hội Viên theo số 1-800-348-4058 cho dịch vụ thông dịch, để tìm các bác sĩ hiểu rõ nhu cầu văn hóa của quý vị, hoặc các tài liệu bằng ngôn ngữ hoặc dạng khác. Các dịch vụ được cung cấp miễn phí cho quý vị.

Hungarian:

Hívja a tagsági szolgáltatásokat az 1-800-348-4058-as számon tolmácsszolgáltatásokhoz, hogy egy olyan orvost találjon, aki megérti az Ön kulturális igényeit, illetve más nyelvű vagy formátumú anyagokért. Ezek a szolgáltatások az Ön számára ingyenesek.

Farsi:

برای برخورداری از خدمات ترجمه شفاهی، یافتن دکتری که نیاز های فرهنگی شما را درک کند، یا دریافت اطلاعات به زبان یا فرمت دیگر با شماره 1-800-348-4058 با قسمت خدمات اعضا تماس بگیرید. این خدمات بصورت مجانی در اختیار شما قرار می گیرد.

Swahili:

Pigia Huduma za Mwanachama katika nambari 1-800-348-4058 ili kupata huduma za mkalimani, kupata daktari anayeelewa mahitaji yako ya kitamaduni, au kwa nyenzo katika lugha au mfumo mwingine. Huduma hizi zinatolewa bila malipo yoyote kwako.

Albanian:

Telefonojuni shërbimeve për anëtarët në 1-800-348-4058 për shërbime interpretimi, për të gjetur një mjek që i kupton nevojat tuaja kulturore ose për materiale në gjuhë apo format tjetër. Këto shërbime ju sigurohen falas.

Arabic:

اتصل بقسم خدمات الأعضاء على الرقم 1-800-348-4058 لخدمات الترجمة الشفهية أو العثور على طبيب يتفهم احتياجاتك الثقافية أو طلب مواد بلغة أخرى أو بتنسيق آخر. تُقدَّم هذه الخدمات لك مجانًا.

If you require additional assistance to communicate, such as auxiliary aids, contact Member Services. Auxiliary Aids are services or devices that help people with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in the health plan. Auxiliary Aids and Services are provided at no cost to you, such as obtaining an audio reading of plan materials for the visually impaired. UnitedHealthcare Community Plan offers language and interpretation services in over 240 languages.

UnitedHealthcare Community Plan complies with all applicable federal and state laws, including:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91
- The Rehabilitation Act of 1973
- Title IX of the Education Amendments of 1972 (regarding education programs and activities)
- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity.

UnitedHealthcare Community Plan will provide sign language interpreters for people who are deaf and enlarged print materials.

It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you. Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

The Provider Directory provides specific information about the provider's availability of the following:

W = Wheelchair; **PT** = Provider is within one (1) mile of public transportation; **B** = Board Certified; **P** = Parking

EB = Exterior Building; **IB** = Interior Building; **R** = Restroom; **E** = Exam Room; **T** = Exam Table/Scale/Chairs

G = Gurneys & Stretchers; **PL** = Portable Lifts; **RE** = Radiologic Equipment; **S** = Signage and Documents.

Unless noted, all providers have regular office hours (Monday–Friday, 8:00 a.m.–5:00 p.m.) and accept new patients. All providers are proficient in English unless otherwise noted.

Members with high acuity illness or high service utilization can get assistance in navigating the provider network by calling Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Members can also use the Provider Lookup feature online which is a provider search tool to find a doctor, hospital, other health care provider or facility. The tool allows you to search by specific categories. The provider search tool contains information about how our providers can meet your cultural, language, or accessibility needs. Members can follow the links directly to the Provider Lookup feature.

ACC members:	**https://www.uhccommunityplan.com/az/medicaid/ahcccs**
DD members:	**https://www.uhc.com/communityplan/arizona/plans/medicaid/developmental-disabilities**
ALTCS-EPD members:	**https://www.uhccommunityplan.com/az/medicaid/long-term-care.html**

If you see a provider who is not contracted with UnitedHealthcare Community Plan, you will need to verify the provider is registered with AHCCCS, show the provider your ID card, and make sure the provider obtains an authorization for services to be performed. For services to be paid, the provider must be registered with AHCCCS and authorization must be obtained by the provider from us. For more information about this contact your PCP or call Member Services.

Members can receive a paper copy of the Provider Directory, at no cost, by contacting Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

UnitedHealthcare Community Plan programs

Making a difference, one member at a time

UnitedHealthcare Community Plan serves many different programs in Arizona.

AHCCCS Complete Care (ACC): available in Gila, Maricopa, Pima, and Pinal counties

AHCCCS Complete Care is an integrated health insurance plan for Arizona residents who meet certain income and other requirements. It offers physical and behavioral health services together to treat all aspects of your health care needs including doctor visits, hospitalization, prescription drugs, and services specific to CRS conditions.

AHCCCS Complete Care members with Children's Rehabilitative Services (CRS) designation: available in Gila, Maricopa, Pima, and Pinal counties

Some AHCCCS Complete Care members have been diagnosed with a CRS condition and are designated as CRS.

Developmental Disabilities (DD): available statewide

Our Developmental Disabilities program addresses the specific health care needs of children and adults with conditions such as autism, cerebral palsy, epilepsy or other cognitive disabilities. This program combines physical and behavioral services with community resources to help you care for yourself or to help your family care for you.

Developmental Disabilities with Children's Rehabilitative Services (CRS) designation: available statewide

Some DD members have been diagnosed with a CRS condition and are designated as CRS.

Members who are designated CRS may receive specialized care at a Multi-Specialty Interdisciplinary Clinics (MSICs) in Tucson, Flagstaff or Yuma. At these clinics primary and behavioral health services may also be offered.

KidsCare: available in Gila, Maricopa, Pima, and Pinal counties

AHCCCS offers health insurance through KidsCare for eligible children (under age 19) who are not eligible for other AHCCCS health insurance. For those who qualify, there are monthly premiums.

Long Term Care ALTCS-EPD (ALTCS-EPD): available in Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties

Our ALTCS-EPD program addresses health care needs of children and adults who have a long-term disability due to age, chronic illness or injury who need ongoing services at a nursing facility level of care. A Case Manager assesses your needs and develops a plan with you. They arrange services to help you stay in your home and services for people that live or want to live in an assisted living facility or nursing facility.

Your Member Handbook

This Member Handbook is for members of UnitedHealthcare Community Plan.

Please read this handbook. It will tell you:

- Your rights and responsibilities as a member
- How to get health care services
- What services are covered and not covered
- How to use your benefits
- Where to go for help
- Information about UnitedHealthcare Community Plan

You can also view your Member Handbook on our website at **UHCCommunityPlan.com** or request a printed handbook be mailed to you at no cost by calling Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

UnitedHealthcare Community Plan: managed care programs to keep you healthy

UnitedHealthcare Community Plan is a managed care plan. This means that all of the medical care and service you receive must be requested and provided by a doctor or health care provider that is in the UnitedHealthcare Community Plan network.

UnitedHealthcare Community Plan understands that current members have relationships with their doctors and health care providers. To maintain these relationships, UnitedHealthcare Community Plan may allow an AHCCCS registered non-participating doctor or health care provider to treat a member if approval is provided by UnitedHealthcare Community Plan. This is called a prior authorization. UnitedHealthcare Community Plan will work with your health care providers to make sure you receive the care you need.

ALTCS-EPD members:

How managed care works

UnitedHealthcare Community Plan is a managed care plan. This means that all of the medical care and service you receive must be requested and provided by a doctor or health care provider that is in the UnitedHealthcare Community Plan network. You, your doctor and our Case Manager work together on a plan of care. One of the first steps is for our Case Manager to do an assessment with you. The Case Manager will contact you to schedule an in-person assessment to discuss your care and services needs. You are responsible for working with your doctor, known as your PCP. A Primary Care Provider (PCP) is your doctor or Nurse Practitioner. They take care of your medical and clinical treatment. Your PCP may also refer you to a specialist. Your PCP works with you to manage your care. Talk to your PCP about all of your health care needs. It is important that you have honest and straightforward communication with your PCP and follow your PCP's instructions. Your PCP will be able to identify the services that you need to keep you healthy.

Your ID card

When you join our plan, you will receive an ID card from UnitedHealthcare Community Plan. Your ID card is your key to getting health care services including behavioral health. It has your ID number, your name, and other important information. Your ID card identifies you as a UnitedHealthcare Community Plan member. Your ID card has a phone number to access behavioral health and substance use services. Services are assigned to a provider based on where you live. If you have questions or need help getting behavioral health services, please call the number on your card.

When you get your card, check it carefully. Call Member Services right away if any of the information on your card or your child's card is wrong.

Quick tips

- Your ID card is for your use only. Don't let others use it.
- Carry your ID card at all times and keep it in a safe place
- Do not lose your card or throw it away
- You will need your card when you get medical care or when you pick up medicine at the pharmacy
- Misusing your medical ID number, like loaning or selling the card or the information on it, is against the law
- Misusing your card or medical ID number may result in legal actions and you could lose your AHCCCS eligibility, benefits and health care services
- If you notice others getting benefits they are not eligible for or someone misusing the medical ID card, please tell us right away. You can call or write AHCCCS or UnitedHealthcare Community Plan Member Services. AHCCCS also has a Member Fraud Hotline you can call 602-417-4193 or email **AHCCCSFraud@azahcccs.gov**.
- You may also call AHCCCS or UnitedHealthcare Community Plan to report any provider you believe may be giving services to members that are not needed or should not be given
- If you have an Arizona driver's license or state issued ID, AHCCCS will obtain your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The AHCCCS eligibility verification screen viewed by providers contains your picture (if available) and coverage details.

Member responsibilities

You have the responsibility to:

- Treat all UnitedHealthcare Community Plan staff and health care providers with respect and dignity
- Protect your ID card and show it before you get services. Do not throw your card away.
- Know the name of your Primary Care Provider (PCP). Your PCP is your doctor that coordinates your health care needs.
- See your PCP for your health care needs
- Use the emergency room for life-threatening care only. Go to your PCP for all other care. If you have an urgent problem and your doctor can't see you right away, you could go to an urgent care center.
- Follow your doctor's instructions and agreed upon treatment plan for care that you have agreed to, and tell your doctor if their explanations are not clear
- Bring your child's immunization records with you to appointments until the child is 18 years old
- Make an appointment before you visit your PCP or any other UnitedHealthcare Community Plan health care provider
- Schedule appointments during office hours to avoid the need to use urgent care centers or emergency rooms
- If you need a ride, call 1-888-889-0358 at least three days before your appointment
- Arrive on time for appointments
- Notify your provider in advance if you need to cancel your appointment
- Please call the office at least one day in advance if you must cancel an appointment. If you cancel your appointments, be sure to cancel your transportation at 1-888-889-0358.
- Supply information that your plan, practitioners, or families need in order to provide your care
- Be honest and direct with your PCP. Give them health history on you or your child.
- Understand your health issues and participate in developing mutually agreed-upon treatment goals
- Call AHCCCS if you have changes in address, family size or questions about eligibility

- Tell your doctor, AHCCCS, and UnitedHealthcare Community Plan if you have other insurance, such as Medicare. Failure to disclose information may result in denial of claims and services.
- Give a copy of your Living Will to your PCP

DD members:

With the help of your DES/DDD Support Coordinator, your responsibilities include:

- Keep your ALTCS eligibility predetermination appointments
- Select a PCP within 10 days of notification of plan enrollment
- Coordinate all necessary covered medical services through your PCP
- Go to your well visits with your PCP to help you stay healthy. Your PCP will help prevent infections by giving immunizations.
- Notify the DES/DDD Support Coordinator of changes in your address or phone number or if your private insurance has changed
- Arrive on time for your appointments or call ahead if you can't make it
- Provide all the information to your PCP that is requested by the PCP
- Notify your DDD Support Coordinator and UnitedHealthcare Community Plan with all the information, including changes in private and public insurance, third party liability, financial assistance, or other benefits received by you
- Pursue eligibility with Children's Rehabilitative Services (CRS). CRS is a special program to help with your health care if you have certain health conditions.
- Direct any complaints or problems to DES/DDD, Health Care Services, Member Services or your UnitedHealthcare Community Plan DD Liaison as soon as possible
- Participate in Person-Centered Service Plan (PCSP) meetings at the request of UnitedHealthcare Community Plan, your Support Coordinator or other personnel

Contact your DDD Support Coordinator at any time, including in-between visits, if you have any questions. Your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1.

ALTCS-EPD members:

With the help of your Case Manager, your responsibilities include:

- Tell your PCP and Case Manager about your health and changes in your health
- Supply information that your plan, practitioners, or families need in order to provide your care
- Tell Member Services and/or your Case Manager about changes in your Medicare, Medicare
- HMO or private insurance. This includes adding or ending other insurance.
- Talk to your providers and your Case Manager about your health care. Ask questions about the ways your health problems can be treated.
- Notify your Case Manager and AHCCCS if your family size changes, if you move or if your income changes
- Work as a team with your PCP and Case Manager to decide what care is best for you
- Understand how what you do can affect your health
- Understand your health problems and participate in developing mutually agreed-upon treatment goals
- Do the best you can to stay healthy
- Treat providers and staff with respect. Which includes, refraining from use of disparaging remarks, racial or ethnic slurs, profanity towards providers, caregivers and/or Case Managers are not acceptable.

Not to ask your Case Manager to:

- Provide hands on care
- Move any of your belongings
- Drive you in their car
- Lend you money
- Sign forms or paperwork for you

In the presence of your Case Manager you cannot: use drugs, drink alcohol, display firearms, make sexual advances or disrobe.

Changes in information

Before you move to another county, state, or country report this change to the agency that helped you with your eligibility and to UnitedHealthcare Community Plan right away. If you move to a county that is not served by UnitedHealthcare Community Plan, you will need to change your health plan. Changes you must report include:

- Adoption
- Marriage
- Birth
- Moving to a new county
- Death
- Divorce
- Moving to a new state
- Guardianship
- Address
- Phone number
- Insurance changes
- Income changes

Contact the agency that helped you with eligibility to request changes

DES – 1-855-HEA-PLUS (1-855-432-7587)

KidsCare – 1-855-HEA-PLUS (1-855-432-7587)

SSI MAO – 602-417-5010

Social Security Administration – 1-800-772-1213

DD members:

Call your DDD Support Coordinator and ask to have an electronic Member Change Report submitted to correct your information. Your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1.

ALTCS-EPD members:

Contact your Case Manager.

What care is available outside my service area?

When you are outside your service area, for example, outside of Arizona, UnitedHealthcare Community Plan only pays for emergency care. If you have an emergency, go to the nearest emergency room or hospital. Tell them you are a member of UnitedHealthcare Community Plan or show your ID Card. Any service you get that is not an emergency will not be covered by UnitedHealthcare Community Plan. You may be charged for services that are not an emergency. If you need care, but it is not an emergency, call your PCP or Member Services. UnitedHealthcare Community Plan will not pay for any services received outside of the country including emergency care.

ALTCS-EPD members:

Moving out of the state or country

Call your Case Manager before you move to another state or country. Your change needs to be communicated to your Case Manager in writing or verbally. If you move out of the state or country, you must sign a disenrollment form. No services are available outside of the United States. This form says you will no longer be a member in the ALTCS program and UnitedHealthcare Community Plan. Contact your Case Manager for more information.

Changing health plans

Every year you have the option to change plans during Annual Enrollment Choice (AEC). This is the date you enrolled with AHCCCS. AHCCCS will send you a notice two months before the date you can change. If you have experienced concerns with your health care delivery, we want to help resolve those issues, call UnitedHealthcare Community Plan Member Services. Otherwise, if you want to change health plans, follow the instructions provided in the letter you receive from AHCCCS.

If you want to change health plans and it is not your AEC period, you may still be able to change plans in special cases. You may be able to change your health plan if:

- You weren't given a choice of plan, weren't notified of your AEC period or couldn't make a choice because of a reason that you could not control
- You were not enrolled in the same health plan as other family members
- You lost eligibility for 90 days or less and were not re-enrolled with the same health plan
- A newborn or adoption subsidy child may have up to 90 days following auto-assignment to change plans. A Title XIX eligible member who is auto-assigned prior to having the full choice period of 90 days will be given 90 days from the date of the choice letter to request a plan change.

If you meet any of the reasons above, you may request a plan change from AHCCCS by calling 602-417-4000 in Maricopa County or call toll free 800-334-5283.

Member requests to change health plans that are unrelated to AHCCCS Administrative actions are treated as and processed as grievances. The grievance resolution notification includes information on how you can request a State Fair Hearing if you are not satisfied with the resolution of the plan change request. Plan change requests are processed as expeditiously as your health care condition requires but no later than the following:

- Medical continuity of care issue for a pregnancy:
  2 business days from your request.
- All other medical continuity of care issues, including when there is only one health plan in a geographical service area:*
  No later than 10 business days from your request.
- All other plan change requests:
  30 days from your request.

* Plan change requests for medical continuity of care are not available if there is only one health plan in your geographical service area.

If you are a UnitedHealthcare Community Plan member, you may contact Member Services to request this change. Member Services will fill out the required paperwork and send it to the other health plan. If your request is denied, you will receive a denial letter. If you do not agree with the decision you may file a State Fair Hearing. Information on how to file a State Fair Hearing will be included in the denial letter. You may call Member Services at any time to help with this process.

If you change plans for any reason, your current health plan and new health plan will work together to make sure you have no delay in services and have continued access to care in services. This includes a change to or from Fee-For-Service (FFS) to Managed Care Organization (MCO), MCO to MCO, or MCO to FFS. You will receive information from your new health plan on how to access services. If you have any questions or need support during the transition to your new health plan please Member Services for help. ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

DD members:

DD members are able to change health plans during their birth month. Call DDD Member Services at any time to help with the process at 1-844-770-9500, Option 7.

ALTCS-EPD members:

ALTCS transitional program

A transitional program is for members who do not meet nursing home level of care according to ALTCS eligibility requirements, but may need other long term care services. ALTCS Transitional members whose condition briefly gets worse may get up to 90 continuous days of medically necessary nursing home care at a time. Transitional Program members can receive services in their home or in an assisted living facility including physical and behavioral health services and/or Transitional Program members are eligible to receive other medically necessary ALTCS services. Even if nursing home care is not medically needed, a short-term stay up to 25 days per year (October 1–September 30) may be possible using your respite benefit which is an ALTCS home and community-based service. The transitional program applies only to existing members, not newly enrolled members.

Treatment planning

A Treatment Plan is a written plan of care to help identify your medical, behavioral health and social service needs. Resources will be provided to help with your care based on a completed assessment and plan of care created by your care team. The plan of care is a description of recommended goals that may include your personal goals, family support services, care coordination action items, and plans to help you in achieving an improved quality of life.

UnitedHealthcare Community Plan provides family-centered care that includes your family in the decisions that you make with your PCP, Behavioral Health Provider, MSIC, Specialists, and/or Care Manager or ALTCS-EPD Case Manager. You may allow a family member or authorized representative to partner in the treatment planning process and development of the plan of care. This partnership is expected to result in a mutually agreed upon treatment plan that meets your medical, functional, social and behavioral health needs. If you feel your voice is not being heard please contact Member Services for help. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

DD members:

The ALTCS Transitional Program is available for members who, at the time of medical reassessment, have improved either medically, functionally or both, where they no longer need institutional care, but who still need long-term care services and supports. ALTCS Transitional members are entitled to all ALTCS covered services except for custodial nursing facility care. UnitedHealthcare Community Plan will work closely with the DDD Support Coordinator to ensure members transition to the most appropriate care setting.

If you change plans for any reason, your current health plan and new health plan will work together to make sure you have no delay in services and have continued access to care in services.

Emergency care

An emergency is a sickness that is sudden and puts your life in danger or can cause harm to you if not treated right away. In an emergency, it is very important to get care right away. If you have an emergency, call 911 or go to the nearest emergency room. You have the right to go to any hospital emergency room or other setting for emergency services, such as an urgent care center when your doctor's office is closed. Not all health problems are an emergency. Some reasons to call 911 or go to the emergency room include:

- Sudden loss of feeling, or not being able to move
- Loss of speech
- Danger of losing life or limb
- Chest pain
- Severe pain in your stomach area
- Poisoning or overdose of medicine or drugs
- A serious accident
- Severe shortness of breath
- Severe burns
- Severe wound or heavy bleeding
- Damage to your eyes
- Severe spasms/convulsions
- Broken bones
- Choking or being unable to breathe
- Throwing up (vomiting) blood
- Miscarriage (when a pregnant woman loses her baby)
- Strong feeling that you might hurt yourself or another person
- Faint or pass out for no reason (will not wake up)

If you are not sure it's a real emergency, call your PCP. If you do go to an emergency room, call your PCP as soon as you can after your visit so you can get the right care. Prior authorization is not required for emergency care.

If you have questions about whether your situation requires treatment in an urgent care center or an emergency room, call your PCP or NurseLine at 1-877-440-0255, TTY/TDD 711. NurseLine is available 24 hours per day/7 days a week.

ALTCS-EPD members:

If you do go to an emergency room, show ALL ID cards when you arrive. Call your PCP and Case Manager within 2 days/48 hours, or as soon as possible. Any follow-up care will be given by your PCP. You should see your PCP within 7 days after you leave the hospital. If you get emergency services, ask the hospital or doctor to send your records to your PCP. Call UnitedHealthcare Community Plan if you get emergency services. If you go to an emergency room, tell them:

- You are on ALTCS
- Your health plan is UnitedHealthcare Community Plan
- To send your medical records to your PCP

If you cannot do this yourself, have a friend or family member do this.

When not to use the emergency room

Most sicknesses are not emergencies and can be treated at your doctor's office. You can also be treated at an urgent care site. You should not use an emergency room if you have one of these minor problems:

- A sprain or strain
- A cut or scrape
- An earache
- A sore throat
- A cough or cold

Non-emergent hospital services

Non-emergent hospital services are covered when arranged by an in-network physician at a participating facility. Your in-network physician will make these arrangements if medically necessary.

Non-emergency transportation

If you need a ride to an appointment, ask a friend, family member or neighbor first. If you cannot get a ride, UnitedHealthcare Community Plan will help you. Members may receive non-emergency transportation services through UnitedHealthcare Community Plan for AHCCCS covered services. You are responsible for setting up your own transportation. Following these simple rules will help you get a ride:

- Call at least 3 business days before your health care visit
- Call **1-888-889-0358,** TTY/TDD **711** to set up your ride
- If you cancel your visit, call **1-888-889-0358** to cancel your ride
- Rides are only for covered services
- Know the address of your health care provider
- Be specific about where you need a ride to
- After your visit, call for a ride home
- Let us know if you have special needs like using a wheelchair for mobility or needing escort assistance
- Members 15 years of age and younger must have a parent or guardian with them. Members between the ages of 16 and 17 must be accompanied by a parent or guardian unless MTM has received a signed waiver of consent from the member's parent or guardian.
- Transportation may be limited to a provider near you

If you need transportation to an **urgent care center,** you may call at any time, any day of the week. You do not need to give advance notice for urgent care transportation.

If you have a life-threatening emergency and need emergency transportation, call 911. Non-emergent transportation is not for emergencies.

DD members:

If you are getting behavioral health services through a TRBHA, you are covered to receive transportation services only to your first TRBHA appointment by your health plan. After your first visit, your TRBHA should transport you for behavioral health services.

Transportation to home and community based services covered by DDD, please contact your assigned DDD Support Coordinator for assistance.

Covered health care services

These are many of the AHCCCS/DDD covered services you can receive if they are **medically necessary.** Medically necessary means covered services provided by a qualified doctor within the scope of their practice to prevent disease, disability, and other health conditions or their progression to prolong life. Your PCP or specialist will help you decide if you need a covered service. If you receive services that are not covered by AHCCCS/DDD, you may be required to pay for them.

UnitedHealthcare reviews new procedures, devices, and drugs to decide if they are safe and effective for members. If they are found to be safe and effective, they may become covered. If new technology becomes a covered service, it will follow plan rules, including medical necessity.

Covered service
Adaptive aids
Allergy testing (limitations for members 21 years of age and older)
Augmentative and alternative (AAC) device
Bariatric surgery
Behavioral health residential facilities (BHRF)
Behavioral health services
Breast reconstruction (post-mastectomy)
Certain specialized durable medical equipment

Covered service
Chiropractic services • Chiropractic services are covered for members under 21 years of age when prescribed by the member's Primary Care Provider • Chiropractic services are covered for adults when ordered by a Primary Care Provider. The adult maximum benefit is 20 chiropractic visits per year. • Additional chiropractic services are available if medically necessary with prior authorization
Clinical trials (Covered under certain criteria. Must be pre-authorized.)
Cochlear implants (following medical evaluation showing medical necessity)
Counseling services
Dental care – Emergency (members 21 and older have a $1,000/year limit)
Dental care – Routine preventive and therapeutic services for ACC, DD and ALTCS-EPD members under age 21 (DD and ALTCS-EPD members 21 and older have a $1,000/year limit). See page 83 for additional dental benefit information.
Diabetic services, supplies, and self management trainings for adults and children. This includes up to 10 program hours annually of diabetes outpatient self-management training services if prescribed by a PCP in specified circumstances.
Dialysis
Doctor office and specialist visits
Durable medical equipment and supplies. (This will include augmentative communication devices. A written prescription from the PCP is required. The specialist will submit a prior authorization request for approval.)
Emergency services, 24-hour emergency care, emergency transport, and emergency room (Emergency service does not require a prior authorization.)
Emergency eye care. Cataract removal and follow-up services.

Covered service
Emergent/Non-emergent transportation
Family planning services and supplies for both women and men. This includes birth control pills, supplies and devices; surgical procedures to cause sterility (inability to reproduce), delay or prevent pregnancy.
Genetic/biomarker testing and counseling
Gynecology – Female members have direct access to a gynecologist within the UnitedHealthcare Community Plan network without a referral from a primary care provider. Preventive services such as cervical cancer screening or referral for a mammogram are covered.
Health risk assessments and screenings
Hearing aids (members under 21)
Hearing exams
Human Immunodeficiency Virus (HIV)/AIDS testing, counseling and treatment
Home health services (such as nursing and home health aide)
Hospice services
Hospital care
Hysterectomy
Immunizations (shots)

Covered service
Incontinence briefs (available for ages 3 years and older when certain medical criteria are met) **DD and ALTCS-EPD members:** Incontinence briefs are covered for members when needed to treat a medical condition like a rash or infection. These briefs are also called adult diapers and pull-ups. Prior approval may be needed. Briefs are also covered to avoid or prevent skin break-down for **members in the ALTCS program who are 21 years of age and older when:** • You have a medical condition which causes incontinence. This is when the body is not able to control going to the bathroom, and • The doctor gives you a prescription for the briefs, and • No more than 180 briefs are needed in a month, unless the doctor shows that more than 180 briefs in a month are needed, and • You get the briefs from the Health Plan's providers, and • The doctor has gotten any needed approval from the Health Plan. For members over the age of three and under 21 years, incontinence briefs shall not exceed more than 240 per month unless when deemed medically necessary.
Lab, X-rays, and medical imaging
Lung volume reduction surgery (LVRS): LVRS, or reductive pneumoplasty is covered for persons with severe emphysema
Maternity care (prenatal, labor and delivery, postpartum)
Metabolic medical food formulas or medical foods
Medically necessary surgical services
Nursing home (skilled) up to 90 days a year for ACC. No benefit limitation for DD or ALTCS-EPD.
Nursing home (custodial) (Covered for DD and ALTCS-EPD members)
Nutritional assessments
Orthotics are covered for **members under the age of 21** when prescribed by the member's Primary Care Provider, attending Physician, or Specialist.

Covered service
Orthotics are covered for **members who are 21 years of age and older** when: • The orthotic is medically necessary as the preferred treatment based on Medicare guidelines, AND • The orthotic costs less than all other treatments or surgery procedures to treat the same condition, AND • The orthotic is ordered by a physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant).
Palliative care
Personal emergency alert system (Covered for DD and ALTCS-EPD members)
Podiatry services, AHCCCS/DDD covers medically necessary foot and ankle care, including reconstructive surgeries, provided by a licensed podiatrist or other qualified licensed practitioner or physician
Prescriptions and some over-the-counter medicines to meet special needs if prescribed by your doctor
Prescriptions on UnitedHealthcare Community Plan's list of covered medicines and prescribed by your doctor
Preventive services including, but not limited to, screening services such as cervical cancer screening including pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections (including yearly syphillis testing for all members 15 years old and up)
Private duty nurse
Prosthetic devices when medically necessary
Radiology and medical imaging
Respiratory therapy
Respite care up to 600 hours per year from Oct. 1–Sept. 30
Substance abuse transitional facilities

Covered service
Telehealth visits: over the phone or video
Total Parenteral Nutritional (TPN) therapy
Transplantation of organs and tissue and related medications covered for members with specified medical conditions • Transplant services and medications when medically necessary, must be pre-authorized • Transplants must be done at an AHCCCS approved transplant center
Urgent care
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.
Vision – Treatment of medical conditions of the eye, excluding eye exams for glasses or contact lenses and the glasses or contact lenses, except after cataract surgery, for members who are age 21 or older
Therapies covered for members who are 21 years of age and older
Rehabilitative means helping someone get better and stronger after they've been hurt or sick. It's about giving support so they can feel better again and do things on their own. For example, if someone breaks their leg, they might go to physical therapy to help them walk again. That's rehabilitative care. It's giving someone the tools and help they need to heal and grow.
Habilitative means helping someone learn new skills they've never had before or maintain skills they already have so they can live a better and more independent life. For example, if a child has trouble speaking, they might work with a speech therapist to learn how to talk clearly. That's habilitative care. It's teaching someone how to do something for the first time, like walking, talking, or getting dressed.
Occupational therapy, inpatient – Covered when medically necessary

Covered service
Therapies covered for members who are 21 years of age and older (continued)
Occupational therapy, outpatient • Habilitative: 15 visits per benefit year (10/01–09/30) • Rehabilitative 15 visits per benefit year (10/01–9/30)
Physical therapy, inpatient – Covered when medically necessary
Physical therapy, outpatient • Habilitative: 15 visits per benefit year (10/01–09/30) • Rehabilitative: 15 visits per benefit year (10/01–9/30)
Speech therapy, inpatient – Covered when medically necessary
Speech therapy, outpatient – Covered when medically necessary

Responsible payer for members 21 years of age and older	ACC	DD	ALTCS-EPD
Occupational Therapy: Habilitative	UHCCP	DDD	UHCCP
Occupational Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP
Physical Therapy: Habilitative	UHCCP	UHCCP	UHCCP
Physical Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP
Speech Therapy: Habilitative	UHCCP	DDD	UHCCP
Speech Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP

UnitedHealthcare Community Plan (UHCCP) is responsible to provide all **Rehabilitative** or **Habilitative** therapies provided at an **MSIC.**

Covered service
Additional services for children under 21
Bone anchored hearing aid
Chiropractic services
Cochlear implants and maintenance
Conscious sedation (medicine to relieve pain during a medical procedure while the patient is awake)
Dental care – Routine preventive and therapeutic dental services
Hearing aids
Health risk assessments and screening (including EPSDT services)
Outpatient and inpatient speech, occupational, and physical therapy

Responsible payer for children under 21 years of age	ACC	DD	ALTCS-EPD
Occupational Therapy: Habilitative	UHCCP	DDD	UHCCP
Occupational Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP
Physical Therapy: Habilitative	UHCCP	DDD	UHCCP
Physical Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP
Speech Therapy: Habilitative	UHCCP	DDD	UHCCP
Speech Therapy: Rehabilitative	UHCCP	UHCCP	UHCCP

UnitedHealthcare Community Plan (UHCCP) is responsible to provide all **Rehabilitative** or **Habilitative** therapies provided at an **MSIC.**

Covered service
Additional services for children under 21 (continued)
Vision services including eye exams, frames and lenses, replacement and repair of broken or lost eyeglasses without restriction are covered.
Additional services for Qualified Medicare Beneficiaries (QMB)
Any services covered by Medicare but not by AHCCCS (see your Medicare Evidence of Coverage (EOC))

DD members:

For individuals with an intellectual disability who reside in an intermediate care facility (ICF/IDD) have access to vision services with no benefit limit.

For for a list of covered services by DDD, please visit their website at: Available DDD Services & Supports | Arizona Department of Economic Security (**az.gov**) or call your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1.

Non-covered health care services, including but not limited to

All members

- Allergy Immunotherapy not covered for ages 21 and older (unless medically necessary)
- Cosmetic services or items (except for when Medically Necessary)
- Services that will not help you get better
- Services that are not medically necessary
- Medical services for those in an institution for TB (tuberculosis) treatment
- Over-the-counter medicines and medical supplies (except under certain conditions). Refer to the UnitedHealthcare Over-the Counter Drug List for a list of products available on our website at: **UHCCommunityPlan.com** or call Member Services to request a printed copy.
- Personal care items such as combs, razors, soap, etc.
- Pregnancy termination unless the pregnancy is the result of rape or incest, a physician decides that it is medically necessary because the pregnancy will cause a serious physical or mental health problem for the pregnant woman, or continuing the pregnancy is life-threatening
- Prescriptions not on our list of covered medications, unless approved
- Reversal of voluntary sterilization
- Routine circumcisions
- Services from a provider who is not contracted with UnitedHealthcare Community Plan (unless prior approved by the health plan). If you have other insurance, you can see a non-contracted provider. If you are unsure, call UnitedHealthcare Community Plan Member Services.
- Services from a provider who is not registered with AHCCCS
- Services that are determined to be experimental by the health plan Medical Director
- Sex change/gender reassignment operations
- Treatment to straighten teeth, unless medically necessary and approved by UnitedHealthcare Community Plan
- Room and board in assisted living facilities and behavioral health group homes
- Medical marijuana – AHCCCS does not cover medical marijuana as a medical or pharmacy benefit
- Man-made (artificial) hearts or xenografts (taking and transferring tissue from another species/animal)

Other non-covered services for adults (age 21 and over)

- Hearing aids and bone-anchored hearing aids
- Lower limb micro-processor controlled joint
- Routine dental services except for DD and ALTCS-EPD members. See **Dental care** section for more information.
- Routine eye examinations for prescriptive lenses or glasses

If you have any questions if a service is covered or not, talk to your PCP or call Member Services.

ALTCS-EPD members:

Prior period coverage

You may be eligible for Prior Period Coverage (PPC). PPC is for some members with long term home and community-based services (HCBS), nursing home, or assisted living services in place from when the member applied for ALTCS to when the member became eligible for ALTCS. During PPC, health care services are reviewed and assessed by the Case Manager. The Case Manager will see if UnitedHealthcare Community Plan is permitted to pay the provider. The services must meet three areas to qualify for UnitedHealthcare Community Plan payment:

1. Medically necessary.
2. Cost-effective.
3. Provided by an AHCCCS-registered health care provider.

Covered Long Term Care Services – Institutional

Certain covered long term care services may include:

- Nursing home (including Christian Science). If you are living in a nursing home, you pay your "share of cost" to the home. ALTCS will tell you your "member share of cost."
- Institution for mental disease (IMD)
- Psychiatric residential treatment center for age 21 years and under

Covered Home and Community-Based Services (HCBS)

Covered HCBS alternative residential settings may include:

- Assisted living home. (ALTCS approved with rooms for 10 or fewer residents.)
- Assisted living centers. (A setting that provides resident rooms or residential units and services to 11 or more residents.)
- Adult foster care. (ALTCS HCBS approved with services on a continuing basis for four or fewer people.)
- If you are in an assisted living setting, you must pay for your room and board. You pay this directly to your facility.

Accessing Non-Title XIX/XXI services

There may be other services that may be available through the Regional Behavioral Health Agreement (RBHA) in your area in addition to your covered services. These services, known as Non-Title XIX/XXI services, are provided through grants such as the Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment and Recovery Block Grant (SUBG). To access these services, you can contact Member Services. A request will then be sent to our Behavioral Health Coordinators for both general mental health, Serious Emotional Identification (SEI), and Serious Mental Illness (SMI). The Behavioral Health Coordinators work directly with the designated RBHA Liaison to set-up the needed services and will outreach the member directly to help coordinate care.

Mental Health Block Grant (MHBG) provides community-based mental health services to adults with SMI, children with SEI, and individuals with Early Serious Mental Illness including First Episode of Psychosis (ESMI/FEP).

Substance Use Prevention, Treatment and Recovery Block Grant (SUBG) supports primary prevention services and treatment services for individuals who seek specialty treatment and prevention services for substance use disorders (SUD). It is used to plan, implement and evaluate activities to prevent and treat SUD. SUBG funds are used to support the following populations 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 use drugs or alcohol

Non-Title XIX/XXI services are based on the availability of funding. For more information on how to access these services contact Member Services. Non-Title XIX/XXI services include:

- Auricular acupuncture that is medically and clinically necessary. To be performed by a certified acupuncturist practitioner of auricular acupuncture needles to treat alcoholism, substance use or chemical dependency.
- Childcare supportive services are covered when providing medically necessary Medicated Assisted Treatment or outpatient (non-residential) treatment or other supportive services for SUD to Members with dependent children, when the family is being treated as a whole

- Mental health services (previously known as Traditional Healing Treatment) for mental health or substance use problems provided by qualified traditional healers. These services include the use of techniques aimed to relieve the emotional distress evident by disruption of the person's functional ability.
- Mental Health Services, Room and Board. Lodging and meals to an individual residing in a residential facility or supported independent living setting which may include but is not limited to:
  - Housing costs,
  - Services such as food and food preparation,
  - Personal laundry, and
  - Housekeeping.
- Supported housing services to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartment and homes owned or leased by a subcontracted provider. These services may include but are not limited to assistance with housing search and lease up processes, assistance with understanding lease and housing documents, daily living skills, employment and income assistance, budgeting, connection to natural supports, transportation, crisis planning, and substance abuse treatment, behavioral health services and assistance with accessing community resources.

Adults with SMI and children designated with SEI not eligible for AHCCCS may also access to mental health and substance use services through funding from the State of Arizona and grants. These services include, but are not limited to:

- Residential treatment
- Medication
- Counseling
- Case management
- Supportive housing
- Traditional healing
- Crisis services (no referral required), and
- Supportive services

Additional information on Non-Title XIX/XXI services may be referenced in the AHCCCS Medical Policy Manual Exhibit 300-2B, AHCCCS Covered Non-Title XIX/XXI Behavioral Health Services.

Housing services

If you need housing assistance and resources we are here to help.

All UnitedHealthcare Community Plan members are eligible for assistance in accessing and locating community resources to help overcome housing health related social needs. We can assess your housing needs and provide referrals to housing resources within your community. Members can obtain information about housing programs, services and resources by contacting their Care Manager, Case Manager or request referral to a Housing Coordinator through Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

How can someone experiencing homelessness obtain services?

Any member experiencing homelessness can get help through their local Coordinated Entry System Access Point. Call or go in person to your local coordinated entry point to be assessed for housing interventions. This is the first step to helping you locate housing. The goals of coordinated entry are to increase the efficiency of a local crisis response system and improve fairness and ease of access to services, including housing and mainstream benefits. Coordinated entry staff will complete a housing assessment called a Vulnerable Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) or similar tool to determine what intervention would be most useful to the person/family experiencing homelessness. The tool is designed to be quick and effective usually taking less than 10 minutes. Coordinated entry can get members connected to shelters and also help with additional housing interventions if the member is eligible.

Coordinated Entry Access Points for members who report as homeless:

Members experiencing homelessness or at risk of homelessness can contact their local Continuum of Care (CoC) program through the local Coordinated Entry system in their community. The following links give more information about the services available in each region.

- Arizona Balance of State CoC The Arizona Department of Housing serves as the Collaborative Applicant and Homeless Management Information System (HMIS) lead agency for the CoC for the 13 non-metro counties in the state. Locate community access points by county by visiting: **https://housing.az.gov/general-public/homeless-assistance-agencies**.

- Tucson/Pima County CoC Tucson Pima Collaboration to End Homelessness (TPCH) is a coalition of community and faith-based organizations, government entities, businesses and individuals committed to the mission of ending homelessness and addressing the issues related to homelessness in our community. Locate community access points by visiting: **https://tpch.net/coordinated-entry-for-homeless-services/**.
- Phoenix/Mesa/Maricopa County Regional CoC is staffed by the Maricopa Association of Governments. More than 40 homeless assistance programs in 13 different agencies are supported. Locate community access points by visiting: **https://housing.az.gov/general-public/homeless-assistance-agencies?page=1**.

Community based affordable housing options

There are several affordable housing options within the community. These options include Public Housing, Section 8 Housing Choice Vouchers (HCV) and Low- Income Housing Tax Credit Properties (LIHTC). The following table gives more information about the community based affordable housing options and contact information to determine program availability in each region.

Community based affordable housing options
Low Income Tax Credit Properties (LIHTC Properties) **Description:** Affordable rental units developed by private owners using federal tax credits. **Who is it for:** Low/moderate income households. **Rent amount:** Is based on income limits. Typically 30%, 50% or 60% of area median income. **Application process and contact information:** Application fees vary. Contact the property directly for application fees and income requirements. Use the no cost ADOH Housing Search Tool to locate housing to fit your needs and budget: **https://www.myhousingsearch.com/tenant/index.html?accessibility=t&ch=AZ**. If you do not have internet or email access please call 1-877-428-8844 (toll free) Monday–Friday, 7:00 a.m.–6:00 p.m. Dial 711 for TTY.

Community based affordable housing options

Public housing

Description: Government owned housing units managed by local Public Housing Authorities (PHAs). There are 24 PHAs in Arizona. PHAs administer HUD housing programs including project based voucher programs that provide subsidies to units of certain housing developments. Properties are site based and individuals are added to the waitlist directly with the property owner or apartment complex. Please note, waitlists may be long.

Who is it for: Low/very low income households.

Rent amount: Is based on income limits. Typically 30% of the combined household income.

Application process and contact information: Contact the Arizona Department of Housing 602-771-1000 or visit **https://housing.az.gov**.

Section 8 vouchers

Description: A rental subsidy that helps you pay rent.

Who is it for: Low/very low income households.

Rent amount: Is based on income limits. Typically 30% of the combined household income.

Application process and contact information: Contact the Arizona Department of Housing 602-771-1000 or visit **https://housing.az.gov**.

Permanent Supportive Housing

Description: A rental subsidy with supportive housing services.

Who is it for: Chronically homeless or disabled individuals.

Rent amount: Is based on income limits. Typically 30% of the combined household income.

Application process and contact information: Permanent Supportive Housing typically occurs from a referal from your clinical team, your Care/Case Manager. Call Member Services if you need assistance.

For more information on these programs contact your Care Manager, Case Manager or request referral to a Housing Coordinator through Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Permanent Supportive Housing

Permanent Supportive Housing (PSH) provides long-term, stable housing with support services to assist individuals or families in achieving housing stability. Members are assessed by their doctor, behavioral health provider, Care Manager or Case Manager to determine if they have housing needs. PSH services help individuals or families find and keep housing in different settings, like their own home or apartment. Services may include help with eligibility paperwork and application process, understanding housing rights, assistance with housing search, moving in, and ongoing support to maintain housing. Ongoing supports to maintain housing may include referrals to community resources, budgeting help and financial literacy, household management education, skill building, conflict resolution, and tenant/landlord mediation. PSH services are available for individuals who meet eligibility criteria. For more information about PSH services, eligibility and referral contact your Care Manager, Case Manager, or request a referral to a Housing Coordinator through Member Services.

AHCCCS Housing Programs

AHCCCS has several permanent supportive housing programs throughout Arizona. These programs pair state-funded housing subsidies with Medicaid-covered support services. They help eligible members with a designation of Serious Mental Illness (SMI) who have an identified housing need and members with a General Mental Health and/or Substance Use Disorder (GMHSUD) considered High Needs/High Cost who have an identified housing need achieve housing stability in the community. Contact your Case Manager or Behavioral Health provider to see if you qualify for a referral to the AHCCCS Housing Program. Referrals are made based as part of an individual service plan, based on medical necessity. For more information, visit **azabc.org/ahp/**.

AHCCCS Housing and Health Opportunities Program

AHCCCS Housing and Health Opportunities (H2O) Program, became effective 10/1/2024, with efforts to enhance and expand housing services for AHCCCS members who are homeless or at risk of becoming homeless. Services include outreach and education, transitional housing, one-time transition costs, home modifications, and tenancy services. Members must meet Medicaid, homeless, and SMI eligibility criteria to participate.

DDD 811 Supported Housing Program

HUD's Section 811 program provides supportive housing for people with disabilities. Grants through Section 811 Project Rental Assistance (PRA) fund affordable housing for DDD members.

Qualified members need to:

- Be eligible for DDD
- Be between the ages of 18 and 61
- Have a current Person-Centered Service Plan (PCSP)
- Meet eligibility requirements
- Be willing to live in the area where housing opportunities are available

Contact your DD Support Coordinator for more information on referral process.

Housing resources:

Arizona Department of Housing **602-771-1000**
https://az.gov/housing-resources

Myhousingsearch Tool – An online tool to help you find affordable housing resources within Arizona.

- **https://www.myhousingsearch.com/tenant/index.html?accessibility=t&ch=AZ**

Income-based housing:

- Subsidized apartment search:
  https://resources.hud.gov / Subsidized apartment search
- Public Housing Authorities:
  https://www.hud.gov/program_offices/public_indian_housing/pha/contacts
- Housing Choice Vouchers (Section 8):
  https://www.hud.gov/topics/housing_choice_voucher_program_section_8
- Section 202 Supportive Housing for the Elderly:
  https://www.hud.gov/hud-partners/multifamily-housing-for-seniors-and-persons-with-disabilities
- Section 811 Supportive Housing for Persons with Disabilities:
  https://www.hud.gov/program_offices/housing/mfh/grants/section811ptl

Sober living housing:

- AZ Recovery Housing Association Certified Sober Living Communities **https://www.myazrha.org/what-to-look-for-in-a-sober-living-home**
- Oxford House **https://www.oxfordhouse.org/** – *Peer run sober living homes*

Eviction prevention and tenant resources:

- Emergency rental assistance: **https://www.consumerfinance.gov/coronavirus/mortgage-and-housing-assistance/renter-protections/find-help-with-rent-and-utilities/**
- Arizona Department of Housing: **https://housing.az.gov/rental-assistance-eviction-prevention-programs-maricopa-county**
- HUD Approved Housing Counseling Agencies: **https://www.consumerfinance.gov/find-a-housing-counselor/**

Department of Housing & Urban Development subsidized apartment search tool:

- **https://resources.hud.gov/**

To receive additional information regarding these programs or to contact the Housing Specialist/Coordinator, contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Employment services

Did you know....?

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

AHCCCS employment services

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

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

To learn more about employment services and supports, or to get connected, ask within your behavioral or integrated health home, or contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

DD members:

All areas of the state have dedicated employment specialists ready to assist you, your Support Coordinator, and your planning team with employment resources. You may have access to employment services through the assessment made by your Support Coordinator and your planning team. Your Support Coordinator can connect you with employment services and supports that meet your needs and will work with you to determine the best services necessary based on your job goal. Speak with your Support Coordinator for more information about getting connected with employment services. If you have any questions please call Member Services who will connect you to UHCCP'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. Ask your behavioral or integrated health home about a referral to VR or contact a local VR office directly.

DD members:

Ask your Support Coordinator about a referral to VR.

ALTCS-EPD members:

Ask your Case Manager for a referral.

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

Freedom to Work

AHCCCS Freedom to Work is affordable health insurance for individuals with disabilities who are EMPLOYED. The program is provided by the State of Arizona and is managed by the Arizona Health Care Cost Containment System (AHCCCS). Also known as a Medicaid Buy-In program.

The applicant may qualify for this program if the applicant:

- Is age 16–64 and a resident of Arizona
- Provide or apply for a valid Social Security number
- Is a United States citizen or a qualified immigrant
- Not be incarcerated
- Discloses other health benefits
- Is working and paying taxes
- Receives Social Security disability or is determined blind or disabled by the **Disability Determination Services Administration (DDSA) (http://www.ssa.gov/applyfordisability/)** or have been determined medically eligible for ALTCS
- Has countable monthly earned income (after allowable deductions). AHCCCS does not count income of your family members nor unearned income such as Social Security. Assets are not counted when determining eligibility.

The program may be no cost or have a monthly premium.

To determine if eligible and/or find out how much your premium may be, try the Freedom to Work Estimator on the DB101 website, **https://az.db101.org/planning/**. The amount on the DB101 website is only an estimate. AHCCCS will determine your eligibility.

To apply for the AHCCCS Freedom to Work program visit Health-e-Arizona at **https://www.healthearizonaplus.gov** or call 855-HEA-PLUS (855-432-7587). A best practice is to submit at least one full month of check stubs. Applicants who are self-employed must submit copies of current Federal tax returns or proof of business income and expenses.

ARIZONA@WORK

This statewide job center 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, the Arizona Job Connection website. ARIZONA@WORK can connect you to their partners for expert advice and guidance on everything from childcare, basic needs, Vocational Rehabilitation for job seekers with disabilities, and educational opportunities.

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

Benefits planning and education

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

Arizona Disability Benefits 101 (DB101) – This no-cost, user-friendly online tool helps people work through the myths and confusion of Social Security benefits, healthcare, and employment. DB101 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) that can help 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.

Disability Rights Arizona – is a not-for-profit which is dedicated to protecting the rights of individuals with physical, mental, psychiatric, sensory and cognitive disabilities. They provide a variety of legal services to people with disabilities and/or disability-related problems. The ACDL provides information, outreach, and training on legal rights and self-advocacy among other services. For more information go to **https://disabilityrightsaz.org/**.

Disability Rights Arizona, Phoenix location: 602-274-6287 or 1-800-927-2260

Disability Rights Arizona, Tucson location: 520-327-9547 or 1-800-922-1447

Residential placement

Out of home placements

Institution for Mental Diseases (IMD):
A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases (including substance use disorders), including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.

Nursing facility, including religious nonmedical health care institutions:
The nursing facility must be licensed and Medicare/Medicaid certified by ADHS to provide inpatient room, board and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.

Behavioral health inpatient facility:
A health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

1. Have a limited or reduced ability to meet the individual's basic physical needs,
2. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality,
3. Be a danger to self,
4. Be a danger to others,
5. Be a person with a persistent or acute disability, or
6. Be a person with a grave disability.

Behavioral health residential facility:
Health care institution that provides treatment to an individual experiencing a behavioral health issues that:

a. Limits the individual's ability to be independent, or
b. Causes the individual to require treatment to maintain or enhance independence.

Home care training to home care client (HCTC or therapeutic foster care):
Are delivered to members whose behavioral health needs are of such a critical nature that in the absence of such services the member would be at risk of transitioning into a more restrictive residential setting such as a hospital, psychiatric center, correctional facility, residential treatment program or a therapeutic group home.

ALTCS-EPD members:

Covered Home and Community-Based Services (HCBS) may include:

- Adult day health care
- Home-delivered meals
- Home health agency including nursing services and licensed home health aide services
- Emergency alert system
- Habilitation services
- Homemaker services
- Hospice
- Palliative care
- Personal care
- Private duty nursing
- Respite care. Respite care is a temporary break for persons providing care to our members.
- Respite must be pre-approved and authorized by the Case Manager. Up to 600 respite hours per benefit year (October 1–September 30) are available.
- Group respite as alternative to adult day health

(continues on next page)

ALTCS-EPD members:

(continued from previous page)

- Attendant Care is a service provided by a Direct Care Worker that can provide assistance to a member to meet essential personal, physical and homemaking care needs. There are several attendant care models to select from with requirements and considerations that can be explored with your Case Manager. Contact your Case Manager for more information:
  - Parents as paid caregivers with formal physical and/or legal custody can receive compensation for providing paid direct care and habilitation services to your minor child
  - Agency with choice – Allows you to make decisions about the attendant and the schedule you want
  - Spouses as paid caregivers can receive compensation for providing direct care services to their spouse
  - Self-directed attendant care – Allows you to act as the employer and can hire, train or dismiss the attendant of your choosing
  - Traditional attendant care – Allows you to select an attendant from network of attendant care providers
- Medically necessary home modifications
- Supported employment for individual or group

General member rights under the Home and Community Based Services (HCBS)

The HCBS Rules are purposed to provide protections to members and assure full access to the benefits of community living. The HCBS Rules focus attention on ensuring that members are actively engaged and participating in their communities to the same degree as any other Arizonan through employment, education, volunteer and social and recreational activities.

For more information on HCBS rules and requirements please visit: **https://www.azahcccs.gov/HCBS**.

DD members:

You may be eligible for Alternative Home and Community Based Services (HCBS). Please work with your Support Coordinator to qualify and obtain these services, or discuss your share of cost. Your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1. A portion of the cost of the care in an Alternative HCBS setting shall be paid by the member or other source such as the member's family. The amount of the member's share of cost is determined and communicated to the member by the local ALTCS Eligibility office.

Parents as paid caregivers with formal physical and/or legal custody can receive compensation for providing paid direct care and habilitation services to your minor child. Parents as paid caregivers have requirements and are considered after all other options have been explored.

ALTCS-EPD members:

Case Manager

If you have questions, contact your Case Manager. They will visit you to help with your health care needs. They can help you:

- Pick a doctor (PCP)
- Get care with your doctor
- Manage medical services
- Solve problems with your care through goal setting
- Find ways to live at home
- Explain service and placement options
- Help with locating community resources through Member Empowerment (me*) Housing, Education and Employment or Volunteer Program
- Obtain Behavioral Health Services

Accessing services

Case Managers work with you to see which health services you need. These are services to help care for you and keep you safe in places such as your home. Services coordinated must be cost effective, which means the cost must be no more than the cost to live in a nursing home. We want to make sure you are living in the best place for your situation. Case Management makes a plan with you to meet your personal care and medical needs during the assessment process. Person-Centered Service Planning is for Case Managers, members and their family, friends, Health Care Decision Makers and caregivers to work together to create and implement a service plan **driven by you and address what is important to and for the member.** This process:

- Builds on member's strengths, life preferences, and support need
- Includes opportunities for meaningful activities such as social connections, employment, community activities and volunteering
- Promotes independence and community inclusion

Social isolation

Social Isolation or loneliness is associated with an increased occurrence or risk factor that could lead to heart disease or depression. Social connections play a key role in maintaining mental and overall physical health. Optum Community Centers offers a great way for people over 55 to stay connected, informed and fit. These are free and available for caregivers too. There are virtual opportunities to stay active as well. **https://www.youtube.com/playlist?list=PLsqiKKQGf-B91F0_ERCPKeijAV7og_fq7**

Caregiver supports

A caregiver can be a family member, friend, or professional. People become caregivers often without even knowing that they would be in that role. Most of the time people do not choose to be a caregiver they just happen to fall into that role by an unforeseen situation. The challenges of care giving can lead to stress which potentially can lead to caregiver burnout. Caregiver burnout is a state of physical, emotional, and mental exhaustion. Recognizing the symptoms of burnout such as fatigue, anxiety, depression and getting help could prevent an unhealthy situation from occurring.

UnitedHealthcare Community Plan has supportive services available that can offer coaching and promote wellness activities for the informal caregiver. Contact your Care Manager for more information.

Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you. Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

You may also find provider information such as:

- Name, address and phone numbers
- Professional qualifications
- Medical school attended (by phone only)
- Residency completion (by phone only)
- Board certification status
- Languages spoken
- Age group served
- Hospital affiliations
- If accepting new patients
- Wheelchair accessibility

ALTCS-EPD members:

If you have questions, contact your Case Manager. They will visit you to help with your health care needs. They can help you:

- Pick a doctor (PCP)
- Get care with your doctor
- Manage medical services
- Solve problems with your care through goal setting
- Find ways to live at home
- Explain service and placement options
- Help with locating community resources through Member Empowerment (me*) Housing, Education and Employment or Volunteer Program
- Obtain Behavioral Health Services

Accessing services

Case Managers work with you to see which health services you need. These are services to help care for you and keep you safe in places such as your home. Services coordinated must be cost effective, which means the cost must be no more than the cost to live in a nursing home. We want to make sure you are living in the best place for your situation. Case Management makes a plan with you to meet your personal care and medical needs during the assessment process. Person-Centered Service Planning is for Case Managers, members and their family, friends, Health Care Decision Makers and caregivers to work together to create and implement a service plan **driven by you and address what is important to and for the member.** This process:

- Builds on member's strengths, life preferences, and support need
- Includes opportunities for meaningful activities such as social connections, employment, community activities and volunteering
- Promotes independence and community inclusion

End of Life Care

End of Life (EOL) care is a member-centered approach with the goal of preserving member rights and maintaining member dignity while receiving any other medically necessary covered services, while providing relief of stress, pain, or life limiting effects of illness to improve the quality of life. EOL care includes providing you and your family with information about your illness and treatment choices. EOL care allows you to receive Advance Care Planning, palliative care, supportive care and practical care services. Members who receive EOL care can choose to receive curative care until they choose to receive hospice care.

DD members:

If you need assistance with End of Life care (EOL) or Advance Care Planning, call your DDD Support Coordinator for support. Your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1.

Seeing a specialist or other providers

A specialist is a health care provider who cares for a certain area of the body. Your PCP is in charge of all your covered health care needs. If you need specialty care, your PCP may refer you to a specialist or another doctor.

Members and members with special health care needs, including ALTCS-EPD members, may also request services without a referral or prior authorization and may choose a provider from UnitedHealthcare Community plan's provider network. For urgent specialty care appointments member will be seen no later than 2 business days from the request and routine care appointments are within 45 calendar days of the request.

If your PCP wants you to see a specialist who is not contracted with UnitedHealthcare Community Plan:

- The specialist must be registered with AHCCCS
- Your PCP must get approval from UnitedHealthcare Community Plan, this is called a Prior Authorization

Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you. Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

You may also find provider information such as:

- Name, address and phone numbers
- Professional qualifications
- Board certification status
- Languages spoken
- Age group served
- Hospital affiliations
- If accepting new patients
- Wheelchair accessibility

Augmentative and Alternative Communication (AAC)

An AAC system provides a member with a different or added ways to tell their wants, needs and thoughts. People of all ages can use AAC if they have trouble with speech or language skills. Augmentative means to add to someone's speech. Alternative means to be used instead of speech. The AAC system should be used by the member in all settings (home, school, community).

How to start the AAC process?

1. A Member receives from their doctor a signed script/referral for an AAC evaluation by a Speech Language Pathologist (SLP). This script/referral is good for 12 months.
2. Members may call UHCCP's Member Services by dialing the number on their UHCCP ID card, call their assigned UHCCP Care Manager, or DDD Support Coordinator to assist in finding an in-network UHCCP licensed and registered AAC therapy provider.

   Members may also find a list of AAC Provider Evaluators located on UHCCP's member website, **https://www.uhccommunityplan.com/az** – Arizona Health Plans | UnitedHealthcare Community Plan: Medicare & Medicaid Health Plans (**uhccommunityplan.com**). Choose the appropriate plan:

   - AHCCCS Complete Care
   - Developmental Disabilities
   - Long Term Care ALTCS-EPD

   Under section **"Find providers and coverage for this plan,"** click on **"Provider Lookup."** Under **Provider Directories,** click on the **"Augmentative and Alternative Communication Service Providers"** hyperlink to view the list of providers. UHCCP staff will assist in seeing the availability of providers and will help in scheduling an appointment.
3. Once the member chooses an SLP, the member calls the SLP to schedule an AAC evaluation. The Member may call Member Services should they run into any barriers with scheduling.

4. The evaluation requires a Prior-Authorization (PA). The SLP will send to UHCCP the member's ISP (if applicable), IEP, therapy progress notes, signed script/referral from the doctor, and other documentation to support the need for an evaluation.
5. A specialty appointment is to be scheduled within 45 days of when the member calls and asks for the evaluation.
6. Once UHCCP receives the PA, a decision must be made within 14 days.
7. If the evaluation is approved, the SLP will call the member to schedule the appointment.
8. If the evaluation is not approved, members will get a Notice of Adverse Benefit Determination (NOA) letter in the mail that explains the reasons for the decision and will include member's appeal rights.

How will member receive the device?

1. The AAC device will be mailed directly to the member's home or therapy office. This is dependent on the member's choice and is included in the order to the AAC DME Vendor.
2. Once the member receives the AAC device, the member should call the AAC Agency to schedule training for the AAC device. The member's assigned UHCCP Care Manager, UHCCP ALTCS-EPD Case Manager or DDD Support Coordinator can assist in scheduling the appointment.
3. If the device is shipped to the AAC Agency, the agency will contact the family to schedule the training. If help is needed, the member's assigned UHCCP Care Manager, UHCCP ALTCS-EPD Case Manager or DDD Support Coordinator can assist in scheduling the appointment. For help in scheduling appointments, call the number on the back of your ID card.
4. AHCCCS and DDD policies require the first training to be completed no later than 90 days from when the AAC device was approved by the health plan.

UnitedHealthcare Community Plan does not restrict access to services based upon moral or religious principles. This includes counseling or referral services. If a provider refuses to provide services they find objectionable because of moral or religious grounds, we will assist you to get access to another provider who is willing to provide these services. For help, contact Member 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. IHS providers may refer members to a UnitedHealthcare Community Plan provider.

Your Primary Care Provider (PCP)

Your health care is important to us. We carefully screen and pick our doctors so you receive the best care. When you enroll, you will be assigned a Primary Care Provider (PCP). Your PCP is your personal care doctor. Your PCP will provide or arrange the covered services you need. Make sure you talk to your PCP about any health problems you have. That way, your PCP gets to know you and your medical history. Always follow your PCP's instructions and get approval before you get any medical services. Be sure and tell your PCP about any behavioral health issues as well. Your PCP may be able to treat behavioral health conditions or you may get behavioral health services without a referral. **If you are pregnant, you may choose your Maternity Care Provider as your PCP,** or you may choose a primary care practitioner such as a medical doctor (MDs), doctors of osteopathy (DOs), nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialist (CNS). These maternity and family planning providers will ensure you get pre- and postpartum services.

Changing your PCP

Your PCP is an important part of your health care team. You and your PCP need to work together. If for any reason you want to change your PCP, call Member Services. If you change your PCP, you must choose another PCP from the UnitedHealthcare Community Plan Provider Directory. We can help you choose a new PCP or tell you more about the PCPs in our network. If you are pregnant, contact Healthy First Steps at 1-800-599-5985. Member Services can send you a list of our providers at no cost to you. **If your PCP does not speak your language, call Member Services. UnitedHealthcare Community Plan will provide you with interpreter services at no cost to you.**

Making appointments

It is important for you to set up an appointment before you arrive at your PCP's office. When you call the PCP's office, tell them you are a UnitedHealthcare Community Plan member and why you need an appointment. If you don't make an appointment and just show up, your PCP may not be able to see you. Routine appointments can be scheduled with your PCP within 21 calendar days of request. Once you get to the office, your doctor will try to see you within 45 minutes. You may have to wait longer if there is an emergency. If you need urgent care, your PCP should see you within 2 business days of request. If you need emergency care, your PCP should see you that day, if they are unable to see you they may refer you to an urgent care or emergency room. For life-threatening emergencies, call 911 or go to the nearest emergency room.

ALTCS-EPD members:

If you need help making an appointment, call your Case Manager. If you are in a nursing or assisted living facility, ask the staff to help you; if they cannot, call your Case Manager.

Canceling or changing appointments

If you need to cancel or change your appointment, tell your PCP's office at least one day before the appointment. This lets the doctor see other patients. If you cancel an appointment, be sure to make another appointment for a different time.

Well visits

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

Women's preventive care 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. Preventive services such as cervical cancer screening or referral for a mammogram are covered.

Well-woman preventive care visits are covered for members on an annual basis. Annual preventive care helps discover and treat risk factors for disease, promote a healthy lifestyle, and detect existing physical or behavioral health problems. There is no copayment or other charge for well-woman preventive care visits. Medically necessary transportation is available, please refer to Non Emergency Transportation. The well woman preventive care visit includes the following services:

- A physical exam (Well Exam) that assesses overall health
- Clinical breast exam
- Pelvic exam (as necessary, according to current recommendations and best standards of practice)

- Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors
  - Human Papillomavirus (HPV) vaccines are covered as recommended by the Centers for Disease (CDC) **https://www.cdc.gov/hpv/vaccines/?CDC_AAref_Val=https://www.cdc.gov/hpv/parents/vaccine-for-hpv.html**
- Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
  - Proper nutrition
  - Physical activity
  - Elevated BMI indicative of obesity
  - Tobacco/substance use, abuse, and/or dependency
  - Depression screening
  - Interpersonal and domestic violence screening, that includes counseling about current or past violence and abuse and addresses current or future health concerns about safety
  - Sexually transmitted infections
  - Human Immunodeficiency Virus (HIV)
  - Family planning services and supplies
- Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
  - Reproductive history and sexual practices,
  - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake,
  - Physical activity or exercise,
  - Oral health care,
  - Chronic disease management,
  - Emotional wellness,
  - Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use, and
  - Recommended breaks between pregnancies.
- Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified

Well visits for children and members up to age 21

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 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

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

Some additional examples of services covered under EPSDT include, but are not limited to, well-child (preventive) visits, inpatient and outpatient hospital services, laboratory and X-ray services, physician services, naturopathic services, nurse practitioner services, medications, therapy services, behavioral health services, medical equipment, appliances and supplies, orthotics, prosthetic devices, 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.

Healthy weight – Tips to help children maintain a healthy weight

Childhood obesity is a complex disease with many contributing factors, including genetics, eating patterns, physical activity levels, and sleep routines. Conditions where we live, learn, work, and play can make healthy eating and getting enough physical activity difficult if these conditions do not support health.

During well-child visits, your child's doctor checks Body Mass Index (BMI) to see if your child has a healthy weight for their age, sex, and height. If you are concerned about your child's weight, talk to your child's doctor about their BMI. For more information about Tips to Help Children Maintain a Healthy Weight go to **https://www.cdc.gov/healthy-weight-growth/tips-parents-caregivers/?CDC_AAref_Val=https://www.cdc.gov/healthyweight/children/index.html**.

Lead exposure – Prevent childhood lead exposure

Lead is a metal found naturally in the environment and has been used in many products, including paint and gasoline. People can become exposed to lead by swallowing or breathing in lead dust which causes lead poisoning. When lead gets into the body, it can be harmful and cause irreversible effects. Young children are at greater risk for lead poisoning. A blood test is the best way to determine if a child has been exposed to lead. Be sure to talk to your child's doctor about the risks of lead poisoning during your child's next well-child visit.

Testing the blood for lead is required for all children at 12 months and 24 months of age. Your child may be at risk for having lead poisoning 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**.

Pregnancy/maternity services

UnitedHealthcare Community Plan knows that healthy moms have healthy babies. That is why we take special care of all our moms-to-be. UnitedHealthcare Community Plan has a program called Healthy First Steps for UnitedHealthcare Community Plan members. Healthy First Steps provides information, education and support to help reduce problems while you are pregnant. Healthy First Steps engages and rewards members for keeping prenatal and postpartum care appointments through the infant's first 15 months of life. If you think you may be pregnant or as soon as you know you are pregnant, call Healthy First Steps at 1-800-599-5985 or visit our website at **UHCHealthyFirstSteps.com**.

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. Preventive services such as cervical cancer screening or referral for a mammogram are covered.

Noninvasive pregnancy testing for high risk pregnancies are covered.

As a member, UnitedHealthcare Community Plan will help you:

- Choose a Maternity Care Provider, licensed physician, nurse practitioner, physician assistant, Certified Nurse Midwife (CNM), or Licensed Midwife (LM) for pregnancy care
- Get information about Healthy First Steps – a maternity program for you and your baby where you can earn rewards for completing prenatal and postpartum care appointments. You can call Healthy First Steps at 1-800-599-5985 or enroll online at **http://www.uhchealthyfirststeps.com**.
- Access the Maternal Child Health Home Visiting Programs for pregnant members and families with children birth to age 5. There is no cost and a trained home visitor comes to the home to help families with education on topics such as: parenting, breastfeeding, employment and child care solutions, child abuse/child neglect prevention, child development, and school readiness.
- Schedule appointments and exams as well as help with scheduling medically necessary transportation
- Choose a pediatrician (child's doctor) or a family medicine doctor for your new baby
- Choose a PCP for you after the birth or return to the PCP you had before your pregnancy. Call Member Services after your delivery.
- Get information on community programs such as The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). You can call WIC at 1-800-252-5942. WIC can also provide a breast pump at no cost to you. If you need additional assistance obtaining a breast pump, you can call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**
- Get answers to your breastfeeding questions 24 hours a day by calling the Arizona Department of Health Services' **24-Hour Breastfeeding Hotline** at **1-800-833-4642** or by visiting **www.gobreastmilk.org**
- Obtain a breast pump when breastfeeding at no cost to you. Your local WIC clinic can provide a breast pump. You can also call Member Services for assistance.
- Get information on community programs such as Children's Information Center for car seats, child care, breastfeeding, and other resources. You can call the Office for Children with Special Health Care Needs at **1-800-232-1676** or send an email to **OCSHCN@azdhs.gov**.

 Questions? Visit **UHCCommunityPlan.com**, or call Member Services. ACC/DD members call **1-800-348-4058,** TTY **711.** ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Information and resources for perinatal mood and anxiety disorders can be found:

- **National Maternal Mental Health Hotline | MCHB (https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline)**
- **Postpartum Support International Warmline: 1-800-944-4773; www.postpartum.net Suicide and Crisis Lifeline: 988**
  24/7, no-cost, confidential hotline for pregnant and new moms in English and Spanish. Interpreter services are available in 60 languages (US only). Call or text 1-833-852-6262 (1-833-TLC-MAMA). TTY users can use a preferred relay service or dial 711 and then 1-833-852-6262. Not intended as an emergency response line.

Your doctor will give you:

- Care before and after your baby is born (no copayments)
- Information about having a healthy pregnancy, such as good nutrition, quitting smoking, and exercise
- Information about childbirth options and childbirth classes
- Help with family planning services and supplies after your baby's birth (including but not limited to birth control pills, condoms, long-acting reversible contraceptives and sterilizations)
- Screening for sexually transmitted infections, including syphilis, at the first prenatal visit, third trimester, and at the time of delivery
- Screening for perinatal mood disorders, including depression and anxiety, during the pregnancy and at the postpartum visit, to include appropriate counseling and referrals
- Information about breastfeeding and other infant care

Prenatal care appointment time frames

- First Trimester – Within 14 calendar days of request for appointment
- Second Trimester – Within 7 calendar days of request for appointment
- Third Trimester – Within 3 business days of request for appointment
- High-Risk Pregnancy – Appointments are to be scheduled as soon as the member's health condition requires, but no later than 3 business days of identification of high risk by UnitedHealthcare Community Plan or a maternity care provider, or immediately if an emergency exists

Your appointments are very important to your health and the health of your baby. You should see your Maternity Care Provider during pregnancy even if you feel good. If you need to change your appointment, contact your doctor before your appointment. See your doctor after your baby's birth (postpartum care). Call your doctor for the timing of this appointment. If you had a cesarean section, your doctor may want to see you sooner.

At your postpartum checkup, your doctor will:

- Check to make sure you are healing well
- Screen you for perinatal mood and anxiety disorders
- Do a pelvic exam to make sure reproductive organs are back to pre-pregnancy condition
- Answer questions about breastfeeding and examine your breasts
- Address questions about having sex again and birth control options

Breastfeeding is beneficial for both you and your baby. For you, breastfeeding can help decrease bleeding after delivery, help with losing pregnancy weight, lower the risk for type 2 diabetes and high blood pressure, and lower the risk of breast and ovarian cancer. For your baby, breast milk has the right amount of nutrients for growth and development, lower the risk of Sudden Infant Death Syndrome (SIDS), lower the risk of asthma, allergies, and obesity, and has antibodies to protect from some illnesses.

Knowing all your options for birth control can help you choose the right method for you. Long-acting Reversible Contraceptive (LARC) options are a good choice for many women (including placement of Immediate Postpartum Long-Acting Reversible Contraceptives [IPLARC]), and there is no copay, charge or cost. These include:

- Intrauterine device (IUD) – A small, T-shaped plastic and or copper device that your doctor places in your uterus, or
- Birth control implant – A small rod the size of a matchstick that your doctor places under the skin on your arm.

Benefits of long-acting birth control options include:

- They are 99 percent effective. They work better than the pill and barrier methods.
- They last three to ten years, depending on which type you choose
- They are convenient. There are no prescriptions to refill or pills to remember to take.
- They are reversible. When you want to get pregnant you can have them removed.

Any member can have a Human Immunodeficiency Virus (HIV) test at any time. If you are pregnant and have HIV, the virus can be passed to your fetus. The good news is that treatment during pregnancy and treating the baby after birth can greatly reduce the chance of this happening. Treatment during pregnancy can also help you stay healthy. If your test is positive, you can get specialty treatment and medical counseling. Talk to your PCP, Maternity Care Provider or contact your local department of public health for testing. HIV/STI testing are available at the Affirm Sexual and Reproductive Health **602-258-5777** or visit the website at **www.affirmaz.org**.

If you are pregnant and you have been seeing a doctor that is not in our network, you may be able to change plans. This is because you may have a medical continuity of care issue during your pregnancy. Please see "Changing Health Plans" earlier in this handbook.

Additionally, if you enroll with UnitedHealthcare Community Plan in your third trimester, you can complete your maternity care with your AHCCCS registered provider, regardless if they are contracted with UnitedHealthcare Community Plan.

If you find out you are no longer pregnant, call Member Services. They will help you arrange any health care services or changes you may need.

If you have questions or need help getting behavioral health services, please call the number on your ID card. Please see page 14 of this handbook for behavioral health crisis information and pages 89–102 for additional information about behavioral health services.

If you or a loved one need help with Substance Use Disorder, Alcohol Use Disorder, or Opioid Use Disorder, please call the Substance Use Disorder helpline, 1-855-780-5955. Additional information is located on page 95 of this handbook.

Family planning services and supplies

Family planning services and supplies help you protect yourself from having an unwanted pregnancy. Some family planning services and supplies can also help prevent contracting a sexually transmitted infection. Both men and women regardless of gender, who voluntarily chose to delay or prevent pregnancy, are eligible to receive family planning services and supplies. When requirements are met, sterilization services are covered regardless of member's gender.

For family planning services and supplies, you may choose a maternity care or family planning provider such as a physician, nurse practitioner, physician's assistant, nurse midwife, or midwife, without a referral, and regardless of whether or not the family planning service providers are network providers. Family planning services and supplies do not require a referral or prior-authorization and may be supplied by non-contracted AHCCCS registered providers, and are offered at no copayment and no cost to you. Medically necessary transportation services are available.

Knowing all your options for birth control can help you choose the right method for you. Long-acting Reversible Contraceptive (LARC) options are a good choice for many women (including placement of Immediate Postpartum Long-Acting Reversible Contraceptives [IPLARC]), and there is no copay, charge or cost. These include:

- Intrauterine device (IUD) — A small, T-shaped plastic or copper device that your doctor places in your uterus, or
- Birth control implant — A small rod the size of a matchstick that your doctor places under the skin on your arm.

Benefits of long-acting birth control options include:

- They are 99 percent effective. They work better than the pill and barrier methods.
- They last three to ten years, depending on which type you choose
- They are convenient. There are no prescriptions to refill or pills to remember to take.
- They are reversible. When you want to get pregnant you can have them removed.

In addition to the IUD and birth control implant, covered family planning services and supplies also include but are not limited to the following:

- Birth control pills: Pill taken every day
- Condoms (rubbers)
- Depo Provera: Shot given every three months for women
- Diaphragm: Vaginal removable barrier worn by women
- Emergency Contraceptive Pill (ECP): Pill taken after unplanned sex to prevent pregnancy
- Family planning counseling
- Family planning lab services
- Hysteroscopic tubal sterilization
- Sterilization procedures: Surgical procedure for women 21 years of age and older
- Medical and laboratory exams
- Natural family planning education
- Pregnancy screening
- Radiological procedures, including ultrasound studies related to family planning
- Screening, testing, and treatment for Sexually Transmitted Infections (STIs)
- Spermicidal jelly, cream, foam, or suppositories
- Treatment of complications resulting from contraceptive use, including emergency treatment
- Tubal ligation: Surgical procedure for women 21 and older
- Vasectomy: Surgical procedure for men 21 and older

The following are not covered for the purpose of family planning services:

- Infertility services including diagnostic testing, treatment services or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations (see section below for situations when medically necessary pregnancy terminations are covered)
- Hysterectomies for the purpose of sterilization

If you lose eligibility for AHCCCS services, UnitedHealthcare Community Plan can help you find low-cost or no-cost family planning services, or you may call the Arizona Department of Health Services Hotline at 1-800-833-4642. Affirm can also help you find low- or no-cost family planning services. Contact Affirm at 602-258-5777 or visit their website at **www.affirmaz.org**.

Regardless of gender, if you need treatment for a sexually transmitted infection (STI), contact your doctor, an STI Specialist, or the Arizona Department of Health Services at 602-542-1025. Services provided by the Arizona Department of Health Services are also available to you if you lose AHCCCS coverage. We can also help you find low-cost or no-cost primary care services if you lose eligibility. If you need help finding these services, call Member Services.

HIV testing, counseling, and treatment

Any member can have a Human Immunodeficiency Virus (HIV) test at any time. Talk to your PCP about HIV testing, counseling and treatment, or contact the following resources:

- Arizona Department of Health Services (ADHS): 602-542-1023
- ADHS Bureau of Women's and Children's Health Hot Line: 1-800-833-4642 or visit the website at **www.azdhs.gov/phs/owch/index.htm**
- Arizona Family Partnership 602-258-5777 or visit the website at **https://www.affirmaz.org**
- Affirm Sexual and Reproductive Health: 602-258-5777 or visit the website at **www.affirmaz.org**
- ADHS Bureau of Women's and Children's Health Hot Line: 1-800-833-4642 or visit the website at **www.azdhs.gov/phs/owch/index.htm**

Medically necessary pregnancy terminations

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

1. The pregnant woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.

4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant woman by:
   a. Creating a serious physical or behavioral health problem for the pregnant woman,
   b. Seriously impairing a bodily function of the pregnant woman,
   c. Causing dysfunction of a bodily organ or part of the pregnant woman,
   d. Exacerbating a health problem of the pregnant woman, or
   e. Preventing the pregnant woman from obtaining treatment for a health problem.

Dental care

We feel that dental care is just as important as other care you receive. That's why we assign our members to a dental home. This is like your PCP, but for dental care. You would see this dentist for your routine dental care. Your dental home assignment will be mailed to you. Call this dentist to make, cancel, or change an appointment. If you did not receive or have misplaced your dental home assignment information, you can call Member Services.

Our Member Services team can provide your dental home information to you. They can also help you change your dental home assignment.

For urgent dental appointments members will be seen as soon as the member's health condition requires, but no later than 3 business days of request. Routine appointments are within 45 calendar days of request. For urgent dental specialty provider appointments, member's will be seen as soon as the member's health condition requires, but no later than 2 business days from the request. Routine specialty appointments are within 45 calendar days of request. To find a dentist or dental specialist visit **UHCCommunityPlan.com** or call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Routine dental services are covered for members under the age of 21. Some of these services include:

- Dental exams, two per year
- Fillings for cavities
- Dental cleanings
- X-rays to screen for dental problems
- Application of topical fluoride
- Dental sealants
- Emergency dental services

Members 21 years of age and older may receive emergency dental services of up to $1,000 for each 12-month period beginning October 1st through September 30th.

Cancelling or changing your dental appointment

If you need to cancel or change your dental appointment, please call your dental provider at least 24 hours in advance of the appointment. Reschedule your appointment for another time.

DD and ALTCS-EPD members:

Age 21 and over have a $1,000 benefit for routine dental services including dentures and a $1,000 benefit for emergency dental services for each 12-month period beginning October 1st through September 30th. We also assign DD and ALTCS-EPD members age 21 and over to a dental home. You can see this dentist for your routine dental care. You can change your dental home by calling Member Services. For DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

For individuals with an intellectual disability who reside in an intermediate care facility (ICF/IDD) UnitedHealthcare Community Plan provides all medically necessary dental services including emergency dental services, dental screenings, preventative services, therapeutic services and dental appliances.

The dental limit for American Indian and Alaskan Native members when receiving dental services at an IHS/638 Facility has been removed. Services performed outside of the IHS/638 tribal facilities remain limited to the $1,000 emergency dental benefit for members 21 years of age and over, and the additional $1,000 for dental services for DD and ALTCS-EPD members.

Getting your prescriptions (medications)

Getting prescription medications is an important part of your health care. If your AHCCCS registered doctor prescribes a medicine that's listed on your plan's preferred drug list (PDL), it's covered, less any possible copay (this list is also known as a formulary.) If your medication is not listed on the PDL, your care provider may request an alternative medication for you that is listed on the PDL. UnitedHealthcare Community Plan covers medicines on this list and may pay for other medicines with prior approval. See below for information on prior approval. You can get your prescriptions filled at any pharmacy in our network. Many are available 24 hours a day, 7 days a week. For a list of pharmacies, or to look up medications on the Preferred Drug List, use your Provider Directory or go to **myuhc.com/CommunityPlan**.

If you have a problem getting your prescription during normal business hours, call Member Services. If you have a problem getting your prescriptions after normal business hours, on weekends, or holidays, have your pharmacist call the pharmacy help desk. This number is on the back of your ID card.

Medicaid does not cover medications eligible for coverage under Medicare Part D or Medicare copayments, coinsurance, or deductibles for Medicare Part D medications. Unless, you are only enrolled in Medicare Part A and have credible prescription drug coverage.

Prior approval

Prior approval (authorization) of prescription medications.

If your prescription medication is not listed on the PDL, or is listed but requires prior approval, your care provider can request prior approval for you, so you can still get that medication. We will approve or deny the request within 24 hours. If a request is approved, you and your primary care provider (PCP) will be informed of the decision in writing including the medication approval length of time. If a request is denied, you and your PCP will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and how to file a complaint or grievance with UnitedHealthcare Community Plan.

90 day supply benefit

Members can fill a 90 day supply of select maintenance medication at the retail pharmacy. Maintenance medications are typically those medications you take on a regular basis for a chronic or long term condition. With a 90 day supply, you won't need to get a refill every month. To find out more details, talk to your doctor or pharmacist. For a complete list of medications included in this benefit call Member Services.

You have the ability to get maintenance medications by mail order. If you qualify, you can get a 90-day supply of your maintenance medications by mail and you won't need to get a refill every month. Call Member Services for more information and to request a Mail Order Enrollment form.

Prescription monitoring

UnitedHealthcare Community Plan ensures the member receives the appropriate medication, dosage, quantity and frequency by monitoring prescription patterns by members, providers and pharmacies.

The review requirements are to determine the misuse of drugs or over-utilization of drugs. There may be situations where the plan feels it's necessary to limit a member to a single pharmacy or prescribing physician due to inappropriate prescription use. This is called an exclusive pharmacy.

You will be provided with a written letter explaining the reasons for this limitation before it happens. This letter will also include your right to appeal. The situations that can result in limiting a member to a single pharmacy or prescribing physician are listed below:

Over-utilization	Member utilized the following in a 3 month time period: • 4 or more prescribers; and • 4 or more abuse potential drugs (e.g., opioids, muscle relaxers, tranquilizers); and • 4 or more pharmacies. **OR** Member has received 12 or more prescriptions of the medications of concern (drugs with abuse potential) in the past three months.
Fraud	Member has presented a forged or altered prescription to the pharmacy.

How to safely throw out unused prescription medications

Keeping old medications around your home can be unsafe as they can be taken accidentally or misused. That's why you should get rid of unused or expired medicine as soon as possible.

1. **Ask your local pharmacy.**

   Contact your local pharmacy to see if they have a medication take-back program. You may be able to drop them off in person or send them in a special package provided by the pharmacy.

2. **Use a community drug take-back program.**

   If you have unused controlled substances, such as opioids, a community take-back site is the preferred way to dispose of them. Some sites will also accept them by mail in special packaging.

3. **If a drug take-back or collection program is not available, you can throw away your medicines at home by following these steps:**

   - Mix the unused supply with an unappealing substance such as dirt, coffee grounds or kitty litter
   - Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag, then place the sealed container in your trash
   - Make sure to hide or remove any personal information, including prescription number, on the empty drug containers by covering it with black permanent marker or duct tape, or by scratching it off to protect your privacy
   - Place the containers in the trash
   - Only flush approved unused or expired medications down the toilet if indicated on the label, patient information or when no other disposal options are available

4. Find additional information and resources on safe drug disposal from these government websites:

   The U.S. Drug Enforcement Administration (DEA)
   www.DEATakeBack.com, or

   The U.S. Department of Health and Human Services
   www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html

Naloxone

Naloxone is a medication that reverses the effects of an opioid overdose. It is available as an over the counter medication or with a prescription. UHCCP covers and considers Naloxone an essential prescription medication to reduce the risk and prevent an opioid overdose death. UHCCP requires a prescription order for over the counter and prescription forms of naloxone. A Standing Order written by the Medical Director of the Arizona Department of Health Services (ADHS) is on file at all Arizona pharmacies. When picking up Naloxone at a pharmacy, members may have to reference the standing order to the pharmacy staff. If the pharmacy staff is not aware of the standing order, ask one of the staff to send an email to: **AHCCCSPharmacyDept@azahcccs.gov**.

Behavioral health services

We are concerned about how you feel. Behavioral health services can help you with personal problems that may affect you and/or your family. These problems may be stress, depression, anxiety or using drugs or alcohol.

Members assigned to UnitedHealthcare Community Plan will receive all of their behavioral health care from UnitedHealthcare Community Plan with the exception of the first 23 hours of crisis care (see page 14) and some care for members determined to have serious mental illness.

If you have questions or need help getting behavioral health services, please call the number on your ID card.

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 access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. 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, 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 family, health care decision maker or designated representative.

Members are assessed for their health care needs and social determinants of health by their PCP, behavioral health provider, Case Manager or Care Manager. A member's assessment may indicate a housing need. Supported housing services are designed to assist individuals or families to obtain and maintain housing in various settings depending on member need, with emphasis on independent community settings including the person's own home or apartments and homes owned or leased by a subcontracted provider.

Some members may qualify for Non-Title XIX/XXI services such as: room and board, mental health services (formerly known as traditional healing), auricular acupuncture, and supported housing rent/utility subsidies and relocation services. These services are available to members through a referral to the RHBA located in the member's county.

A Serious Mental Illness (SMI) is a chronic and long term mental health condition which impacts a person's ability to perform day-to-day activities or interactions. SMI qualifying diagnoses include: Psychotic Disorders, Bipolar Disorders, Obsessive-Compulsive Disorder, Depressive Disorder, Other Mood Disorders, Anxiety Disorders, Post Traumatic Stress Disorder, Dissociative Disorder and Personality Disorders.

SMI eligibility evaluation can be obtained at any qualifying AHCCCS registered behavioral health provider. Once the evaluation is completed a referral is made to Solari Crisis & Human Services for the final SMI determination. Please call Member Services for more information on how to be connected with a qualified AHCCCS registered behavioral health provider. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** A member must be 17 and a half years of age or older to be assessed for SMI eligibility. A member or the member's guardian must provide consent to be assessed. In order to be eligible for SMI services, the member must have a qualifying diagnosis and functional impairment as a result of the qualifying diagnosis.

Members requesting an SMI determination must be assessed by a qualified behavior health provider, within 7 days of their request. An SMI determination will be issued by the determining entity Solari Crisis & Human Services within 3 business days of the assessment. Solari Crisis & Human Services is the designated entity responsible for managing all SMI eligibility determination appeals. All other behavioral health related appeals are processed by UnitedHealthcare Community Plan. Solari Crisis & Human Services will provide written notice of their decision with appeal instructions if the member disagrees with their decision. Members must file their appeal orally or in writing within 60 days of the decision. If your appeal is not resolved by Solari Crisis & Human Services you have the right to request an administrative hearing. If you need help with your appeal call Solari Crisis & Human Services at 1-855-832-2866 or the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-927-2260 in Phoenix. For more information about Solari Crisis & Human Services timelines visit: **https://crisis.solari-inc.org** or you can call Solari Crisis & Human Services at 1-855-832-2866.

If an ACC member is determined SMI the member's health plan will change from UnitedHealthcare Community Plan to a Regional Behavioral Health Agreement (RBHA).

Behavioral health services in schools

UnitedHealthcare Community Plan is committed to helping all of our members including our school aged children. UHCCP works collaboratively with schools and school districts throughout the state of Arizona to ensure that our members have the resources needed to get behavioral health support.

There are a number of ways a guardian or school can seek -out and request behavioral health services. All AHCCCS eligible students can receive medically necessary services through UHCCP. Your school or district may already partner with a provider. Guardians can request behavioral health services at school. Services can be requested during the school year and during school breaks. All of UHCCP's contracted behavioral health providers are required to accept the AHCCCS School-based Universal Referral Form when students are referred for services. If a student does not have a current provider and the family is interested in connecting with a provider, the UHCCP Member website can serve as a starting point, or the school can support by initiating a referral. If you are unable to find a provider in your area, or would like information about other providers, please contact UHCCP for further assistance.

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

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

If you would like to ask for an opt-out, contact Member Services. For ACC members call **1-800-348-4058,** TTY **711.**

Members who are determined to have SMI may be eligible to receive Special Assistance. Special Assistance is support provided to an individual who is unable due to a specific condition to communicate his/her preferences and/or to participate effectively in the development of his/her service plan, discharge plan, the appeal process and/or grievance/investigation process. If you need Special Assistance please speak with your behavioral health provider, Care Manager, ALTCS-EPD Case Manager, or contact AHCCCS Office of Human Rights at 1-800-421-2124.

Serious Emotional Identification (SEI)

SEI is an identification for individuals from birth until the age of 18 who have had a diagnosable mental or emotional disorder of sufficient duration to meet diagnostic criteria, which interferes with or limits the child's role or functioning in family, school, or community activities. If you think your child may qualify for SEI, Please call Member Services for more information on how to be connected with a qualified AHCCCS behavioral health provider. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** A member can be assessed for SEI up to age 18 and a member's guardian must consent to the assessment. For additional information please see the FAQ document on AHCCCS website, **https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/SED_EligibilityDeterminationsFAQs.pdf**.

An SEI identification will be issued by the determining entity AHCCCS within 3 business days of submission to the AHCCCS system. AHCCCS is the designated entity responsible for managing all SEI eligibility identification appeals. All other Behavioral Health related appeals are processed by UnitedHealthcare Community Plan. AHCCCS will provide written notice of their decision with appeal instructions if the member disagrees with their decision.

The chart below will show you who provides your behavioral health services

Program	Behavioral health provider
AHCCCS Complete Care	UnitedHealthcare Community Plan
AHCCCS Complete Care (SMI Opt-Out)	RBHA or TRBHA
Developmental Disabilities including SMI	UnitedHealthcare Community Plan or TRBHA
Long Term Care ALTCS-EPD	UnitedHealthcare Community Plan or TRBHA

All members are covered for behavioral health services in a crisis or emergency situation.

Behavioral health appointments are to be scheduled as soon as the member's health condition requires but no later than the following:

Urgent behavioral health appointments – Are within 24 hours from the identification of need.

Routine care appointments – The initial assessment to be completed within 7 calendar days of referral or request. The first behavioral health service following the initial assessment is as soon as the member's health condition requires but for members age 18 or older, no later than 23 calendar days after the initial assessment and for members under the age of 18 years old, no later than 21 days after the initial assessment. All other behavioral health services to be completed as soon as the member's health condition requires but no later than 45 calendar days.

Behavioral Health appointments for members in legal custody of the Arizona Department of Child and Safety (DCS) and adopted children are to be scheduled:

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 DCS that a child has been or will be removed from their home,

Screening and evaluation – Within seven calendar days after referral or request for behavioral health services.

- Initial appointment – Within timeframes indicated by clinical need, but no later than 21 calendar days after the initial assessment, and
- Subsequent Behavioral Health services – Within the timeframes according to the needs of the person, but no longer than 21 calendar days from the identification of need.

If you feel you may harm yourself or others, call 911 for emergency help. If you are experiencing a mental health crisis, call 988.

For behavioral health medications the need will be immediately assessed. An appointment will be scheduled no later than 30 calendar days from the identification of need. If you are running out of medication or if you have a decline in your behavioral health condition prior to starting medication you can be seen sooner.

For psychotropic medications the need will be immediately assessed to ensure the member does not run out of the needed medication or does not decline in their behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

Behavioral health services you may be eligible for include, but are not limited to:

- Behavioral health case management services
- Behavioral health medicines, monitoring, and adjustment
- Behavioral health therapeutic home care services
- Behavioral management (personal care, family support/home care training, peer support)
- Doctor services
- Emergency and non-emergency transportation
- Emergency or crisis services
- Individual, group and family therapy and counseling
- Inpatient hospital services, detoxification, and behavioral health residential services
- Inpatient psychiatric facility services
- Intensive outpatient program
- Lab and radiology services
- Partial care (supervised day program, therapeutic day program, specialized outpatient substance use program and medical day program)
- Peer and family support
- Psychosocial rehabilitation (living skills training, health promotion; supported employment services)
- Rehabilitation services
- Respite care, with limits
- Screening, evaluation, and diagnosis
- Substance use (drug, opioid, and alcohol) counseling, medication assisted treatment
- Support services
- Treatment planning

You may self-refer to a behavioral health provider, or be referred by providers, schools, State agencies, or other parties. You may see a behavioral health counselor, addiction specialist, psychologist, or psychiatrist without a referral from your PCP. To access behavioral health services call the behavioral health number on your ID card, use your Provider Directory or visit our website at **UHCCommunityPlan.com**.

Autism spectrum disorder providers

You may self-refer to an autism provider, or referred by providers, schools, and State agencies. You may see an autism specialist without a referral from your PCP. To choose a diagnosing provider and/or treatment provider, search our provider lists:

https://www.uhc.com/communityplan/assets/plandocuments/providerdirectory/AZ-Autism-Spectrum-Disorder-Providers.pdf

https://www.uhc.com/communityplan/assets/plandocuments/providerdirectory/AZ-Autism-Spectrum-Diagnosing-Providers.pdf

What if I am experiencing a behavioral health crisis?

If you are experiencing a behavioral health crisis it is important for you to get help right away. Please call the statewide crisis line: 1-844-534-HOPE (4673) or call or text **988.**

Substance Use Disorder Helpline: 855-780-5955

The Substance Use Disorder Helpline is a free, anonymous resource available 24 hours a day, 7 days a week for all UnitedHealthcare Community Plan members who are seeking help for themselves or a loved one who need help with Substance Use Disorder, Alcohol Use Disorder, or Opiate Use Disorder.

The Substance Use Disorder Helpline is available **24 hours a day, 7 days a week** and offers direct access to a licensed Behavioral Health Clinician/Specialized Substance Use Recovery Advocate (SURA) who can provide assistance and provider referrals. Substance use disorders occur when the recurrent use of alcohol, tobacco, or drugs (including opioids, marijuana, stimulants, and hallucinogens) causes significant impairment – such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Some examples of when to call the Substance Use Disorder Helpline:

- You may be using substances inappropriately and are at risk of abuse or addiction
- You are looking for help, but are too embarrassed to ask for it
- You have concerns about your substance use, or the substance use of a friend or loved one
- You have questions about the treatment of addiction, and what your insurance plan will cover
- You are seeking providers who specialize in the treatment of substance use disorders

Substance Use Disorder is a disease

Those suffering from any form of Substance Use Disorder need emotional support, empathy, and evidence-based treatment in order to recover — just like any other serious illness.

Calm Health (Available January 1, 2026)

Calm Health – Anytime, anywhere mental wellness support

Calm Health is a self-paced digital wellness program available via the Calm Health app. Calm Health is designed to:

- Help members aged 13+ build resilience, develop life skills, and manage feelings of stress and worry, to support their emotional wellbeing

24/7 access to digital content for sleep, stress, and mindfulness, enhanced with **evidence-based modules** created by licensed professionals.

Topics include:

- Mental health conditions like anxiety and depression
- Physical conditions like diabetes and cancer
- Lifestyle issues like sleep and stress
- Meditation/Breathing

Referrals and navigation to additional support include coaching or therapy based on assessment responses.

Enrollment is easy:

- Begin the on boarding process by creating an account
- Complete questions. Use group or policy number as the access code.
- Download the app at the App store or Google Play
- Sign in to access the self-help tools

Download today

More information is available at **myuhc.com** or the UnitedHealthcare mobile app.

Court-ordered evaluation and court-ordered treatment

Court-ordered evaluation (COE) and court-ordered treatment (COT) are designed to help people who are unwilling to or incapable/unable of providing consent to receive behavioral health services and who meet legal criteria for the State of Arizona to step in and compel (mandate or order) them to receive treatment.

Court-ordered evaluation (COE)

In Arizona, COE is a process in which two behavioral health medical professionals each complete a detailed analysis of an individual identified as potentially meeting one or more of the four criteria.

The court-ordered evaluation may include firsthand (observed by the professional completing the evaluation) or remote or secondary observations from others (by family, friends, social or community supports, or other treatment providers) that describe, in detail, the individual's: Danger To Self (DTS), Danger To Others (DTO), Persistently or Acutely Disabled (PAD) and/or Gravely Disabled (GD).

If it is determined that the individual meets one of the four criteria for court-ordered treatment, the medical professionals who completed the evaluation will submit their findings to the superior (county) court where the individual resides or where they received the evaluation. A judge will hear the case and determine whether the individual meets the criteria to be ordered into treatment.

Court-ordered treatment (COT)

In Arizona, COT is behavioral or mental health treatment that is ordered by a superior (county) court according to the Arizona Revised Statute Title 36 processes.

An individual can be ordered by the court to undergo mental health treatment if, because of a mental disorder, the individual is determined to be a danger to themselves, a danger to others, is persistently or acutely disabled, or is gravely disabled.

In Arizona, a mental disorder is defined as: a substantial disorder of the person's emotional processes, thought, cognition, or memory. Individuals living with substance abuse disorders, intellectual/developmental disabilities, or disorders that are a result of lifelong and deeply ingrained antisocial behavior patterns are not eligible for COT, unless these behavior patterns are the result of a different mental disorder that meets the legal criteria according to the statute.

If you believe an individual is in immediate need of assistance due to being a danger to themself or others, call 911, 988, 844-534-4673 (HOPE) or contact your local/county crisis line listed on page 14, who can assist you with the paperwork and start the process of evaluation.

Arizona's vision for the delivery of behavioral health services

In collaboration with the child and family and others, Arizona shall 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 shall 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 and 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 is 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 toward 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 underscores 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 toward 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

Multi-Specialty Interdisciplinary Clinics (MSICs) are clinics where members who have been designated as having a Children's Rehabilitative Services (CRS) diagnosis can see their medical and behavioral health specialists and any others involved in their care, all at one location. When CRS Designated members turn 21 they will no longer be designated as CRS. However, may continue to receive care at the MSIC. All members can be seen at the MSIC, not just those with a CRS diagnosis. At the MSIC, you and your family can meet face-to-face with the members of your team of providers to get medical care, plan your treatment, and receive other services that meet your unique needs. Each MSIC is open from the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. Specific clinics, such as the cardiac clinic, may be held on certain days and times. Contact your MSIC for a schedule of clinics. To make, change or cancel appointments at the MSIC, contact the MSIC at the clinic phone number listed below.

Medical providers on your team could be:

Surgeons

- General pediatric surgeons
- Cardiovascular and thoracic surgeons
- Ear, Nose and Throat (ENT) surgeons
- Neurosurgeons
- Ophthalmology surgeon
- Orthopedic surgeons (general, hand, scoliosis, amputee)
- Plastic surgeons

Medical specialists

- Cardiologists
- Neurologists
- Rheumatologists
- General Pediatricians
- Geneticists
- Urologists
- Metabolocists

Dental providers

- Dentists
- Orthodontists

MSICs are at the following locations:

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

Children's Health Center
5130 N Highway 89A
Flagstaff, AZ 86004
928-773-2054
800-232-1018

Children's Rehabilitative Services
2851 South Avenue B
Building 25
Yuma, AZ 85364
928-336-2777
800-837-7309

Children's Rehabilitative Services (CRS)

What is CRS?

Children's Rehabilitative Services (CRS) is a designation given to certain AHCCCS and DDD members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members and are able to get care in the community, or in clinics called multispecialty 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.

The medical condition must:

- Require active treatment; and
- Be found by AHCCCS DMS to meet criteria as specified in A.A.C. R9-22-1303.

Anyone can fill out a CRS application including a family member, doctor, or health plan representative. The CRS Unit can also help with completing the application. You can contact the CRS Unit at: 602-417-4545.

For more information visit:
https://www.azahcccs.gov/PlansProviders/CurrentProviders/CRSreferrals.html

To apply for a CRS designation mail or fax:

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

UnitedHealthcare Community Plan will provide medically necessary care for physical and behavioral health services and care for the CRS condition.

The Member Advocacy Council (MAC)

The Member Advocacy Council is a partnership between UnitedHealthcare Community Plan, our members, member families, other stakeholders, and community advocacy organizations. MAC members meet every two months to provide input about service delivery, member communications and materials, and person-centered resources. Members and member families from UnitedHealthcare Community Plan are recruited for membership on the MAC. The MAC provides the opportunity for members or their families to meet with other UnitedHealthcare Community Plan members and staff to share and discuss ideas and information on how they are experiencing care as a member.

If you would like to become involved in MAC activities, please send an email to **advocate.OIFA@uhc.com** or contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

ALTCS-EPD Member Advisory Council

UnitedHealthcare Community Plan Long Term Care Advocacy Councils provide a forum for Health Plan Members, local Long Term Care providers and local community agencies to give recommendations about Long Term Care services. At meetings we discuss new and ongoing AHCCCS programs. It is a great opportunity for Members to provide input about current processes and future changes to the ALTCS program. We talk about how to improve care for our members. Any Health Plan member can go to meetings. We would like you to be a part of our Long Term Care Member Advisory Council.

Meetings are held quarterly. If you are interested in joining the Member Advisory Council speak with your Case Manager or contact Member Services by calling **1-800-293-3740** and ask to speak with a representative from the Long Term Care program.

The Developmental Disabilities Advisory Council (DDAC)

The Developmental Disabilities Advisory Council (DDAC) is an advisory council who makes recommendations to the Assistant Director of the Division of Developmental Disabilities on matters relating to developmental disabilities. The mission of the DDAC is to provide, in partnership with the Division of Developmental Disabilities, advisory oversight on behalf of consumers, families and providers.

If you would like to become involved in DDAC activities, please visit **https://des.az.gov/ddac**.

Independent Oversight Committees

The Independent Oversight Committees (formerly the Human Rights Committees) are established in accordance with ARS § 41-3801, § 41-3803 and § 41-3804. Each committee is comprised of groups of citizens who provide support and review in matters to the rights of people with developmental disabilities and members who receive behavioral health services. The DES DDD committees by region are: Central, East, North, West, South and Statewide. The AHCCCS committees by region are: Central, Northern, Southern, Statewide and Department of Health Services Arizona State Hospital (DHS ASH). If you would like to become involved in IOC activities please visit **https://ioc.az.gov/independent-oversight-committee-ioc-application**.

Program Review Committee

The Program Review Committee (PRC) reviews any behavior treatment plans that meet the criteria outlined Article 9 Managing Inappropriate Behaviors (Arizona Revised Statutes) regarding managing behaviors that are challenging to others. Members of the committees may include a direct care worker who provides habilitation services, a psychologist, psychiatrist or Board Certified Behavioral Analyst, a parent of an individual with a developmental disability, and others. The PRC reviews and approves behavior treatment plans, or makes recommendations for changes as necessary. If you are interested in participating on a Program Review Committee visit **https://des.az.gov/how-do-i/volunteer-engagement-center**.

The Arizona Achieving a Better Life Experience (ABLE) Act Oversight Committee

An Achieving a Better Life Experience (ABLE) account is a savings program to provide persons with disabilities, their family and friends, the option to contribute to a tax-exempt savings account for disability-related expenses. The seven-member Arizona ABLE Act Oversight Committee makes recommendations and provides guidance for the establishment, implementation, and improvement of the program, including statutory and rule changes. For more information visit **https://des.az.gov/services/disabilities/developmental-disabilities/az-able-achieving-better-life-experience/arizona-achieving-better-life-experience-able-act-oversight-committee**.

Arizona Developmental Disabilities Planning Council (ADDPC)

The Arizona Developmental Disabilities Planning Council (ADDPC) provides original research, education, advocacy and financial support to help Arizona residents with developmental disabilities and their families with employment, self-advocacy and community inclusion. Its mission is to develop and support capacity building and systemic change to increase inclusion and involvement of people with developmental disabilities in their communities through the promotion of self-determination, independence and dignity in all aspects of life. For more information call 602-542-8970 or visit **https://addpc.az.gov/about/contact-us**.

Interagency Coordinating Council (ICC) for infants and toddlers

The ICC assists the Department of Economic Security, Arizona Early Intervention Program (DES/AzEIP), to improve early intervention for families and professionals. The ICC helps with the development and implementation of early intervention policies and provides feedback regarding federal, state or local policies that facilitate and/or impede timely service delivery.

If you would like to become involved in ICC activities, please visit **https://des.az.gov/interagency-coordinating-council-for-infants-and-toddlers**.

Utilization Management policy and procedures

We have policies and steps we follow in decision-making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We make sure that quality care is delivered.

The criteria used in our decision-making are available to you and your doctor if you ask for it. No UnitedHealthcare Community Plan employee or provider is rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

A Utilization Management (UM) Decision is when we look at the appropriateness, medical need and efficiency of health care services, procedures and facilities against our set criteria. Included may be: discharge planning, concurrent planning, pre-certification, approval in advance and clinical case appeals. Also, it may cover proactive processes like concurrent clinical review, peer review and appeals from a provider, payer or patient/member. A service shall be considered medically necessary if it prevents, diagnoses, or treats a physical or behavioral health condition or injury, is necessary to achieve age appropriate growth and development, minimizes the progression of disability, or is necessary to attain, maintain, or regain functional capacity.

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called a Utilization Review. We do not reward anyone for saying no to needed care. If you have questions about UM, you can talk to our Medicaid Care Management staff. Our nurses are available 24 hours per day/7 days a week by calling 1-877-440-0255, TTY/TDD 711. Language assistance is available.

Prior authorization process

How will I know if a service has been approved (authorization) or denied?

UnitedHealthcare Community Plan reviews a service request from you, your PCP, or your specialist. This includes Behavioral Health Residential Facilities, Therapeutic Foster Care, and Skilled Nursing Facilities. You can make a service request by calling Member Services. Your doctor will tell you if the service is approved. If the service has been denied, UnitedHealthcare Community Plan will send you and your provider a letter, called a Notice of Adverse Benefit Determination. You have a right to know the criteria that are used to make decisions. Normal authorization decisions will be made within 14 calendar days from the date the request is received. Extensions of up to 14 calendar days can be received if it is in your best interest. For example, we may be waiting to receive your medical records from your doctor. Instead of making a decision without those records, we may ask you if it's okay to get more time to receive the records. That way, the decision can be made with the best information. We will send you a letter asking for the extension.

Expedited (Rush) decisions in urgent, life-threatening situations should be made in no later than 72 hours following the receipt of the authorization request unless an extension is in effect. For more information, call Member Services on Notice of Adverse Benefit Determination letters and actions you can take.

Call Member Services for more information about filing an appeal.

UnitedHealthcare Community Plan:
For ACC/DD members call **1-800-348-4058,** TTY **711.**
For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Prior approval for an out-of-network provider

UnitedHealthcare Community Plan is a managed care plan. You should use the providers in our contracted network. However, there may be times when you need care from a provider that's not in our network. Your PCP or treating physician may request for you to see an out-of-network provider by calling UnitedHealthcare Community Plan. For ACC/DD members call **1-800-348-4058,** TTY **711.** For LTC members call **1-800-293-3740,** TTY **711.** The out-of-network provider must be registered with AHCCCS and must obtain an authorization for services. Services will be at no cost to you less any possible copay, when UnitedHealthcare Community Plan authorizes the care or service in advance, before you see the provider.

Prior authorization medication

Some medications may require prior authorization. Prior authorization decisions for medications will be made within 24 hours from the receipt of the request. If additional information is needed, UnitedHealthcare will send a request to your provider and issue a final decision no later than 7 working days from the date of the request. Please see UnitedHealthcare's drug list at **UHCCommunityPlan.com**.

Freedom of choice

A provider network is a group of providers who contract with UnitedHealthcare Community Plan to provide services. If you'd like to select a provider based on convenience, location or cultural preference, you call Member Services. If our provider network is unable to provide medically necessary services required that you need, then these services can be covered through an out-of-network provider until a network provider is contracted. If you choose a provider not in our network, the provider will need to obtain prior authorization for services. All out-of-network providers must also be registered with AHCCCS.

Copayments

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

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

The following persons are not asked to pay copayments:

- Children under age 19;
- People determined to have a Serious Mental Illness (SMI);
- An individual designated eligible for Children's Rehabilitative Services (CRS) pursuant to as 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 members,
- 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 individuals 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 UnitedHealthcare Community Plan Member Services representative. You can also check the UnitedHealthcare Community Plan website for more information.

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

Optional (non-mandatory) copayment amounts for some medical services

Service	Copayment
Prescriptions	$2.30
Outpatient 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 Avenue
Phoenix, AZ 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.

ALTCS-EPD members:

Member share of cost

People who are enrolled in Arizona Long Term Care System (ALTCS) are not asked to pay copayments as applicable. This applies to copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

Under ALTCS, you may pay for part of the cost of your services. If you have a monthly income, ALTCS will figure how much you need to pay. If you are living in a nursing facility, you pay your "share of cost" to the facility. ALTCS will tell you your "Member share of cost." You may ask your ALTCS Eligibility Worker for these amounts at any time. If you live in the community, you may have a share of cost, payable to UnitedHealthcare Community Plan. If you are in an assisted living facility, you must pay for your room and board. You pay this directly to your facility. Federal regulation does not allow AHCCCS/ALTCS to pay room and board in an Alternative Home and Community Based Service (HCBS) settings. Your Case Manager will tell you what your room and board will be during the initial assessment period or prior to or on the day that you move into an Alternative HCBS setting. Your Case Manager will complete a Residency Agreement, which will indicate the amount to be paid monthly to the facility. The member, health care decision maker or designated representatives and Alternative HCBS provider will receive a copy.

DD members:

Member share of cost

People who are enrolled in Arizona Long Term Care System (ALTCS) are not asked to pay copayments as applicable. This applies to copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

Under ALTCS, you may pay for part of the cost of your services. If you have a monthly income, ALTCS will figure how much you need to pay. If you are living in a nursing center, you pay your "share of cost" to the center. ALTCS will tell you your "Member share of cost." You may ask your ALTCS Eligibility Worker for these amounts at any time.

If you are billed

If you receive a service covered under UnitedHealthcare Community Plan, you should not receive a bill. If you do, call your provider (doctor or hospital) right away. Tell them you have insurance with UnitedHealthcare Community Plan and make sure they have your ID number. Tell the provider to stop billing you and to send a claim to UnitedHealthcare Community Plan.

If you keep getting bills, send us a letter and a copy of your bill to:

UnitedHealthcare Community Plan
Member Services
1 East Washington Street, Suite 900
Phoenix, AZ 85004

We will contact the provider and tell them to stop billing you. If you agree to receive services that are not covered by UnitedHealthcare Community Plan, you may have to pay the bill.

When can members be billed for benefits that are not covered by AHCCCS?

If you agree to receive services that are not covered by UnitedHealthcare Community Plan or agree to receive services that are in excess of what is allowed by the plan, you may have to pay the bill.

AHCCCS allows a provider to charge a member if:

1. The member requests a benefit that is not covered or not authorized by the health plan or AHCCCS; and
2. The provider provides the member with a document describing the benefits and the approximate cost; and
3. The member signs the document prior to getting the benefits, showing that the member understands and accepts responsibility for payment.

Other insurance and Medicare

It is important to tell us if you have other insurance or Medicare. It does not change any of the services or benefits you get from UnitedHealthcare Community Plan and AHCCCS. Try to choose a PCP who works with both UnitedHealthcare Community Plan and your other insurance. This will help us coordinate your benefits. If you receive services from a doctor that is not contracted with UnitedHealthcare Community Plan, you must have prior authorization or you will be responsible for payment, including copays, coinsurance, and deductibles.

Members who have both AHCCCS and Medicare are called "dual eligible." UnitedHealthcare Community Plan may help pay your coinsurance, deductible, and copayment amounts for Medicare Part A and B covered services if you use Medicare providers that are also contracted with UnitedHealthcare Community Plan or who follow all of UnitedHealthcare Community Plan's cost-sharing rules.

Always tell your doctor if you have other insurance. Your other insurance or Medicare is considered your primary insurance. They may pay for your medical services. You must use your primary insurance plan first. UnitedHealthcare Community Plan is your secondary insurance. UnitedHealthcare Community Plan may help you pay copays, coinsurance or deductibles that other insurance may charge you.

Do not pay the doctor directly. If you pay for AHCCCS-covered services directly, we cannot pay you back. **Tell your doctor to bill UnitedHealthcare Community Plan.** Make sure to show the doctor your UnitedHealthcare Community Plan ID card and your other insurance. This will help them to know where to send the bill. If you do not tell your doctor that you have other insurance, this may delay payment from UnitedHealthcare Community Plan.

If you have questions about how your primary insurance will impact your UnitedHealthcare Community Plan coverage, call Member Services prior to receiving services from your doctor.

ALTCS-EPD members:

Your Case Manager will help you manage benefits. Make sure your Case Manager has all of your insurance information. ALTCS benefits will not change your Medicare benefits. If you are dually eligible, you need to know that:

- If you have Traditional Medicare, your doctor may be registered with AHCCCS
- If you see a doctor who is not with AHCCCS, you may have to pay your copay and deductible
- If you are in a Medicare HMO/Advantage plan, your PCP will be the one from your Medicare HMO. You do not have to get another PCP for ALTCS.

Coordination of benefits/third party liability

Your Medicaid benefits under AHCCCS are the payer of last resort. That means they will pay only after all other sources/insurance have been used. UnitedHealthcare Community Plan may help you pay copays, coinsurance or deductibles that other insurance may charge you.

Medicare prescription drug benefit and AHCCCS members

AHCCCS covers drugs which are medically necessary, cost-effective, and allowed by federal and state law.

- Medicare, instead of AHCCCS, offers drug coverage. AHCCCS will still pay for your other covered health care costs.
- Medicare drug coverage is available to all qualifying people with Medicare
- You must join and stay in a drug plan for Medicare to pay for your drugs
- You are eligible for extra help with Medicare costs under Social Security's Extra Help
- Medicare drug coverage is set up to pay for brand name and generic drugs
- You can switch to another drug plan at any time
- UnitedHealthcare Community Plan pays for some drugs not covered by Medicare. Drugs covered by UnitedHealthcare Community Plan do not have a copay.
- UnitedHealthcare Community Plan works with many pharmacies. Some are open 24 hours a day.

If the pharmacy tells you a drug is not covered, ask them to contact the Pharmacy Benefits Manager. More information is at **UHCCommunityPlan.com**.

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 UnitedHealthcare OTC Drug List for a list of products available on our website at **UHCCommunityPlan.com** or call Member Services to request a printed copy.

For information about copayments for drugs that are covered by AHCCCS, please read the section about copayments.

Quality of Care concerns

Members/Health Care Decision Makers (HCDMs) can submit concerns that include but are not limited to:

- The inability to receive health care services,
- Concerns about the Quality of Care (QOC) received,
- Issues with health care provider,
- Issues with health plans, or
- Timely access to services.

Quality of concern issues may be submitted by calling Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Member grievances (complaints) and appeals

Grievances

If you have questions or concerns about your medical care, you should talk about them with your PCP or the provider that is treating you first. If you are not happy with your doctor, UnitedHealthcare Community Plan, or any part of your health care, you can file a grievance (complaint) at any time. Your provider or authorized representative can also file a grievance on your behalf with your written permission. We will help you in completing forms and taking other procedural steps related to filing a grievance. If you need help in filing a grievance over the phone or need language translation or interpreter services for a hearing or vision impairment you can call UnitedHealthcare Community Plan Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** You can send your grievance in writing.

Send your written grievance to:

UnitedHealthcare Community Plan
Attn: Grievance Coordinator
1 East Washington Street
Phoenix, AZ 85004

UnitedHealthcare Community Plan will let you know when we receive your grievance and we will look into the problem and decide what to do. If your provider has your written permission they can file a grievance on your behalf. Most grievances are resolved within 10 business days but not more than 90 calendar days.

Grievances can be filed with AHCCCS directly. AHCCCS may be contacted at:

AHCCCS Office of Grievance and Appeals
150 N. 18th Avenue
Phoenix, AZ 85007

or Call: 602-364-4575

or 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.

ALTCS-EPD members:

If you have a problem or complaint about UnitedHealthcare Community Plan, ask your Case Manager or Member Services for help. You may file a grievance at any time. If your Case Manager or Member Services is able to help you, your complaint will be considered resolved. In that case, you will not get any other notice.

If you are not happy with the response from your Case Manager or Member Services, you may file a grievance. You may file a complaint or grievance against us (the managed care organization) or a provider with us.

Members can file a grievance orally with their Case Manager or call Member Services from 8:00 a.m. to 5:00 p.m., Monday through Friday, at **1-800-293-3740,** TTY **711.** All members can file a grievance through this process.

DD and ALTCS-EPD members:

Grievances/requests for investigation for a Serious Mental Illness (SMI) reason

The SMI Grievance/Request for Investigation process applies only to adult persons who have been determined to have a serious mental illness and to any behavioral health services received by the member.

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

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

You have 12 months from the time that the rights violation happened to file an SMI Grievance/Request for Investigation having to do with any behavioral services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at UnitedHealthcare Community Plan and providers of behavioral health services. We will provide assistance to you in completing forms and taking other procedural steps related to filing a grievance.

Contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711** to make your oral or written Grievance/Request for Investigation.

To file a written Grievance/Request for Investigation directly, mail to:

UnitedHealthcare Community Plan
Attn: Grievance and Appeals
1 East Washington, Suite 900
Phoenix, AZ 85004

Within 5 business days of receiving the Grievance/Request for Investigation UnitedHealthcare Community Plan will respond in writing to the person filing the Grievance/Request for Investigation confirming that the Grievance/Request for Investigation has been received.

(continues on next page)

DD and ALTCS-EPD members:

Grievances/requests for investigation for a Serious Mental Illness (SMI) reason

(continued from previous page)

Grievances concerning physical abuse, sexual abuse or a person's death are investigated by AHCCCS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person's death, contact AHCCCS no later than 12 months from the date of the alleged violation or condition requiring investigation occurred. Contact:

AHCCCS Office of Grievance and Appeals
150 N. 18th Avenue
Phoenix, AZ 85007

Or call 602-364-4575
or 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.

AHCCCS will send you a letter within 5 working days of getting your Grievance/Request for Investigation. This letter will tell you how your Grievance/Request for Investigation will be handled. If there will be an investigation, the letter will tell you the name of the investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

You will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation.

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

Notice of adverse benefit determination

An adverse benefit determination is when UnitedHealthcare Community Plan does any of the following:

- Denies or limits a requested service based on type or level of service, meeting medical necessity, appropriateness, setting, effectiveness;
- Reduces, suspends, or terminates a previously authorized service;
- Denies partial or full payment of a service;
- Fails to make an authorization decision or to provide services in a timely manner;
- Fails to resolve a grievance or appeal in a timely manner;
- Does not allow members living in a rural area with only one health plan to obtain services outside the network; or
- Denies a member's request to dispute a financial liability, including cost sharing, copayments, coinsurance, and other member financial liabilities.

If UnitedHealthcare Community Plan makes an adverse benefit determination, you will receive a letter called a Notice of Adverse Benefit Determination. This letter will tell you:

- What your doctor asked for
- What action was taken and why
- Your right to file an appeal, ask for a State Fair Hearing, or ask for an expedited resolution
- If you were receiving benefits, your right to have your benefits continue during your appeal and how to do it

If you do not understand your Notice of Adverse Benefit Determination, call Member Services. You have a right to know the criteria that are used to make decisions. You can also file a grievance if you do not feel the letter was clear enough for you. If you are still not happy about the notice, you may file a complaint with AHCCCS, verbally or in writing.

Contact AHCCCS:

AHCCCS Office of Grievance and Appeals
150 N. 18th Avenue
Phoenix, AZ 85007

or Email: **MedicalManagement@azahcccs.gov**

or Call: 602-364-4575

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

Crisis services including telephonic and/or mobile, up to 24 hours, are managed by an AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) based on region. To file a grievance, an appeal, or to request a hearing regarding crisis services you received with a ACC-RBHA, please call the ACC-RBHA directly:

North: 1-866-560-4042

Central: 1-800-624-3879

South: 1-888-788-4408

To file a written grievance for crisis services please contact the ACC-RBHA directly.

North/South:
Arizona Complete Health-Complete Care Plan
Attention: Grievance and Appeals
1850 W. Rio Salado Parkway, Suite 211
Tempe, AZ 85281

Central:
Mercy Care
Grievances and Appeals
4750 S. 44th Place, Suite 150
Phoenix, AZ 85040

Appeals

If you do not agree with a decision made by UnitedHealthcare Community Plan you can ask us to review the request again. This request for a review is called an appeal. The appeal can be written or verbal. If you want to file a verbal appeal, call Member Services for UnitedHealthcare Community Plan. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

UnitedHealthcare Community Plan will provide assistance to you in completing forms and taking other procedural steps related to filing an appeal. If you need help filing an appeal, including the need for language translation or interpreter services for a hearing or vision impairment call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** Appeal information is available in alternative formats. Your provider or authorized representative can also file an appeal on your behalf with your written permission. You or your family, health care decision maker or designated representative must file an appeal within 60 calendar days from the date of the Notice of Adverse Benefit Determination. You or your provider can't be retaliated against for filing an appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an appeal.

Send your written appeal to:

UnitedHealthcare Community Plan
Attn: Member Grievance and Appeals
1 East Washington Street, Suite 900
Phoenix, AZ 85004

When UnitedHealthcare Community Plan gets your appeal, we will send you a letter telling you that we received your appeal. If you want to continue your services during the appeal process, you must tell us no later than 10 calendar days from the date of the Notice of Adverse Benefit Determination letter. If AHCCCS or DDD agree with UnitedHealthcare Community Plan's decision, you may have to pay for these services.

UnitedHealthcare Community Plan will make every effort to investigate your appeal within 30 calendar days. You may ask for a quicker decision. This is known as an expedited appeal. If your doctor or UnitedHealthcare Community Plan feels that your appeal should be reviewed more quickly due to the seriousness of your condition, you will receive a decision about your appeal within 72 hours. If your appeal does not need an expedited review, we will try to call you, and within 2 calendar days send you a letter letting you know that your appeal will be reviewed within 30 calendar days. The letter will explain how to file a grievance if you don't agree with our decision to take more time.

The appeal process may take up to 14 calendar days longer if you ask for more time to submit information or UnitedHealthcare Community Plan needs to get additional information from other sources. If we need additional information, we will call and send you a letter within 2 calendar days. The letter will explain how to file a grievance if you don't agree with our decision to take more time.

When UnitedHealthcare Community Plan decides your appeal, we will mail a Notice of Appeal Resolution letter to you. This letter will tell you the reason for the decision. If UnitedHealthcare Community Plan decides that you should not receive the denied service, the letter will also tell you how to ask for a State Fair Hearing and, if you were receiving benefits, your right to have your benefits continue during your State Fair Hearing and how to do it.

You or your provider can't be retaliated against for filing an expedited appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an expedited appeal.

State Fair Hearings

If you do not agree with UnitedHealthcare Community Plan's decision on your appeal, you can request a State Fair Hearing. If UHCCP fails to adhere to appeal notice and timing requirements, you will be deemed to have exhausted our appeal process and you may initiate a State Fair Hearing. Your provider or authorized representative can also request a State Fair Hearing on your behalf with your written permission. Your request for a State Fair Hearing must be in writing and received no later than 90 days after the date the member receives the appeal resolution letter. AHCCCS will send you information on how your State Fair Hearing will be handled. The AHCCCS Administration will decide if UnitedHealthcare Community Plan's decision was correct. If AHCCCS decides that UnitedHealthcare Community Plan's decision was correct, you may have to pay for services you received during the State Fair Hearing. If AHCCCS decides that UnitedHealthcare Community Plan's decision was not correct, UnitedHealthcare Community Plan will authorize and pay for services promptly.

ALTCS-EPD and DD members:

Appeals for SMI determination

A serious mental illness (SMI) is a mental disorder in persons 17 and a half years of age or older that's severe and persistent. Solari Crisis & Human Services, a provider that has a contract with AHCCCS, will make a determination of serious mental illness upon referral or request.

Members asking for a determination of serious mental illness and members who have been determined to have a serious mental illness can appeal the result of a serious mental illness determination.

Solari Crisis & Human Services 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. To file an appeal, you can call Solari Crisis & Human Services at 1-855-832-2866 within 60 calendar days from the date on the Notice of Decision Letter.

Persons who have been determined to have a serious mental illness can also appeal certain aspects of their treatment plan.

Persons determined to have a serious mental illness may also appeal the following adverse decisions:

- 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 XIX/XXI funds*
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance

*** Persons 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.**

(continues on next page)

ALTCS-EPD and DD members:

(continued from previous page)

What happens after I file an SMI determination appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of Solari Crisis & Human Services' receipt. You will have an informal conference with Solari Crisis & Human Services within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a 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 2 working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of Solari Crisis & Human Services' receipt, and the informal conference must occur within 2 working 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 that 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. Solari Crisis & Human Services will assist you in filing a request for State Fair Hearing at the conclusion of Solari Crisis & Human Services' informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell 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.

Will my services continue during the appeal process?

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.

(continues on next page)

ALTCS-EPD and DD members:

(continued from previous page)

SMI behavioral health appeals: not related to SMI determinations

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for or services the person is receiving. Matters of appeal are generally related to:

- Denial of services
- Disagreement with the findings of an evaluation or assessment with any part of the Individual Service Plan, the Individual Treatment and Discharge Plan
- Recommended services or actual services provided
- Denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds. Persons 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.
- Decision regarding fees or waivers
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance

Appeals must be filed with UnitedHealthcare Community Plan and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available through UnitedHealthcare Community Plan, AHCCCS, and at all provider sites. UnitedHealthcare Community Plan will attempt to resolve all appeals within 7 days through an informal process. If the issue cannot be resolved, the matter will be forwarded for further appeal. You may request an Administrative Review by AHCCCS. For SMI grievances/requests for investigation and appeals please include:

- Name of person filing the SMI grievance/request for investigation or appeal
- Name of the person receiving services, if different
- Mailing address and phone number
- Date of issue being appealed or incident requiring investigation
- Brief description of issue or incident
- Resolution or solution desired

(continues on next page)

ALTCS-EPD and DD members:

SMI behavioral health appeals: not related to SMI determinations
(continued from previous page)

You may represent yourself, designate a representative, or use legal counsel. You may contact the State Protection and Advocacy System, the Disability Rights Arizona 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix and Flagstaff. You may also contact the Office of Human Rights at 602-364-4585, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007.

UnitedHealthcare Community Plan will provide assistance to you in completing forms and taking other procedural steps related to filing an appeal. If you need help filing an appeal, including the need for language translation or interpreter services for a hearing or vision impairment, contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** Appeal information is available in alternative formats. Your provider or family, health care decision maker or designated representative can also file an appeal on your behalf with your written permission. You or your provider can't be retaliated against for filing an appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an appeal. Appeals can be submitted in writing or verbally to UnitedHealthcare. If you want
to file a verbal appeal, call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Send your written appeal to:

UnitedHealthcare Community Plan
Attn: Member Grievance and Appeals
1 East Washington Street, Suite 900
Phoenix, AZ 85004

(continues on next page)

ALTCS-EPD and DD members:

(continued from previous page)

What happens after I file an SMI behavioral health appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of UnitedHealthcare Community Plan's receipt. You will have an informal conference with UnitedHealthcare Community Plan within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a 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 2 working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of UnitedHealthcare Community Plan's receipt, and the informal conference must occur within 2 working 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 that 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. However, if you waive the second level informal conference with AHCCCS, UnitedHealthcare Community Plan will assist you in filing a request for State Fair Hearing at the conclusion of the UnitedHealthcare Community Plan informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell 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.

Will my services continue during the SMI behavioral health appeal process?

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.

DD members:

If you have questions or concerns about your medical care, you should talk about them with your PCP or the provider that is treating you first.

If you are not happy about UnitedHealthcare Community Plan, your doctor, or any part of your health care, you can file a grievance (a complaint). Member Services will take your grievance, and then UnitedHealthcare Community Plan will look into the problem and decide what to do.

If you are not satisfied with an action UnitedHealthcare Community Plan has taken or if UnitedHealthcare Community Plan has denied a service that you think you should receive, you may file a formal complaint (appeal) with UnitedHealthcare Community Plan. You can call Member Services or write to the address listed on page 121.

Member rights

You have the right to:

- File a complaint or an appeal about your health plan. This complaint may be filed with UHCCP or you may contact AHCCCS by email **MedicalManagement@azahcccs.gov**.
- Request information about the structure and operation of the health plan and its subcontractors
- Request information on whether or not UnitedHealthcare Community Plan has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements UnitedHealthcare Community Plan uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation
- Be treated fairly and receive covered benefits and services regardless of disability, race, color, ethnicity, national origin, religion, gender, age, sex, gender identity, behavioral health condition (intellectual) or physical disability, sexual orientation, genetic information, or ability to pay
- Member has the right to have their health information protected and remain confidential. This is subject to HIPAA regulations which protect the privacy and security of your health information. Your protected health information (PHI) must be safeguarded.

- Request a second opinion from a qualified health care professional within UnitedHealthcare Community Plan's network, at no cost to you. A second opinion may be received from an out-of-network provider, at no cost to you, if there is no in-network coverage.
- Get information on available treatments and treatment options regardless of cost or benefit coverage and the right to refuse treatment appropriate to your condition in language that you understand
- Receive information on available treatment options and alternatives, and any information the member needs in order to decide and presented in a manner appropriate to the member's condition and ability to understand the information
- Develop contingency planning with their provider agency to decide their preferences when a caregiver is late or is a no-show . This applies to each service subject to Electronic Visit Verification (EVV) and provided by the provider when a service visit is short, late, or missed.
- Make recommendations regarding the organization's member rights and responsibility policy
- Individuals receiving HCBS services have the right to be integrated into their communities and have full access to the benefits of community living
- Get information on Advance Directives
- Request your medical records or child's medical records annually at no cost to you as allowed by law and receive a response within 30 days to your request for a copy of the medical records. The response may be the copy of the medical record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part 164.
- Member has the right to request their medical records be amended or corrected as allowed by law
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Receive information about your benefits and health plan, practitioners and providers, and member rights and responsibilities
- Receive information on beneficiary and plan information
- Be treated with respect and dignity by UnitedHealthcare Community Plan staff and health care providers
- Be involved in decisions about your health care, or have a representative facilitate care or help make decisions if you are not able to do so
- Refuse care or refuse care from certain doctors
- Know the languages spoken by each contracted UnitedHealthcare Community Plan doctor

- Receive emergency care at any hospital or other setting without approval from your doctor or UnitedHealthcare Community Plan
- Have services given in a way that respects your culture, language, background, and abilities
- Receive interpreter services at no charge
- Get this information in a language or format that you understand, including sign language or Braille
- Privacy during medical visits, appointments, and treatments
- Privacy and protection of your health information
- Change your doctor to another doctor that is contracted with UnitedHealthcare Community Plan
- Have freedom of choice to see any in-network provider. Members cannot obtain services from a provider who is not contracted with UnitedHealthcare Community Plan (unless prior approved by the health plan). If you have other insurance, you can see a non-contracted provider. If you are unsure, call UnitedHealthcare Community Plan Member Services.
- Know the professional background of any person involved in your care
- Know the name of your doctor
- Know that at times the health plan may coordinate care with schools and state agencies as allowed
- Talk to your doctor about your health care and how to get covered services. Call Member Services if you have questions that your doctor did not answer.
- Receive notification when assigned PCP or frequently used provider leaves the network
- Substance abuse services, or a referral for specialty services not provided by your PCP
- Know how UnitedHealthcare Community Plan evaluates new technology and decides to cover new treatments
- Know if you need insurance for very large claims (stop-loss insurance)
- Know how UnitedHealthcare Community Plan compensates doctors
- Receive a summary of member survey results
- Request information about grievances, appeals and requests for hearings
- Request information about getting services outside UnitedHealthcare Community Plan's contracted service area
- Request the criteria used to make decisions about your care
- Make recommendations regarding the organization's member rights and responsibility policy

ALTCS-EPD members:

Have records about your care, including your being enrolled in ALTCS-EPD, kept private.

Electronic Visit Verification (EVV)

UnitedHealthcare Community Plan supports our members by using Electronic Visit Verification (EVV) to verify non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and in-home skilled nursing services (home health) to make sure you get the services that you need when you need them. EVV is a computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the exact time a service delivery visit begins and ends, the individuals receiving and providing a service, and the type of service performed.

EVV services may be provided by different provider agencies, including:

- Daily living skills
- Home health
- Respite care
- Therapy
- Companion care
- Attendant care

The EVV system electronically verifies the:

- Member
- Type of service
- Date of service
- Service location
- Provider
- Service times (start and end)

EVV is designed for you:

- EVV works wherever services take place, whether at home or in the community
- EVV supports case management, including the scheduling and monitoring of service hours
- Members have the option to choose what device they want to use to verify that service has been received
- Members can choose how soon they need a new caregiver if the one they were expecting is late or doesn't show up according to the AHCCCS Contingency/ Back-Up Plan

For questions, contact Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** For additional information, including the list of services subject to EVV, visit: **https://azahcccs.gov/EVV**.

Please visit the UnitedHealthcare Community Plan of Arizona **Electronic Visit Verification Hard Edit Interactive Guide** to find out additional information about EVV.

Fraud, waste, and abuse

Fraud

UnitedHealthcare Community Plan provides services to people who are in need and qualify for services. It is important to make sure that our members and providers follow the rules for getting and billing for covered services. If the rules aren't followed, a member or provider might be committing fraud. Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable State or Federal law, as defined in 42 CFR 455.2. Report anything you see that doesn't look right. This includes:

- Using someone else's ID card or allowing someone to use yours
- Giving a wrong address in order to qualify for AHCCCS
- A doctor or facility billing you for covered services
- A doctor giving you services you don't need
- A provider offering inappropriate services

Waste

Over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program.

Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the AHCCCS program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the AHCCCS Program. 42 CFR 455.2.

Abuse of member

Abuse of a member is defined by Arizona law (A.R.S. 46-451 and 13-3623). It means any intentional, knowing or reckless infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, emotional or sexual abuse, or sexual assault.

Reporting fraud, waste, and abuse

Fraud, waste and abuse are serious offenses. There can be penalties under the law. You can report fraud, waste or abuse by calling Member Services. You may also contact AHCCCS to report member fraud, in Arizona call 602-417-4193, email **AHCCCSFraud@azahcccs.gov**, go to their website, **azahcccs.gov**, or you can fill out an AHCCCS online form **www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx**. If you are outside of Arizona, you may report fraud by calling the toll free, 888-ITS-NOT-OK or 888-487-6686. You do not have to give your name. You will not get in trouble for reporting fraud, waste or abuse.

A provider may commit fraud, waste or abuse. Examples are:

- Giving you care you do not need
- Billing for services you did not get
- Keeping you in a hospital longer than you need
- Inflicting mental or physical harm
- Misuse of your trust fund
- Failure to carry out your plan of care

If you want to report suspected fraud by a medical provider or their staff, please call 602-417-4045. If outside of Arizona you can call toll free, 888-ITS-NOT-OK or 888-487-6686. You can also email **AHCCCSFraud@azahcccs.gov**, go to their website, **azahcccs.gov**, or you can fill out an AHCCCS online form **www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx**. We will not use your name in your report. You will not get in trouble for reporting this. We will look into the matter for you. You can also call AHCCCS at **602-417-4193** or go to their website at **www.azahcccs.gov**. You do not have to give your name.

Member and family member support information and community resources and the Office of Individual and Family Affairs (OIFA)

Member Advocates/Liaisons/Coordinators

UnitedHealthcare Community Plan supports our members by having member liaisons and the Office of Individual and Family Affairs to support members' needs where unique community resources are available. These liaisons can be reached by emailing **advocate.oifa@uhc.com** or calling Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** Examples of these supports are listed below:

Adult Member Liaison – A member liaison with adult behavioral health experience who works with adult members with special health care needs, their families, member liaisons and others within the community. The adult behavioral member liaison will assist members navigate between their physical, behavioral health and social needs. They will make certain that request, complaints, and concerns are addressed and followed up to completion for the member.

Children's Services Liaison – A designated point of contact for addressing concerns related to the delivery of and access to behavioral health services for our DD members. This role includes accepting and responding to inquiries from the out-of-home caregiver, adoptive parent(s), or providers to address barriers, including non-responsive crisis providers.

Child and Family Member Liaison – A member liaison with child behavioral health experience working with children with special health care needs, their families, member liaisons and others within the community. The child and family behavioral member liaison will assist members/parent(s)/guardian(s) to navigate between their child's physical, behavioral health and social needs. They will make certain that request, complaints, and concerns are addressed and followed up to completion for the member/parent(s)/guardian(s).

Court Coordinator – A single point of contact for information specific to the court's disposition for eligible members (e.g., Drug Court, Mental Health Court, Criminal Proceedings), coordination of court ordered evaluation and treatment, and who assist to assure court related follow-up.

CRS Liaison – Your single point of contact for members with a CRS designation. This person works with the members assigned Multi-Specialty Interdisciplinary Clinic (MSIC) to help members/parent(s)/guardian(s) navigate between their child's physical, specialty care, behavioral health and social needs. They will make certain that requests, complaints, and concerns are addressed and followed up to completion for the member/parent(s)/guardian(s). For more information email **CRS_SpecialNeeds@UHC.com**.

Employment/Vocational Administrator – The employment/vocational administrator is dedicated to employment and rehabilitation related activities. The administrator develops vocational services to assist members in achieving their rehabilitation/employment goals and ensures that behavioral health providers are engaging in employment discussions with members. The administrator is responsible for managing and overseeing employment support programs for providers with the goal of increasing employment outcomes for members.

Justice System Liaison – Your single point of contact for communication with the justice system; This person works with the Arizona Department of Corrections (ADOC), County Jails, Sherriff's Office, Correctional Health Services, Arizona Department of Juvenile Corrections (ADJC), Arizona Office of the Courts (AOC) and Probation Departments.

Tribal Coordinator – Coordinates care and service for American Indian members with tribal nations and tribal providers, promoting services and programs to improve the health of American Indian members. The Tribal Coordinator assist to assure American Indian members request, complaints, and concerns are addressed and followed up to completion.

DD and ALTCS-EPD members:

Behavioral Health Coordinator – A behavioral health professional who serves as a primary point of contact to provide plan-level leadership in working with behavioral health providers and other member-serving agencies. The role includes addressing barriers to crisis and other behavioral health care concerns raised by the DD and ALTCS-EPD member, family member(s), and parent(s)/guardian(s). The Behavioral Health Coordinator works collaboratively with network managers to reduce out-of-state placements and provides referral assistance.

DD members:

Children's Services Liaison – A designated point of contact for addressing concerns related to the delivery of and access to behavioral health services for our DD members. This role includes accepting and responding to inquiries from the out-of-home caregiver, Adoptive Parent(s), or providers to address barriers, including non-responsive crisis providers.

Veteran's Liaison – The Veterans Liaison is experienced in working with Veterans and family members of veterans, advocates and providers. The Liaison provides education and support to our veterans to help them through the health system to ensure their needs are met. Additionally, they provide assistance to members needs such as employment and housing. Their goal is to provide one-on-one support to our Veteran members. For more information email the Veteran Liaison at **milvet_advocate@uhc.com**.

Community resources

Ability 360

Ability 360 offers and promotes programs designed to empower people with disabilities to take personal responsibility so that they may achieve or continue independent lifestyles within the community.

Within ABILITY360 is a program called Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA) that can help you understand how job income will affect your cash, medical, and other benefits 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.

If you live outside of Maricopa county call the 800 number below.
Main Office
5025 East Washington Street, Suite 200
Phoenix, AZ 85034
1-602-256-2245
1-800-280-2245
http://ability360.org/

AZ Disability Benefits 101 (AZ DB101)

This no-cost, user-friendly online tool helps people work through the myths and confusion of Social Security benefits, healthcare, and 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.

ABLE National Resource Center

ABLE accounts are tax-advantaged savings accounts for individuals with disabilities and their families.
Phone: **1-800-439-1653**
http://www.ablenrc.org/state-review/arizona

AHCCCS Office of Individual and Family Affairs

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges.
https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html

Peer-Run and Family-Run Organizations

Peer-run organizations are service providers owned, operated and administrated by persons with lived experiences of mental health and/or substance use disorders. These organizations are based in the community and provide support services.

Here are some of the things you can find at a peer-run organization:

- 1-on-1 peer support
- Daily support groups
- Social outings
- Meals
- Employment programs
- Learning opportunities
- Health and exercise programs
- Creative arts
- Resources
- Advocacy
- Volunteer opportunities
- Youth and young-adult programs
- Meeting new people
- Personal development, and empowerment
- Extended hours and/or weekends

https://www.azahcccs.gov/AHCCCS/Downloads/PeerRunOrganizationsFlyer.pdf

Department of Health Services (ADHS) Breastfeeding Program 24/7 Hotline

Get answers to your breastfeeding questions 24 hours a day by calling the 24-Hour Breastfeeding Hotline at **1-800-833-4642** or by visiting **www.gobreastmilk.org**.

Arizona Governor's Council on Spinal and Head Injuries

www.headspineaz.org
or by phone: **1-602-803-3531**

Arizona Rehabilitation Services Administration (RSA)

RSA oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.

To learn more, call **1-800-563-1221** or go to
https://des.az.gov/rsa-contact-information
https://www.azdes.gov/rehabilitation_services/

Arizona@Work

This statewide job center 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, the Arizona Job Connection website.

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

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

Area Agency on Aging

The goal of an Area Agency on Aging (AAA) is to enable older people to maintain maximum independence and dignity within their own homes and communities as long as possible by developing a system of coordinated, comprehensive services to meet their needs. The programs offered are designed to enhance the quality of life of residents and caregivers. AAA advocate, plan, coordinate, develop and deliver numerous programs and services.

The AAA provides education about Medicare and the different Medicare Plan options. In addition, they have a Long Term Care Ombudsman Program. The primary purpose of the Long Term Care Ombudsman Program is to identify, investigate and resolve complaints made by or on behalf of residents of long term care facilities. If you have a complaint, concern or would like more information, contact your local AAA. The AAAs are listed below by county:

Maricopa County
http://www.aaaphx.org/
Phone: **602-264-4357**
Toll-Free: **1-888-783-7500**

Coconino, Yavapai, Apache, and Navajo Counties
http://nacog.org/
Phone: **928-774-1895**
Toll-Free: **1-877-521-3500**

La Paz, Mohave, and Yuma Counties
http://www.wacog.com/
Phone: **1-800-782-1886**

Mohave County
Phone: **928-753-6247**

Gila and Pinal Counties
Phone: **520-836-2758**
Toll-Free: **1-800-293-9393**

Pima County
http://www.pcoa.org/
Phone: **520-790-7262**

2-1-1 Arizona

This website helps you find resources for child care, jobs, health care, food, heat relief locations, and insurance. It shows bulletins and alerts for disaster or emergency. It partners with government, tribal, non-profit and community groups to help you find resources.

Phone: **2-1-1** within Arizona or **1-800-367-8939** TDD
https://211arizona.org/

Arizona's Aging and Disability Resource Center (ADRC)

ADRC was created to help Arizona seniors, people with disabilities, caregivers and family members locate resources and services that meet their needs.

Phone: **602-542-4446** or toll-free **1-888-737-7494,**
hearing impaired (TTY/TDD) **1-866-602-1982**
www.azlinks.gov

Arizona Alzheimer's Association

1-800-272-3900 for the Alzheimer's Association 24-hour helpline.
http://www.alz.org/dsw

Arizona Association of Community Health Centers

Is a membership of non-profit public primary care centers. For more information, visit the website at **http://www.aachc.org/**, call **602-253-0090** or send an email to **info@aachc.org**.

Disability Rights Arizona

ACDL is a not-for-profit which is dedicated to protecting the rights of individuals with physical, mental, psychiatric, sensory and cognitive disabilities.

https://disabilityrightsaz.org/
Phone: **1-800-927-2260** (Phoenix) or **1-800-922-1447** (Tucson)

Arizona Caregiver Coalition

Their mission is to improve the quality of life for family caregivers across Arizona through Collaborative Partnerships, Advocacy, Resources, and Respite Support.

https://azcaregiver.org
Caregiver Toll-Free Resource Line: **1-888-737-7494**
or by email: **info@azcaregiver.org**

Arizona Child Care Resource & Referral

Arizona Child Care Resource & Referral helps families find the best information on locating quality child care, early childhood resources in their community. They support families in making childcare choices for their children to prepare them for school readiness and a bright future. For more information go to **www.AZCCRR.com** or call **1-800-308-9000.**

Arizona Coalition for Military Families

The Arizona Coalition for Military Families is a nationally recognized partnership focused on building Arizona's statewide capacity to care for, serve and support service members, veterans, their families and communities.

www.Arizonacoalition.org
Locally: **602-753-8802**

Arizona Coalition Against Sexual and Domestic Violence

Phone: **1-800-782-6400**
https://acesdv.org/

Arizona Department of Health Services, Health Systems Development

Offers programs and services to improve access to primary health care for underserved and vulnerable populations. For more information, visit the website at **https://www.azdhs.gov/audiences/index.php** or call **602-542-1025.**

Arizona Rehabilitation Services Administration (RSA)

Arizona Rehabilitation Services Administration (RSA) oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.

To learn more, call **1-800-563-1221** or go to **https://des.az.gov/rsa-contact-information**. **https://www.azdes.gov/rehabilitation_services/**

AzEIP

The Arizona Early Intervention Program (AzEIP) is a statewide system of supports and services for families and children birth to age 3, with disabilities or developmental delays. For more information about AzEIP, call **602-532-9960,** call toll-free at **1-888-439-5609,** or visit the website at **des.az.gov/services/disabilities/developmental-infant**. If AzEIP services are provided by UnitedHealthcare Community Plan, call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** Or visit the website **UHCCommunityPlan.com**.

AZ Suicide Prevention Coalition

To change those conditions that result in suicidal acts in Arizona through awareness, intervention, and action.
http://www.azspc.org

Centers for Independent Living (CILs)

These are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities. Independent Living Centers also serve as a strong advocacy voice on a wide range of issues. They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services.

Ability 360
5025 E. Washington St., Suite 200
Phoenix, AZ 85034
Phone: **602-256-2245**
Toll-Free: **1-800-280-2245**
http://ability360.org/

DIRECT Center for Independence
1001 N. Alvernon Way
Tucson, AZ 85711
Phone: **520-624-6452**
https://www.directaz.org/

New Horizons Disability Empowerment Center
9400 E. Valley Road
Prescott Valley, AZ 86314
Phone: **928-772-1266**
www.nhdec.org

Carebridge
No cost telemedicine support.
Speak with your Case Manager for referral.

Careforth
A no-cost service offered to caregivers of UnitedHealthcare Community Plan members that provides support and coaching to caregivers on topics that matter to them. You can also speak to your Case Manager for referral.
Phone: **1-866-797-2333**
https://careforth.com

ASSIST! to Independence
P.O. Box 4133
Tuba City, AZ 86045
Phone: **928-283-6261**
http://www.assistti.org/

S.M.I.L.E. (Services Maximizing Independent Living and Empowerment)
1929 S. Arizona Avenue, Suite 11
Yuma, AZ 85364
Phone: **928-329-6681**
www.smile-az.org

Count the Kicks

A no-cost app based program that allows pregnant members to count and track fetal movement in their 3rd trimester.

https://countthekicks.org

Cyber-Seniors

Cyber-Seniors provides no-cost technology support and training for senior citizens.

Phone: **1-844-217-3057**
https://cyberseniors.org

Diabetes care

American Diabetes Association:
http://www.diabetes.org

You can also call the American Diabetes Association at **1-800-DIABETES** (1-800-342-2383). Hours are 8:30 a.m.–8:00 p.m. Eastern Standard Time, Monday–Friday. Or write:

American Diabetes Association
ATTN: Center for Information
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Dental Resources in Arizona:

Dental providers can be found on the **myuhc.com/CommunityPlan** or **https://www.uhccommunityplan.com/az/medicaid/long-term-care.html** website.

Dump the Drugs AZ

Prescriptions drug drop-off locations:
https://azdhs.gov/gis/dump-the-drugs-az/

Family Involvement Center

Family Involvement Center is a not-for-profit, family-directed run organization that was founded in 2001. The majority of employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges. Services include parent training, resources and support.

Family Involvement Center
5333 N 7th Street, Suite A-100
Phoenix, AZ 85014

Parent Assistance: **602-288-0155**
1-877-568-8468 Toll-Free
Administration: **602-412-4095**
www.familyinvolvementcenter.org

Family planning services and HIV testing

Please contact your primary health care provider for information about family planning and HIV/STI testing. For additional information about family planning services and HIV testing, call the ADHS Bureau of Women's and Children's Health Hot Line at **1-800-833-4642** or visit the website at **www.azdhs.gov/phs/owch/index.htm**. Family planning services and HIV/STI testing are available at the Arizona Family Partnership **602-258-5777** or visit the website at **https://www.affirmaz.org**. You may also get additional information from your AHCCCS or ALTCS health plan.

Fussy Baby/Birth to Five Helpline

Provides support for parents who are concerned about their baby's temperament or behavior. Helpline: **1-877-705-5437,** 8:00 a.m.–8:00 p.m., Monday–Friday
www.raisingarizonakids.com/2019/01/birth-to-five-helpline-soothe-fussy-babies

Head Start (3–5 years old)/Early Head Start (birth to 3 years old)

Head Start (3–5 years old)/Early Head Start (birth to 3 years old) is a program that provides health, educational, nutritional, social, and other services to low-income children and families. Head Start/Early Head Start programs create learning environments that support a child's growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, and physical skills. To learn more about the Head Start/Early Head Start program or to find a program in your area, call **1-866-763-6481** or visit the Head Start/Early Head Start locater at **https://headstart.gov/center-locator**.

Health-e-Arizona Plus

Get information about AHCCCS coverage and apply online at **www.healthearizonaplus.gov** or call **1-855-432-7587,** 7:00 a.m.–6:00 p.m., Monday–Friday.

Allows AHCCCS members to view information about their health care and plan enrollment for:

- AHCCCS
- Part D, which is the Medicare prescription drug benefit
- KidsCare
- Behavioral Health
- Medicare
- Other medical insurance

AHCCCS members may also view two years of enrollment information. Members can link to their health plan websites. Members can view their health plan enrollment date. They can link to the annual enrollment change website. Members can verify if AHCCCS has their correct address.

Help to stop smoking

Would you like to make a plan to quit smoking? Visit **myuhc.com/CommunityPlan** for more information on your tobacco cessation benefits. You can also get support and information from Quit for Life® at **quitnow.net** or call Quit For Life®: Get free help quitting smoking (toll-free). **1-866-784-8454,** TTY **711.**There are community support groups, cessation treatment, care and services available to members at **https://www.azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php**.

Or contact ASHLine Arizona Smokers' Helpline: **1-800-55-66-222.**
For Prescription to Quit, ASHLine will call you back within three days. If you're ready to QUIT NOW do not wait, call now **1-800-55-66-222. www.ashline.org**

Home Visiting Programs

Home visiting programs are available for pregnant members and families with children birth to age 3. There is no cost and a trained home visitor comes to the home to help families with education on topics such as: parenting, breastfeeding, employment and child care solutions, child abuse/child neglect prevention, child development, health and wellness, and school readiness.

If you live in Maricopa County and would like more information on Home Visiting programs, contact Parents Partners Plus at (602) 633-0732 or fill out a referral form here: **https://www.parentpartnersplus.com**. Outside Maricopa County, go to **https://strongfamiliesaz.com/programs/** to find information on Home Visiting programs available in your area.

Information and referral services

The Children's Information Center Hotline can help you find resources in your community. The statewide toll-free number is **1-800-232-1676.** For people with hearing loss or impairment, there is a State Telecommunication Device (TTY/TDD) at **1-800-367-8939.** The hotline operates 8:00 a.m.–5:00 p.m., Monday–Friday (excluding State holidays).

Legal aid

www.azlawhelp.org/legalaidlisting.cfm

Low-income housing

For information on low-income housing and shelter:
https://211arizona.org/

Income-based housing:

- Subsidized apartment search:
  https://resources.hud.gov/ Subsidized apartment search
- Public Housing Authorities:
  https://www.hud.gov/program_offices/public_indian_housing/pha/contacts
- Housing Choice Vouchers (Section 8):
  https://www.hud.gov/topics/housing_choice_voucher_program_section_8
- Section 202 Supportive Housing for the Elderly:
  https://www.hud.gov/hud-partners/multifamily-housing-for-seniors-and-persons-with-disabilities
- Section 811 Supportive Housing for Persons with Disabilities:
  https://www.hud.gov/program_offices/housing/mfh/grants/section811ptl

Eviction prevention resources:

- Emergency Rental Assistance:
  https://www.consumerfinance.gov/coronavirus/mortgage-and-housing-assistance/renter-protections/find-help-with-rent-and-utilities/
- HUD Approved Housing Counseling Agencies:
  https://www.hud.gov/hud-partners/housing-national-agencies
- Department of Housing & Urban Development subsidized apartment search tool:
  https://resources.hud.gov/

Mental Health America of Arizona (MHAAZ)

http://www.mhaarizona.org/
Contact Mental Health America of Arizona weekdays by calling **602-576-4828.**

Mentally Ill Kids in Distress (MIKID)

MIKID improves the behavioral health and wellness of children and youth through a family-centered approach.
http://www.mikid.org

National Alliance on Mental Illness (NAMI)

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.
602-244-8166
http://www.namiarizona.org

National Suicide and Crisis Lifeline

https://988lifeline.org
Call or Text: **988**

The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The **988** Suicide and Crisis Lifeline offers call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also dial **988** if they are worried about a loved one who may need crisis support.

Changent, a Nurse-Family Partnership

Moms-to-be, starting early in the pregnancy, continuing through the child's second birthday. You must be a first-time mom that is pregnant 28 weeks or less, but your nurse would love to work with you as early in your pregnancy as possible. There is also an income eligibility requirement. This resource services people in Maricopa and Pima counties. To find a Nurse-Family Partnership nurse available near you, go to **https://changent.org/**.

Optum Community Centers

Lack of exercise and other physical activity may increase the risk of chronic conditions such as heart disease, depression and diabetes. Free videos to help older adults stay healthy, active and resilient.
https://www.youtube.com/playlist?list=PLsqiKKQGf-B91F0_ERCPKeijAV7og_fq7

Arizona Opioid Assistance and Referral (OAR) Line

Local medical experts offer patients, providers, and family members opioid information, resources and referral 24/7. Translation services available.
1-888-688-4222
https://www.azdhs.gov/oarline/

AHCCCS Opioid Service Locator:
https://opioidservicelocator.azahcccs.gov/

Pilot Parents of Southern Arizona

Provides services for children and adults with developmental disabilities and their families. Services include parent training and parent leadership development. For more information call **520-324-3150,** or email **ppsa@pilotparents.org**.
www.pilotparents.org

Poison Control

Poison Control is available 24 hours a day to provide no cost, expert and confidential guidance in a poison emergency. If the individual collapses, has a seizure, has trouble breathing, or can't be awakened: **Call 911 immediately.**
1-800-222-1222
www.poison.org

Postpartum Support International (AZ chapter resource list)

Warmline: **1-800-944-4773**
www.postpartum.net

Power Me A2Z

Free vitamins for Arizona women ages 18–45 from the Arizona Department of Health Services.
https://www.raisingarizonakids.com/2021/03/power-me-a2z-offers-free-vitamins-for-women-of-childbearing-age/

Encircle Families (formerly Raising Special Kids) – Arizona's family-to-family health information center

Encircle Families (formerly Raising Special Kids) is a non-profit organization of families helping families of children with disabilities and special health needs in Arizona. They provide information, training and materials to help families understand and navigate systems of care. Parents are supported in their leadership development as they learn to advocate for their children. Encircle Families promotes opportunities for improving communication between parents, youth with disabilities, educators and health professionals. All programs and services are provided to families at no cost.

Encircle Families (formerly Raising Special Kids)
5025 East Washington Street, Suite 204
Phoenix, AZ 85034

1-800-237-3007 Toll-Free
602-242-4366
www.raisingspecialkids.org

Residential options

Public Housing (HUD):
https://www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_AZ.pdf

Privately Owned Subsidized Housing Program:
http://www.hud.gov/apps/section8

Housing Choice Voucher Program:
https://www.hud.gov/sites/dfiles/PIH/documents/PHA_Contact_Report_AZ.pdf

Sliding fee clinics

If a member loses AHCCCS eligibility there are clinics around the state that offer low to no cost services. Contact the Arizona Department of Health for more information.
602-542-1025
https://azdhs.gov/prevention/health-systems-development/sliding-fee-schedule/index.php

StrongHearts Native Helpline

Need to talk? StrongHearts Native Helpline **1-844-762-8483** is an anonymous, confidential, and culturally honoring service for Native Americans and Alaska Natives experiencing domestic or sexual violence. You can call, text, or click to chat now. We're here 24/7 — whenever you're ready.

Teen Lifeline

Teen Lifeline is a teen-to-teen crisis peer and suicide prevention hotline that fosters resiliency and awareness. Teen Lifeline has caring contacts that work with schools, communities, families, and peers.
602-248-TEEN (8336) or **1-800-248-8336**

Vaccines for Children (VFC)

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to afford vaccines. Children that are 18 years and under and meet at least one of the following criteria are eligible to receive vaccines from the VFC program:

- AHCCCS enrolled — Children who are eligible for the state Medicaid program
- Uninsured — Children not covered by any health insurance plan
- American Indian/Alaska Native (AI/AN) — This population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603). AI/AN children are VFC eligible under any circumstance.
- Under-insured* — Children who have private insurance that does not cover some or all Advisory Committee on Immunization Practices (ACIP) recommended vaccines

* Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), county health departments and approved deputized providers are the only providers that are allowed to serve the VFC eligibility category of underinsured.

https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#program-overview

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. Ask your behavioral or integrated health home about a referral to VR or contact a local VR office directly. DDD Members ask your Support Coordinator about a referral to VR.

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

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Arizona residents with nourishing supplemental foods, nutrition education, and referrals. People who use WIC are women who either are pregnant, breastfeeding, or have just had a baby; as well as infants and children up to five years of age who have nutritional needs and meet income guidelines. Call the WIC hotline at **1-800-252-5942** for more information or visit **www.azwic.gov** for more information. WIC can also provide a breast pump at no cost to you. If you need additional assistance obtaining a breast pump, you can call Member Services. For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

Special Assistance for members determined to have SMI

The Office of Human Rights (OHR) provides advocacy to individuals living with a SMI to help them understand, protect and exercise their rights, facilitate self-advocacy through education, and obtain access to behavioral health services in the public behavioral health system in Arizona. OHR provides Special Assistance for SMI designated members who meet criteria.

What is Special Assistance?

Special Assistance: A support intended to enhance SMI designated members ability to participate in the selection of covered services and protect his/her rights as defined in the Arizona Administrative Code. (A.A.C. R9-21-100 et. seq.).

Special Assistance is a clinical determination made by a qualified clinician. The Special Assistance designation is reserved for enrolled SMI designated members who are unable to articulate treatment preferences and/or participate effectively in the development of the ISP, ITDP, grievance and/or appeal processes due to a cognitive or intellectual impairment, a medical condition (including severe psychiatric symptoms) or a language barrier (that cannot be resolved through an interpreter). SMI designated members that have a court appointed guardian automatically meet criteria for Special Assistance. OHR provides at no cost, an OHR advocate (if there is not a natural support designated representative or court appointed guardian):

- Preparation for and assistance at member Individual Service Plan (ISP) meetings, and when inpatient, Inpatient Treatment & Discharge Plan (ITDP) meetings
- Follow-up on implementation of services – which can include informal intervention, or use of appeal and/or grievance processes
- On-going involvement with the member and clinical team to support informed choice, protection of rights and development of self-advocacy, to the greatest extent possible

Special Assistance qualifications:

- The person has an SMI designation,
- The person has a court appointed guardian, or
- The person is unable to do any of the following:
  - Communicate preferences for services,
  - Participate effectively in service planning (ISP) or inpatient treatment and discharge (ITDP) planning, or
  - Participate effectively in the appeal, grievance, and/or investigation processes.

It is the responsibility of every member of the clinical team to assess members that have an SMI designation for Special Assistance criteria during any Individual Service Planning (ISP), Inpatient Treatment & Discharge Planning (ITDP), grievance or appeal process and when conditions exist that may result in an SMI appeal or grievance process. Once a clinical determination is made that a member meets criteria the team will send notification to the assigned Health Plan and the OHR.

Who can assess for Special Assistance:

- Qualified clinician
- Case Manager
- Clinical team
- Regional Behavioral Health Agreement (RBHA) and Tribal Regional Behavioral Health Authority (TRBHA)
- Program director of a subcontracted provider
- AHCCCS deputy director
- Administrative hearing officer

Required assessments and notifications:

- All members with a SMI designation must be assessed for Special Assistance
- When an individual is identified as meeting criteria for Special Assistance, notification to the OHR is required
- Notifications are submitted via the AHCCCS Quality Management/OHR Special Assistance Portal and are required within five business days of an individual meeting Special Assistance criteria

When an OHR Advocate is assigned

The OHR determines who will meet the needs upon receiving a Special Assistant notification and will assign an OHR Advocate to fulfill the advocacy role on the members' behalf, if no one is identified. The OHR will provide the following to members assigned:

- Direct advocacy
- Education and resources
- Ongoing communication and involvement
- Preparation and participation
- Follow-up on implementation of services

OHR operates a single statewide phone line during business hours to provide technical assistance to anyone living with a Serious Mental Illness. Technical assistance could include:

- Providing education and resources for behavioral health services in Arizona,
- Helping a person understand their rights as an individual living with a Serious Mental Illness,
- Helping an individual to understand their treatment options, and
- Educating about the grievance and/or appeal process.

To reach OHR please call 1-800-421-2124 or visit **www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/ohr.html**.

ALTCS-EPD members:

ALTCS advocates and advocacy systems

General member rights under the Home and Community Based Services (HCBS)

The HCBS Rules are purposed to provide protections to members and assure full access to the benefits of community living. The HCBS Rules focus attention on ensuring that members are actively engaged and participating in their communities to the same degree as any other Arizonan through employment, education, volunteer and social and recreational activities.

The HCBS Rules stipulate that HCBS residential and non-residential settings must have the following qualities:

1. The setting is integrated in and supports full access to the greater community, including opportunities to:
   a. Seek employment and work in competitive integrated settings,
   b. Engage in community life,
   c. Control personal resources, and
   d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS services.
2. The setting is selected by the individual from among setting options including
   a. Non-disability specific settings, and
   b. An option for a private unit in a residential setting.
3. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.
6. Facilitates individual choice regarding services and supports and who provides them.

(continues on next page)

ALTCS-EPD members:

ALTCS advocates and advocacy systems

General member rights under the Home and Community Based Services (HCBS)
(continued from previous page)

7. In a provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:
   a. The individual has a lease or other legally enforceable agreement providing similar protections,
   b. The individual has privacy in their sleeping or living unit including:
      - Lockable doors by the individual with only appropriate staff having keys to the doors,
      - Individual sharing units have a choice of roommates in that setting,
      - Freedom to furnish or decorate the unit within the lease or agreement,
   c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time,
   d. The individual can have visitors at any time, and
   e. The setting is physically accessible.

Long Term Care Ombudsman

This program grew out of efforts by both federal and state governments to respond to widely reported concerns that our most frail and vulnerable citizens (those living in long term care facilities) were subject to abuse, neglect and substandard care. These residents also lacked the ability to exercise their rights or voice complaints about their circumstances. The primary purpose of the Long Term Care Ombudsman Program is to identify, investigate and resolve complaints made by or on behalf of residents of long term care facilities.

- Educating residents, families, facility staff and the community about long term care issues and services
- Promoting and advocating for residents' rights
- Assisting residents in obtaining needed services
- Working with and supporting family and resident councils
- Empowering residents and families to advocate for themselves

(continues on next page)

ALTCS-EPD members:

ALTCS advocates and advocacy systems

Long Term Care Ombudsman (continued from previous page)

The Ombudsman Program will make every reasonable effort to assist, advocate and intervene on behalf of the resident. When investigating complaints, the program will respect the resident and the complainant's confidentiality and will focus complaint resolution on the resident's wishes.

The Ombudsman Program accepts complaints from any source. If you have a complaint, concern or would like more information, the Ombudsman Program is available to assist you. To contact your local Long Term Care Ombudsman, contact your local Area Agency on Aging.

Centers for independent living

Maricopa County:

Ability 360
ABIL-5025 East Washington Street
Phoenix, AZ 85034
Phone: **602-256-2245**

Coconino, Navajo, and Apache Counties:

ASSIST! to Independence
P.O. Box 4133
Tuba City, AZ 86045
Phone: **1-928-283-6261**

Northern Arizona – all counties:

New Horizons Disability Empowerment Center
9400 East Valley Road
Prescott Valley, AZ 86314
Voice/TTY: **928-772-1266**

Disability Rights Arizona

5025 East Washington Street, Suite 202
Phoenix, AZ 85034
Phone: **602-274-6287** (voice or TTY)
1-800-927-2260 (toll-free)
Fax: **602-274-6779**
Website: **https://disabilityrightsaz.org/**

Immunizations (shots)

Immunizations (shots) can keep you and your child from getting sick in the future. Talk with your child's PCP about the immunizations that are needed and when they are needed. The best place for children to get their immunizations is at their PCP's office. You should use an immunization schedule and have the schedule updated when you visit your child's doctor.

Here are the essentials to know about each of these vaccines.

COVID-19 protects against the COVID-19 virus.

DTaP protects against diphtheria, tetanus, and pertussis (whooping cough). It requires five doses during infancy and childhood. DTaP boosters are then given during adolescence and adulthood.

HepA protects against hepatitis A. This is given as two doses between 1 and 2 years of age.

HepB protects against hepatitis B (infection of the liver). HepB is given in three shots. The first shot is given at the time of birth.

Hib protects against Haemophilus influenzae type b. This infection used to be a leading cause of bacterial meningitis. Hib vaccination is given in three or four doses.

HPV protects against cancers caused by Human papillomavirus. Children 11 or 12 years of age should get two shots of HPV, six to 12 months apart.

Influenza (flu) protects against the flu. This is a seasonal vaccine that is given yearly. Flu shots can be given to your child each year, starting at age 6 months. Flu season can run from September through May.

IPV protects against polio and is given in four doses.

Meningococcal protects against the bacteria that causes meningococcal disease. Children should get this vaccine at 11 or 12 years of age.

MMR protects against measles, mumps, and rubella (German measles). MMR is given in two doses. The first dose is recommended for infants between 12 and 15 months. The second dose is usually given between ages 4 and 6 years. However, it can be given as soon as 28 days after the first dose.

PCV protects against pneumococcal disease, which includes pneumonia. PCV is given in a series of four doses.

RV protects against rotavirus, a major cause of diarrhea. RV is given in two or three doses, depending on the vaccine used.

RSV protects against a serious lung infection (RSV). It may be given as one or two shots.

Tdap protects your child from diphtheria, tetanus and whooping cough. Children should get this vaccine at 11 or 12 years of age.

Varicella protects against chickenpox. Varicella is recommended for all healthy children. It's given in two doses.

Adult care

Getting care early may help your doctor find and treat health problems and keep you healthy. Follow the schedule below for your wellness care. Your PCP will also give you tips to stay healthy, like eating right and exercising regularly.

Adult care schedule

Type of service	18–64 years old	65 years old and over
Blood pressure check	Every year (additional tests based on your health history)	Every year (additional tests based on your health history)
Breast exam	Every year	Every year
Cholesterol check	Once (additional tests based on history)	Based on history
Colorectal cancer	Every year from age 45	Every year
Flu vaccine	Every year	Every year
Health education	Every doctor visit	Every doctor visit
HIV screening	Ask your doctor if you are at risk	Ask your doctor if you are at risk
Immunizations (shots)	Ask your doctor if you are at risk	Ask your doctor if you are at risk
Mammogram	Every year for age 40 and over or based on medical need	Every year
Pap smear	Pap smears covered beginning at 21 years of age. Discuss with your provider regarding frequency.	See your PCP or OB/GYN

Type of service	18–64 years old	65 years old and over
Physical exam (unclothed)	Every year	Every year
Pneumonia vaccine	Under age 65 covered for certain conditions. Check with your provider.	Once on or after age 65
Prostate screening	Every year after age 50 (additional tests based on your health history)	Every year
Sexually Transmitted Disease screening	At least once during pregnancy (additional tests based on your health history)	Ask your doctor if you are at risk
Syphilis Screening	Every year for age 18-21. Ask your doctor about screening over age 21.	Ask your doctor if you are at risk
Tdap (tetanus/ diphtheria/acellular pertussis)	Every 10 years	Every 10 years
Testicular exam	Every 2 years from age 18–39	Not required
Tuberculosis screening	Once (additional tests based on your health history)	Ask your doctor if you are at risk

These are general guidelines. Your PCP may want you to get these services more or less often.

Your right for an Advance Directive

All patients in hospitals, nursing centers, and other health care settings have rights. You have the right to have your personal and medical records kept private. You have the right to know what treatment you will get. Per federal law, you have the right to make an **"Advance Directive."** This is a document that says in advance what treatment you want or do not want. This is useful when you can't tell medical staff your wishes. This section will help explain this law. It requires hospitals, nursing centers, and other providers to tell you about Advance Directives. It outlines your choices in making decisions about medical care. The law increases your control over treatment decisions.

Some helpful websites are:

Arizona Attorney General's Life Care Planning site at:
https://www.azag.gov/issues/elder-affairs/life-care-planning

The Arizona Advance Directive Registry is a free registry you can use to electronically store and access your medical directives. Their secure and confidential program grants peace of mind to registrants and their families, and easy access to all health care providers. For more information visit: Arizona Health Information Exchange at: **https://contexture.org**.

The Advance Directive Registry has been moved from the Arizona Secretary of State's Office to Health Current, Arizona's Health Information Exchange site.

Q: What is an Advance Directive?

A: It is a written statement about how you want your health decisions made. Under Arizona law, there are four common types. These are:

1. A Health Care Power of Attorney.
2. A Mental Health Power of Attorney
3. A Living Will.
4. Pre-Hospital Medical Care Directive.

1. A Health Care Power of Attorney – is a legal document where you name an adult to make health care decisions for you when you cannot make or let others know of such decisions.

The Health Care Power of Attorney must:

- State the name of the person you want to make health care decisions for you
- State that this person may only make health care decisions for you when you cannot, if that is what you want
- Be dated and signed by you

Your Health Care Power of Attorney may also:

- Include details about health care you want or do not want. This could include withholding procedures if you are in a "terminal condition." A "terminal condition" is when a patient cannot be cured and will die without life-sustaining procedures. (This must be stated in writing by two doctors.) A "terminal condition" is also if a patient is in a permanent vegetative state or an irreversible coma.
- Name a second person to make these decisions if the first person is not able to do so
- Include signatures of witnesses who are not related to you

2. **A Mental Health Care Power of Attorney** – is a document you could use if you want to appoint a person to make future mental health care decisions for you if you become unable to make decisions for yourself. The decision about whether you are unable to make decisions for yourself can only be made by a specialist who would evaluate whether you can give informed consent. If you fill out a form:
   - Be sure you understand the importance of the document
   - Talk to your loved ones and doctor if you have questions about the type of mental health care you do or do not want
   - Do not sign until you have a witness or notary public to watch you sign it
3. **A Living Will** – is a written statement (legal document) about health care you want or do not want if you cannot make these decisions. A Living Will can say if you want to be fed with a tube if you are not conscious and unlikely to recover or if you cannot eat or drink. A Living Will may direct doctors to withhold or continue procedures if you are in a "terminal condition." You can tell doctors whether to use other life-sustaining procedures. Your doctors will use your Living Will only if you are not able to state your health care decisions.

   General advice on making a valid Living Will:
   - Obtain a Living Will from your attorney or from dependable professional sources, such as stationery stores or trustworthy online sites
   - Sign and date your Living Will in front of two witnesses who must also sign it
   - Neither witness may be directly involved in your care

   In addition, one of the witnesses must not:
   - Be related to you by blood or marriage
   - Have a right to any of your estate
   - Have a claim against the estate
   - Directly pay for your medical care

4. **A pre-hospital medical care directive** – is a written directive (legal document) refusing certain lifesaving care given outside a hospital or in an emergency room. This must be completed as required by law. This form will list these types of treatments you may refuse:
   - Chest compression (to restart your heart)
   - Defibrillation (electronically correcting the heart beat)
   - Assisted ventilation (breathing by machine)
   - Intubation (supplying air through a tube)
   - Advanced life support drugs

   If you want a Pre-Hospital Directive, talk to your PCP.

   Also, a Pre-Hospital Directive must:
   - Be signed or marked by you and dated
   - Be signed by a licensed health care provider and a witness

Q: Who has the right to make health care decisions?

A: You do, if you are able to make and let providers know of your decisions. You decide what health care, if any, you will not accept.

Q: What if I become unable to make or let providers know of my health care decisions?

A: You can still have some control if you have an Advance Directive. Your provider must put in your record if you have an Advance Directive. If you have not named someone in your Advance Directive, your PCP must seek a person authorized by law to make such decisions.

Q: Must my Advance Directive be followed?

A: Yes. Health care providers and the person you name in your directive must follow a valid Advance Directive.

Q: Must a lawyer write my Advance Directive?

A: Not necessarily; however, it is good practice and advisable to have a lawyer or legal advisor review any legal document. Local and national groups can give you facts and forms. Be sure any Advance Directive you use is valid under Arizona law.

Q: Who should have a copy of my Advance Directive?

A: Give a copy to your PCP. Give it to any health care center on admission. If you have a Health Care Power of Attorney, give a copy to the person you have named on it. Keep extra copies for yourself and your Case Manager. Also, keep your copy in a place that is safe and easy to get to.

Q: Can I be required to make an Advance Directive?

A: No. Whether you make one is up to you. A provider cannot refuse care based on whether you have one.

Q: Can I change or cancel my Advance Directive?

A: Yes, but it is important you follow the same steps as outlined above. If you change or cancel it, let your Case Manager and PCP know.

Q: What if I already have an Advance Directive?

A: You may want to review it or have it reviewed by an attorney or legal advisor. If it was done in another state, make sure it is valid in Arizona. If you did it before September 1992, the law has changed. New choices are available so you may consider making a new one.

Q: Does Arizona law limit what can be done under an Advance Directive?

A: The Arizona law does not allow acts or omission (not acting) leading to the injury or death of physically or mentally impaired adults. It is important to have a proper Advance Directive that states your wishes on the treatment(s) you do/do not want.

Q: Who can legally make health care decisions for me if I cannot make them and I have no Advance Directive?

A: A court may appoint a guardian to make health care decisions for you. Otherwise, your health care provider must go down this list to find someone:

- Your husband or wife, unless you are legally separated
- Your adult child. If you have more than one adult child, a majority of them.
- Your mother or father
- Your domestic partner, unless someone else has financial responsibility for you
- Your brother or sister
- A close friend of yours. (Someone who shows special concern for you and knows your health care views.)

If your provider cannot find a person to make health care decisions for you, your PCP can decide. Your PCP can do this with an ethics committee or the approval of another physician.

You can keep anyone from making decisions for you by saying so in writing. For example, the person you name in your Advance Directive will not have the right to refuse the use of tubes to give you food or fluids – if this is what you want – unless:

- You have appointed that person to make decisions for you in a Health Care Power of Attorney
- A court has appointed that person as your guardian to make health care decisions for you
- You have stated in an Advance Directive that you do not want this treatment

*** UnitedHealthcare Community Plan is providing general Advance Directive information. Always consult your lawyer or legal advisor before signing any legal document.**

UnitedHealthcare Community Plan cannot help you with these directions. The following groups can give you information and help you write directions about your health care decisions:

In Tucson:
Southern Arizona Legal Aid
Phone: 520-623-9465
Fax: 520-620-0443
www.sazlegalaid.org

Statewide:
Community Legal Services, Inc.
305 South 2nd Avenue
Phoenix, AZ 85003
Phone: 1-800-852-9075

Arizona Attorney General:
www.azag.gov/seniors/life-care-planning

DD members:

Your DDD Support Coordinator can assist you in developing an Advance Directive. Your DDD Support Coordinator can be reached by calling 1-844-770-9500, Option 1.

ALTCS-EPD members:

If you have questions about Advance Directives, ask your Case Manager.

ALTCS-EPD members:

Arizona Long Term Care offices

If you have questions about your share of cost or eligibility, call the ALTCS office in your area.

Casa Grande ALTCS Office
201 East Cottonwood Lane, Suite 2
Casa Grande, AZ 85122
Phone: **1-520-421-1500**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Chinle ALTCS Office
Tseyi Shopping Center, Hwy. 191
P.O. Box 1942
Chinle, AZ 86503
Phone: **1-928-674-5439**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Cottonwood ALTCS Office
Note: Cottonwood ALTCS staff aresharing space at the DES office.
1500 East Cherry Street, Suite I
Cottonwood, AZ 86326
Phone: **1-928-634-8101**
Toll-Free: 1-888-621-6880
Fax: **602-253-6385**

Flagstaff ALTCS Office
2717 North Fourth Street, Suite 130
Flagstaff, AZ 86004
Phone: **1-928-527-4104**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Globe/Miami ALTCS Office
Cobre Valle Plaza
2250 Highway 60, Suite H
Miami, AZ 85539-9700
Phone: **1-928-425-3165**
Toll-Free: **1-888-621-6880**
Fax: **1-928-425-7316**

Kingman ALTCS Office
519 East Beale Street, Suite 130
Kingman, AZ 86401
Phone: **1-928-753-2828**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Phoenix ALTCS Office
150 N. 18th Avenue
Phoenix, AZ 85007
Phone: **1-602-417-6600**
Fax: **1-602-253-6385**

Prescott ALTCS Office
Note: Prescott ALTCS staff are sharing space at the DES office.
3262 Bob Drive, Suite 11
Prescott Valley, AZ 86314
Phone: **1-928-778-3968**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Tucson ALTCS Office
1010 North Finance Center Drive, Suite 201
Tucson, AZ 85710
Phone: **1-520-205-8600**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

Yuma ALTCS Office
3850 West 16th Street, Suite A
Yuma, AZ 85364
Phone: **1-928-782-0776**
Toll-Free: **1-888-621-6880**
Fax: **602-253-6385**

If your location is not listed, visit the AHCCCS website at **www.azahcccs.gov**.

Legal aid

Apache County
White Mountain Legal Aid
a division of Southern Arizona Legal Aid
5658 Highway 260, Suite 15
Lakeside, AZ 85929
Phone: **928-537-8383** / **1-800-658-7958**

Coconino County
DNA People's Legal Services
2323 East Greenlaw Lane, Suite 1
Flagstaff, AZ 86004
Phone: **928-774-0653** / **1-800-789-5781**

Gila County
White Mountain Legal Aid
a division of Southern Arizona Legal Aid
5658 Highway 260, Suite 15
Lakeside, AZ 85929
Phone: **928-537-8383** / **1-800-658-7958**

Maricopa County
Community Legal Services
305 South 2nd Avenue
Phoenix, AZ 85003
Phone: **602-258-3434** / **1-800-852-9075**

Mohave County
Community Legal Services
2701 East Andy Devine, Suite 400
Kingman, AZ 86401
Phone: **928-681-1177** / **1-800-255-9031**

Navajo County
White Mountain Legal Aid
a division of Southern Arizona Legal Aid
5658 Highway 260, Suite 15
Lakeside, AZ 85929
Phone: **928-537-8383** / **1-800-658-7958**

Navajo Nation
DNA – Chinle Agency Office
P.O. Box 767
Chinle, AZ 86503
Phone: **928-674-5242** / **1-800-789-7598**

DNA – Fort Defiance Agency Office
P.O. Box 306
Window Rock, AZ 86515
Phone: **928-871-4151** / **1-800-789-7287**

DNA – Hopi Legal Services
P.O. Box 558
Keams Canyon, AZ 86034
Phone: **928-738-2251** / **1-800-789-9586**

DNA – Tuba City Agency Office
P.O. Box 3539
Tuba City, AZ 86045
Phone: **928-283-5265**

Native American Disability Law Center
Farmington Office
905 West Apache Street
Farmington, NM 87401
Phone: **505-566-5880** / **1-800-862-7271**

Pinal County
Southern Arizona Legal Aid
1729 North Trekell Road, Suite 101
Casa Grande, AZ 85122
Phone: **520-316-8076** / **1-877-718-8086**

Tohono O'odham Legal Services-
Sells Profile
P.O. Box 246,
Main and Education Streets
Sells, AZ 85634
Phone: **928-383-2420**

White Mountain Apache Tribe
White Mountain Apache Legal Aid
a division of Southern Arizona Legal Aid
5658 Highway 260, Suite 15
Lakeside, AZ 85929
Phone: **928-537-8383** / **1-800-658-7958**

Yavapai County
Community Legal Services
148 North Summit Avenue
Prescott, AZ 86301
Phone: **928-445-9240** / **1-800-233-5114**

Statewide
Disability Rights Arizona
5025 East Washington Street, Suite 202
Phoenix, AZ 85034
Phone: **602-274-6287** / **1-800-927-2260**

General legal information about your rights and website for each legal aid office:

www.azlawhelp.org

Managed Care definitions

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

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

Durable Medical Equipment: Equipment that provides therapeutic benefits; is designed primarily for a medical purpose; is ordered by a physician/ provider; is able to withstand repeated use; and is appropriate for use in the home.

Equipment, furnished by a supplier or a human health agency that meets the following conditions:

1. Can withstand repeated use.
2. Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years.
3. Is primarily and customarily used to serve a medical purpose.
4. Generally is not useful to an individual in the absence of an illness or injury.
5. Is appropriate for use in the home.

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

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

Emergency Medical Transportation: See **Emergency Ambulance Services.**

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

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

Emergency Services: Services to treat an emergency condition.

Excluded Services: See **Excluded.**

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

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

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

Habilitation Services and Devices: See **Habilitation.**

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

Health Insurance: Coverage of costs for health care services.

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.

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

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

Hospitalization: Being admitted to or staying (usually overnight) in a hospital.

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

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

Non-Participating Provider: See **Out of Network Provider.**

Out of Network Provider: A 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.

Participating Provider: See **In-Network Provider.**

In-Network Provider: A health care provider that has a contract with your health plan.

Physician Services: Health care services given by a licensed physician.

Plan: See **Service Plan.**

Service Plan: A written description of covered health services, and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

Preauthorization: See **Prior Authorization.**

Prior Authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prescription Drug Coverage: Prescription drugs and medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional practitioner and given by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

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 licensed physician assistant, or
- Certified nurse practitioner.

Provider: A person, institution, or group engaged in the delivery of services, or ordering and referring those services, who has an agreement with AHCCCS to provide services to AHCCCS members.

Rehabilitation Services and Devices: See **Rehabilitation.**

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A doctor who practices a specific area of medicine or focuses on a group of patients.

Urgent Care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Maternity care service definitions

Certified Nurse Midwife (CNM) – A Certified Nurse Midwife (CNM) is a maternity care provider licensed by the Board of Nursing in Arizona to independently take care of pregnant women and newborn babies before, during, and after childbirth.

Free Standing Birthing Centers – Places for women to give birth outside of a hospital. These places have registered nurses and maternity care providers who help with labor and delivery. They are prepared to handle births that are not complicated or high-risk. These facilities are connected to a nearby hospital in case there are any problems during birth that need extra medical care.

High-Risk Pregnancy – Refers to a condition where the mother, unborn baby, or newborn is more likely to have health problems before or after delivery. Physicians and Certified Nurse Midwives determine high-risk pregnancy status.

Licensed Midwife – A maternity care provider licensed in Arizona to take care of women with an uncomplicated pregnancy and an expected low risk labor and delivery. Labor and delivery services provided by a licensed midwife cannot be provided in a hospital, and there are limitations to the maternity care a licensed midwife is permitted to perform. This provider does not include CNM who are licensed by the Board of Nursing.

Maternity Care – Covered services related to pregnancy that include but are not limited to medically necessary counseling before getting pregnant, testing to find out if you are pregnant, care during pregnancy including treating any health problems that come up during pregnancy, care for the delivery of your baby, and care after giving birth.

Maternity Care Coordination – Includes the following maternity care related activities: Review of medical and social needs, development of a plan to help with those needs, help with referrals to the right healthcare providers and community resources, making sure the services are received, and changing the plan of care as needed.

Maternity Care Provider – The following health care professionals are allowed to provide maternity care if they have the right training and meet all requirements within their medical guidelines:

1. Doctors who are licensed in Arizona and specialize in obstetrics or general practice/family practice.
2. Physician Assistants.
3. Nurse Practitioners.
4. Certified Nurse Midwives.
5. Licensed Midwives.

Postpartum – The postpartum period starts on the last day of pregnancy and continues until the end of the month that falls 12 months after the pregnancy ends. For people who qualify for 60-day postpartum coverage, the postpartum period starts on the last day of pregnancy and continues until the end of the month that falls 60 days after the pregnancy ends.

Postpartum Care – Postpartum care is the healthcare given to a person after pregnancy to check and treat their physical, emotional, and social well-being, regardless of how the pregnancy ends. The care includes looking at any ongoing health problems, like high blood pressure, diabetes, or mood disorders. It also includes family planning, a plan to move into parenthood, and well-woman or preventive care.

Practitioner – This refers to nurse practitioners who are certified in midwifery, as well as physician assistants and other practitioners.

Preconception Counseling – Preconception counseling is when a healthcare provider gives support and advice to women of reproductive age who could get pregnant, even if they are not planning to have a baby right away. The goal is to identify and reduce any behavioral or social risks that could affect the woman's health or the health of a future baby. This counseling focuses on finding and managing any risk factors before getting pregnant and help to create healthy behaviors that can benefit a baby before conception. The purpose is to make sure the woman is in good health before getting pregnant. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

Prenatal Care – There are three main parts to health services provided pregnancy:

1. Early and continuous checking for any risks or problems.
2. Health education and promoting good health habits.
3. Regularly checking on the health of both the mother and the baby, taking action if needed, and follow-up.

Notice of nondiscrimination

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that, if necessary, UnitedHealthcare Community Plan must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in an alternative format or for further information about this policy please contact UnitedHealthcare Community Plan, **1-800-348-4058,** TTY **711** (ACC/DD members), ALTCS-EPD members please call **1-800-293-3740,** TTY **711.**

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

CSAZ25MD0269595_000

Notice of availability of language assistance services and alternate formats

ATTENTION: Language assistance services and communications in other formats, such as large print, are available to you at no cost. Call 1-800-348-4058, TTY 711 (ACC/DD members), ALTCS-EPD members call 1-800-293-3740, TTY 711.

ATENCIÓN: Si habla **español**, **(Spanish)**, tiene acceso a servicios de asistencia lingüística y a materiales en otros formatos, como letra grande, sin costo. Llame al 1-800-348-4058, TTY 711 (para miembros de ACC/DD); los miembros de ALTCS-EPD deben llamar al 1-800-293-3740, TTY 711.

LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và nhận các tài liệu truyền thông miễn phí ở các định dạng khác như chữ in lớn. Gọi số 1-800-348-4058, TTY 711 (dành cho thành viên ACC/DD), thành viên ALTCS-EPD gọi số 1-800-293-3740, TTY 711.

تنبيه: إذا كنت تتحدث **العربية، (Arabic)** فتوجد هناك خدمات مساعدة لغوية ورسائل بتنسيقات أخرى، مثل الطباعة بحروف كبيرة بدون تكبدك أي تكلفة. اتصل على الرقم 1-800-348-4058، الهاتف النصي على الرقم 711 (أعضاء ACC/DD)، اتصل على الرقم 1-800-293-3740، الهاتف النصي على الرقم 711 (أعضاء ALTCS-EPD).

注意：如果您說**中文，(Traditional Chinese)**，則可免費獲得 語言協助服務及其他形式的通訊服務，例如：大字體印刷。請撥打 1-800-348-4058，聽障專線 (TTY)711 (ACC/DD 會員適用), ALTCS-EPD 會員請撥打 1-800-293-3740，聽障專線 (TTY)711

请注意：如果您说**中文**，**(Simplified Chinese)**，我们将为您提供免费的语言协助服务,以及其他格式(如大字体)和辅助工具。请拨打 1-800-348-4058，TTY 711(ACC/DD 成员)，ALTCS-EPD 成员请拨打 1-800-293-3740，TTY 711

توجه: اگر به **فارسی،(Farsi)** صحبت نمی‌کنید، خدمات کمکی زبان و مطالب در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. با شماره 1-800-348-4058، TTY 711 (اعضای ACC/DD) تماس بگیرید. اعضای ALTCS-EPD با شماره TTY: 711، 1-800-293-3740 تماس بگیرند.

참고: 귀하가 **한국어(Korean)**를 구사하시는 경우, 언어 지원 서비스와 다른 형식의 커뮤니케이션(예, 큰 활자체로 된 정보)이 귀하에게 비용 없이 제공됩니다. 1-800-348-4058, TTY 711(ACC/DD 가입자)로 전화하거나, ALTCS-EPD 가입자의 경우 1-800-293-3740, TTY 711로 전화하십시오.

ВНИМАНИЕ: Если Вы говорите **по-русски** (**Russian**), Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Звоните по телефону 1-800-348-4058, TTY 711 (для членов ACC/DD), для членов ALTCS-EPD звоните по телефону 1-800-293-3740, TTY 711.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali**, (**Somali**), adeegyada kaalmada luqadda iyo adeegyada wada-xiriirka oo ah qaabab kale, sida far waaweyn, ayaad heli kartaa iyagoon wax kharash ah kugu fadhin. Wac 1-800-348-4058, TTY 711 (xubnaha ACC/DD), xubnaha ALTCS-EPD ha wacaan 1-800-293-3740, TTY 711

ATTENTION : Si vous parlez **français** (**French**), des services d'assistance linguistique et des communications dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition gratuitement. Appelez le 1-800-348-4058, TTY 711, si vous êtes membre ACC/DD ou le 1-800-293-3740, TTY 711, si vous êtes membre ALTCS-EPD.

BIGYAN-PANSIN: Kung nagsasalita ka ng **Filipino**, (**Filipino**), ang mga libreng serbisyo na tulong sa wika at komunikasyon sa iba pang mga format, tulad ng malalaking print ay magagamit mo nang walang babayaran. Tumawag sa 1-800-348-4058, TTY 711

(mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay maaaring miyembro tumawag sa 1-800-293-3740, TTY 711.

BAA'!KON&N&ZIN: Din4 (Navajo) bizaad bee y1n7[ti'go, saad bee 1ka'e'eyeed bee 1ka'an7da'awo'7 d00 bee ahi[dahane'7 n11n1 [ahgo 1t'4ego hadadilyaa7g77, d77 nitsaago bee ak'4da'ashch7n7 1t'4h7g77, nich'8' doo b33h 7l'7n7g00 n1 dah0l=. Kohj8' h0lne' 1-800-348-4058, TTY 711 (ACC/DD bi[hada'd7t'4h7), ALTCS-EPD bi[hada'd7t'4h7 kohj8' dahodoolnih 1-800-293-3740, TTY 711.

ATENSYON: Kung nagsasalita ka ng **Tagalog**, (**Tagalog**), may makukuha kang walang bayad na mga serbisyong tulong sa wika at mga komunikasyon sa mga ibang anyo, tulad ng malaking print. Tumawag sa 1-800-348-4058, TTY 711 (mga miyembro ng ACC/DD), ang mga miyembro ng ALTCS-EPD ay tatawag sa 1-800-293-3740, TTY 711

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो भाषाा सहायता सेवाएँ और अन्य प्राारूपों में संचाार, जैसे कि बड़े प्रिंट, आपके लिए बिना किसी लागत के उपलब्ध हैं।1-800-348-4058, TTY 711 (ACC/DD सदस्य) पर कॉल करें, ALTCS-EPD सदस्य 1-800-293-3740, TTY 711 पर कॉल करें

DD members:

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity.

Auxiliary aids and services are available upon request to individuals with disabilities such as obtaining an audio reading of plan materials for the visually impaired. For example, this means that if necessary, UnitedHealthcare Community Plan must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. UnitedHealthcare Community Plan also offers language interpretation services in over 240 languages.

It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy please contact: UnitedHealthcare Community Plan Member Services at **1-800-348-4058.** Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con UnitedHealthcare Community Plan.

Health Plan Notices of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2025

By law, we[1] must protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have for your HI.

By law, we must follow the terms of our current notice.

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Collect, Use, and Share Your Information

We collect, use and share your HI with:

- You or your legal or personal representative.
- Certain Government agencies. To check to make sure we are following privacy laws.

We have the right to collect, use and share your HI for certain purposes. This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

We may collect, use, and share your HI as follows.

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Use Disorder
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive or Sexual Health
  11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy of certain HI.** You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:
  UnitedHealthcare Privacy Office
  MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

[1] This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2025

We[2] protect your "personal financial information" ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446, or TTY/RTT 711.

[2] For purposes of this Financial Information Privacy Notice, "we" or "us" refers to health plans affiliated with UnitedHealth Group, and the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Holdings, Inc.; Level2 Health Management, LLC; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Health Care Solutions, Inc.; Optum Health Networks, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

Notice of Availability of Language Assistance Services and Alternative Formats: https://www.uhc.com/communityplan/non-discrimination-notice

We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services . For ACC/DD members call **1-800-348-4058,** TTY **711.** For ALTCS-EPD members call **1-800-293-3740,** TTY **711.** You can also visit our website at **UHCCommunityPlan.com**.

UnitedHealthcare Community Plan
1 East Washington, Suite 900
Phoenix, AZ 85004

UHCCommunityPlan.com

For ACC/DD members call **1-800-348-4058,** TTY **711.**
For ALTCS-EPD members call **1-800-293-3740,** TTY **711.**

United Healthcare®
Community Plan

This page is intentionally left blank.

This page is intentionally left blank.


United
Healthcare
Community Plan