Because we care

Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP)

2022-2023 Member Handbook

www.MercyCareAZ.org
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Mercy Care DCS CHP Member Services
Monday through Friday, 8 a.m. to 5 p.m.
602-212-4983 or 1-833-711-0776 (TTY 711)
In a life-threatening situation, call 911.
For email, go to www.MercyCareAZ.org/members/chp-members and select “Contact Us.”

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

PERSONAL INFORMATION
Child’s Member ID number: ________________________________
Child’s PCP: ________________________________
Child’s PCP’s phone number: ________________________________
Child’s pharmacy: ________________________________
Child’s pharmacy’s phone number: ________________________________
Child’s pharmacy’s address: ________________________________

You can view or download this Member Handbook at www.MercyCareAZ.org/members/chp-members.
You can also request a copy be mailed to you by calling Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). Representatives are available Monday through Friday, 8 a.m. to 5 p.m.

Handbook revision date: October 1, 2022.

Covered services are funded under contract with AHCCCS. Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) follows federal and state laws that apply under the contract with AHCCCS. This is general health information and should not replace the advice or care the child gets from their provider. Always ask the child’s provider about their health care needs.

No one from Mercy Care DCS CHP will ever call you and ask you for your or the child’s social security number or Medicare information, and neither will Medicare. If you receive a phone call from someone claiming to be from Mercy Care or Medicare, do not give them any information about yourself or the child. Hang up and call Member Services or report it online. Go to www.MercyCareAZ.org/members/chp-members and select “Fraud and Abuse.”
You’ve just welcomed a child in foster care into your home. What’s next?

Connect

**Mercy Care Department of Child Safety Comprehensive Health Plan Member Services**

Our member services representatives are ready to help connect you to the services and supports you need. They’ll help get you the right person within Mercy Care, whether you need to talk to a nurse, need help solving a challenge you’re facing or want to know about a provider’s background.

You can call Mercy Care DCS CHP Member Services Monday- Friday, 8 a.m. to 5 p.m. at **602-212-4983** or **1-833-711-0776** (TTY 711)

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**Department of Child Safety (DCS) Resources**

**DCS Kinship/Foster Caregiver Assistance**

A DCS representative is available to answer questions, direct you to resources and help resolve concerns about DCS involvement, kinship parenting, shared parenting, health care, education, legal supports and more.

You can call the DCS Kinship/Foster Caregiver Assistance Line from Monday-Friday, 8:15 a.m. to 4:30 p.m. at **1-877-543-7633, option 3**. This line is sometimes called the ‘warmline.’ Caregivers can also leave a voicemail and someone will get back to them within 24 hours. Caregivers can also send an email to FosterAdoption@azdcs.gov.

**DCS Kinship/Foster FAQ**

Find answers to frequently asked questions related to children in foster care, including health, finances and education.

https://dcs.az.gov/foster-adoption/foster-and-kinship-faqs

**DCS Kinship/Foster “Go-To” Guide**

A detailed guide with information and resources to educate and support caregivers of children in foster care

https://dcs.az.gov/foster-and-adoption/gotoguide
Crisis

Arizona Behavioral Health Crisis Lines
If you or a child or youth in your care are facing a behavioral health crisis, you can call the Arizona Behavioral Health Crisis Line. Some tribal communities also have crisis lines for their members. Call anytime, 24/7, for crisis intervention, support and referrals. When you call, a crisis line representative reviews your situation. They’ll help you find the best possible solution. You are not alone.

Arizona Behavioral Health Crisis Line 1-844-534-4673 or 1-844-534-HOPE

San Carlos Apache Reservation 1-866-495-6735

Gila River and Ak-Chin Indian communities 1-800-259-3449

Salt River Pima Maricopa Indian Community 1-855-331-6432

Significant incident notification
Notify DCS within two hours after a child suffers any of the following events: death; serious illness or injury requiring hospitalization, urgent care or emergency room treatment; any non-accidental injury or sign of maltreatment; unexplained absence; severe psychiatric episode; fire or other emergency requiring evacuation of the resource home.

Notify DCS within 48 hours of an occurrence or event likely to affect the well-being of the child in the foster caregiver’s care such as: a child’s involvement with law enforcement; serious illness or death involving a member of the foster family’s household.
A foster/kinship caregiver’s checklist

☐ **Expect an Integrated Rapid Response Evaluation**
   The child in your care will receive a behavioral health assessment and physical health screening **within 72 hours** of removal through the Integrated Rapid Response Process.

   If you haven’t received a call about arranging an appointment within 24 to 96 hours of the child arriving in your home, you can call the Arizona Foster Care Hotline at **602-633-0763**.

☐ **Enroll the child in school**
   If the child is going to a new school, enroll the child as soon as possible or within 5 days.

   Schools may not delay enrollment due to a lack of items, such as uniforms, that are normally required for enrollment.

☐ **Practice your emergency evacuation plan**
   Depending on the age of the child in your care, you’ll need to practice your evacuation plan within 72 hours.

☐ **Create a contact list, as soon as possible**
   - DCS Specialist and their DCS Program Supervisor
   - Child Abuse Hotline number
   - Licensing agency worker and after-hours number
   - Behavioral health crisis line
   - School teacher and principal
   - Parent contact
   - Doctor, dentist, behavioral health providers, pharmacy
   - WIC office information, if applicable
   - Guardian Ad Litem (GAL), attorney and court-appointed special advocate (CASA)

☐ **Make doctor and dental appointments**
   If the child doesn’t have one, choose a primary care provider (PCP) and dentist for the child **within 30 days**. Give that information to Mercy Care DCS CHP.

   Schedule an appointment with the PCP within **30 days**. Schedule a dental appointment **within 30 days**. Members begin dental visits by age one. By age 2, children should visit the dentist every 6 months for routine exams (or more often if needed). Check-ups should be completed within 60 days of placement.

   If you need help finding a PCP or dentist, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).
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Welcome to Mercy Care Department of Child Safety Comprehensive Health Plan

The Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) is a program administered by the Arizona Department of Child Safety (DCS). Mercy Care DCS CHP is the health plan for Arizona’s children and youth placed in out-of-home care. Members are enrolled with Mercy Care DCS CHP by their custodial agency (the agency that placed them in out-of-home care).

Custodial agencies are:
- Arizona Department of Child Safety (DCS)
- Arizona Department of Juvenile Corrections (ADJC)
- Administrative Office of the Court/Juvenile Probation Office (AOC/JPO)

Each Mercy Care DCS CHP member has a DCS Specialist or custodial agency representative assigned to them. The specialist or custodial agency representative will call or visit you in person to talk about the member’s health care needs and the services they can get. They will ask you questions about the member’s health.

New Member Packet and Member ID Card
You should receive a New Member Enrollment Packet from the DCS Specialist or custodial agency representative. The New Member Enrollment Packet includes a welcome letter with the member’s Mercy Care DCS CHP Member ID card. The welcome letter will tell you about the Primary Care Provider (PCP) assigned to the child in your care. It will also tell you how you can get the Mercy Care DCS CHP Member Handbook and member newsletters.

Notice to Provider Form
The child’s assigned DCS specialist will give you a Notice to Provider form. The caregiver should show the form to health care providers and pharmacies or give them the Mercy Care DCS CHP member ID number. Use this form until a permanent ID card is given to you by the member’s DCS Specialist or custodial agency representative. Mercy Care DCS CHP Member Services will also need a copy of the Notice to Provider before they can release any information to you.

If you don’t receive a New Member Packet, a Mercy Care DCS CHP Member ID Number or Notice to Provider Form, call the DCS Specialist or custodial agency representative. You can also call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

Member Handbook
The Mercy Care DCS CHP Member Handbook is for members and their caregivers. You should take time to read this handbook. It will answer many questions you may have. If you have any problems reading or understanding this handbook, you can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). We can help explain the information to you. We can also provide the information in your primary language at no cost to you.

This Member Handbook is revised every year. The handbook can be found on our website at www.MercyCareAZ.org/members/chp-members.
FamilyConnect
FamilyConnect is a Mercy Care portal. It provides DCS staff, members, and providers within a member’s care circle, access to information in our management information system and shared care planning documents. FamilyConnect provides access to:
- Care management assessments.
- Member care plans.
- Member identification (ID) cards ordering.
- Prior authorization information.
- PCP details and/or change.
- Claims information.
- Healthcare reminders.
- Appeals and grievances information.
- Electronic health record details.
- HEDIS and other quality measurement data.
- Useful resources.
- Member enrollment and benefits.
- Member medications.

Covered services are funded under contract with AHCCCS. The Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid program. Mercy Care DCS CHP is the AHCCCS plan for its members. Mercy Care DCS CHP members do not have to be eligible for AHCCCS. Mercy Care DCS CHP provides the same services for all members in out-of-home care regardless of AHCCCS eligibility status.

Contact us
Mercy Care DCS CHP Member Service representatives are available to help you with questions, concerns or issues about the member’s health care coordination. They are available Monday-Friday from 8 a.m. to 5 p.m. at 602-212-4983 or 1-833-711-0776 (TTY 711).

Mercy Care DCS CHP Member Services representatives can:
- Answer questions about health care benefits
- Help solve a problem or concern you might have with a doctor or any part of the health plan
- Help you find a doctor for the child in your care
- Tell you about our doctors, their backgrounds and care facilities
- Help you if you get a medical bill
- Tell you about community resources available to you and the child in your care
- Help you if the child in your care speaks another language, are visually impaired, need interpretation services, or sign language services

When you call us:
We ask questions to check your identity. We do this to protect the member’s privacy. This is State and Federal law.
You should have the following information before you call:

- Member ID number
- Member’s address and phone number
- Member’s date of birth
- Member AHCCCS ID number (if available)
- Notice to Provider form

**Write to us:**
Mercy Care DCS CHP
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

**Fax us:**
Fax: 844-424-3975

**Medical Management**
Mercy Care DCS CHP’s Medical Management program assists members and providers with using the right services to ensure members get and stay healthy. Medical Management reviews and coordinates care for members so they get the proper treatment to improve their health. Medical Management also develops new processes as needed. They ensure members have access to high quality care that is timely, effective, efficient and safe. Call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) and ask to speak with someone in Medical Management.

**Grievances and Appeals**
If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. Or you may have a concern with a doctor or felt that office staff treated you poorly. The Grievances and Appeals team can help. See the Member Grievance section in this handbook for more information.

602-586-1719 or 1-866-386-5794
Fax: 602-351-2300
Email: MercyCareGandA@MercyCareAZ.org

**Office of Individual and Family Affairs (OIFA)**
The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance abuse challenges. OIFA builds partnerships with individuals, families of choice, youth, communities, organizations and collaborates with key leadership and community members in the decision-making process at all levels of the behavioral health system.

**Mercy Care OIFA - Mercy Care Committees**
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
OIFATeam@MercyCareAZ.org
Nurse Line
Our nurse line is available 24 hours a day, 7 days a week to answer general medical questions. Call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) and select the option for the Nurse Line.

Child Abuse Hotline
1-888-SOS-CHILD (or 1-888-767-2445) Available 24 hours a day, 7 days a week

Foster Care Hotline
602-633-0763

Mercy Care DCS CHP Children’s Services Liaison
Call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) and ask for the Children’s Services Liaison. You can also email DCS@MercyCareAZ.org.

After hours (urgent care)

After hours care is also called urgent care. If the member needs care right away but isn’t in danger of lasting harm or losing their life, they can visit an urgent care center. There are some injuries and illnesses that may not be an emergency but can turn into an emergency if they aren’t treated within 24 hours.

Some examples of non-emergent matters are:
- Minor burns or cuts
- Ear aches
- Cough
- Muscle sprains/strains

If you don’t know whether you need to visit an urgent care center, call the member’s health care provider, even at night and on weekends. **If it is a life-threatening emergency, call 911.** You don’t need to get prior authorization to call 911. Always tell the health care provider about any visits to an urgent care center or hospital. Notify DCS within two hours after a child suffers any serious illness or injury requiring hospitalization, urgent care or emergency room treatment.

You can find the closest urgent care center by checking the Provider Directory on the Mercy Care DCS CHP website at www.MercyCareAZ.org or call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help.

Behavioral health crisis services

Mercy Care DCS CHP members get behavioral health services, including services for drug and alcohol use, from Mercy Care DCS CHP.

If the member has a behavioral health emergency, it’s important to get help right away. You can call a behavioral health crisis phone number listed below. If a Mobile Crisis Team does respond within two (2) hours, call
Member Services at Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). You can also call the Children’s Services Liaison if a child in a foster placement is experiencing a crisis and a Mobile Crisis Team does not respond within two (2) hours. You can reach the Children’s Services Liaison at 480-751-8471.

**Arizona Behavioral Health Crisis Line:** 1-844-534-4673 or 1-844-534-HOPE, Text HOPE to 4HOPE (44673).

Gila River and Ak-Chin Indian communities: **1-800-259-3449**
Salt River Pima Maricopa Indian community: **1-855-331-6432**
Tohono O’odham Nation: **1-844-423-8759**
Pascua Yaqui Tribe: Tucson **520-591-7206**, Guadalupe **480-736-4943**
White Mountain Apache Tribe: **928-338-4811**
Fort McDowell Yavapai Nation: **480-461-8888**
San Lucy District of the Tohono O’odham Nation: **480-461-8888**
Navajo Nation: **928-551-0508**

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**Access to substance use disorder services**

The child’s Primary Care Provider (PCP) may be able to help if the child has depression, anxiety, attention deficit hyperactivity disorder (ADHD), or opioid use concerns. PCPs may give the child medicine, watch how the medicine is working and order different tests to determine the best course of action to address the child’s condition. If you would like the child’s PCP to help if you feel the child has depression, anxiety, ADHD, or opioid use concerns, you should call the child’s PCP directly.

You do not need a referral from the child’s PCP for behavioral health or substance use disorder services. If you would like behavioral health or substance use disorder services, call the behavioral health provider directly to set up an appointment. You can also call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help with finding a behavioral health or substance use disorder provider.

If you need help finding services, you can go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org) to search for providers in your area. You can also call Member Services for help finding services. AHCCCS has search tool for treatment services at [opioidservicelocator.azahcccs.gov](http://opioidservicelocator.azahcccs.gov). You can also go to [www.findtreatment.gov](http://www.findtreatment.gov).

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**Language and cultural services**

Clear communication is important to get the health care the member needs. Mercy Care DCS CHP provides you with member materials in a language or format that may be easier for you to understand. We can also provide you with printed health care materials, including this handbook, in a language or format that is easier for you to read. These materials (including the Member Handbook and Provider Directory) are provided at no cost to you. We have interpreters for you to use at no cost if the health care provider does not speak your language. You can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help.

If a health care provider does not understand the cultural or language needs of the child in your care, or if you have a problem reading or understanding this information or any other Mercy Care DCS CHP information, call
Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help. We can explain this information, in English or in your primary language at no cost to you.

**Auxiliary Aids**

Auxiliary Aids are services or devices that help those with vision, speech or hearing impairments. We can help you get auxiliary aids including readers, Braille materials, audio recordings, and other similar services and devices. These materials are available at no cost to you. For more information on how to get auxiliary aids and services, call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

**Provider network**

The Mercy Care DCS CHP provider network includes doctors, specialists, hospitals, pharmacies and other providers who will work to meet the unique health care needs for our members. Our providers will make sure that health care is accessible, continuous, comprehensive, coordinated, compassionate and culturally effective.

The Mercy Care DCS CHP Provider Directory lists the names, locations, telephone numbers and languages other than English spoken by our plan providers. This includes dental providers and other health care specialists. We can help you find a provider who can accommodate members with physical disabilities and provide a skilled medical interpreter at the provider’s office.

**How to get help coordinating complex health care**

If you need help coordinating complex health care needs, you can contact Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). They can help you find the right provider for the child in your care. Member Services may also refer you to care management for more help.

When a caregiver and member present to a non-contracted provider, the member’s caregiver must provide the provider with the member’s ID card. It is the responsibility of the provider to make sure the member is eligible and that they have a contract with the health plan prior to seeing the member. If the provider does not have a contract, they will need to contact Mercy Care DCS CHP for approval. Mercy Care DCS CHP Member Services is available at 602-212-4983 or 1-833-711-0776 (TTY 711).

You can access the Mercy Care DCS CHP Provider Directory by visiting the Mercy Care DCS CHP website at MercyCareAZ.org. If you would like a copy of the Mercy Care DCS CHP Provider Directory mailed to you at no cost, you can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). Provider Clinical Practice Guidelines are also available upon request.

**Managed care programs**

Managed care is a system that manages health care delivery to control costs. A managed care organization is also called a health plan. Mercy Care DCS CHP is the member’s health plan and is responsible for the member’s health care.

As a managed care program, Mercy Care DCS CHP requires the health care provider to submit a request for authorization for certain services. Mercy Care DCS CHP also reviews the services provided to verify that
appropriate services are provided. The Primary Care Provider (PCP) is the health care provider that coordinates health care for the member and makes necessary referrals for services.

**Member identification (ID) card**

When a member is enrolled, you will receive a Member Identification (ID) card similar to the one below. The Member ID card is your key to getting health care services for the member. It has the member’s ID number, name, and other important information. The Member ID card will look similar to the card below.

**Front**

![Member Identification Card Front]

- **Mercy Care DCS CHP – Member Identification Card**
- **Member Name:** <MBRLAST>, <MBRFIRST>, <MRMI>, <AHCCCSID>
- **RXBIN:** 610591
- **RXPCN:** ADV
- **RXGRP:** RX8805
- **Health Plan Name:** Mercy Care DCS CHP
- **Phone Numbers:** 602-212-4983 or 1-833-711-0776

**Back**

![Member Identification Card Back]

- **Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit [www.MercyCareAZ.org](http://www.MercyCareAZ.org).**
- **Cargue esta tarjeta con usted todo el tiempo. Presentela cuando reciba servicios. Puedes ser que la pidan una identificación con foto. Usar la tarjeta inapropiadamente es una violación de la ley. Esta tarjeta no es una garantía los servicios. Para verificar los beneficios visite [www.MercyCareAZ.org](http://www.MercyCareAZ.org).**
- **Member Services:**
  - 602-212-4983 or 1-833-711-0776
  - 24-hour Nurse Line: 602-212-4983 or 1-833-711-0776 (TTY/TDD 711)

If the member has an Arizona driver’s license or state issued ID, AHCCCS will obtain the member’s picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The AHCCCS eligibility verification screen viewed by providers contains the member’s picture (if available) and coverage details.

The Member ID card should be kept safe. Do not throw the card away. You will need it each time you get medical services for the member. Do not let anyone else use the Member ID card. It’s against the law. Selling or letting someone else use the member’s card is fraud. Legal action could be taken against you, including loss of eligibility.

The Member ID card is available at no cost to the member. If you do not receive the Member ID card or you need a replacement card, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

**Member and caregiver responsibilities**

Mercy Care DCS CHP members and caregivers have the following responsibilities:

- Protect the member’s ID card at all times and inform Mercy Care DCS CHP of the loss or theft of a member ID card.
- Present the Mercy Care DCS CHP member ID card when using healthcare services.
- Present the Notice to Provider form when using health care services if the Mercy Care DCS CHP member ID card is not available.
- Provide a copy of the Notice to Provider to Mercy Care DCS CHP Member Services.
- Always list Mercy Care DCS CHP as the responsible party for payment of health care services.
• Provide health care providers with accurate and complete medical information.
• Follow instructions given to you by health care providers and ask questions if you do not understand the instructions.
• Inform Mercy Care DCS CHP about any other insurance coverage the member may have.
• Follow the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
• Schedule appointments with the doctor during office hours whenever possible before using urgent care or a hospital emergency room.
• Schedule appointments outside of the member’s school hours whenever possible.
• Make every effort to keep any agreed upon appointments and follow-up appointments, and access preventive care services.
• Take the member to medical appointments, dental exams or call the assigned DCS Specialist, custodial agency representative or Mercy Care DCS CHP for help with transportation.
• Use the Multi-Specialty Interdisciplinary Clinics (MSIC) if the member has a CRS qualifying condition when asked to do so by Mercy Care DCS CHP or the health care provider.
• Cooperate with the DCS Specialist, custodial agency representative, Mercy Care DCS CHP and health care providers to make certain the member is receiving the best care possible.
• Notify Mercy Care DCS CHP and health care providers if there is any change in address or phone number.
• Notify the Department of Child Safety or the custodial agency when family size or any other demographic information changes.

Changes in information

If you’re moving with a member to another county, state or country, call Mercy Care DCS CHP Member Services and the member’s DCS Specialist or custodial agency representative for help in getting health care services in the new area. Member Services can help you with finding a new pharmacy for the member, or with problems filling medications. You should also call the member’s Primary Care Provider (PCP) and Primary Dental Provider (PDP). Advance notice of the member’s new address will allow time for the transfer of medical files to a new provider. This ensures continuity of care for the member.

The member’s DCS Specialist or custodial agency representative will find out if the member can get health care services in the new state. They will also inform you on how to apply for Medicaid services on behalf of the member. If the member is not eligible for Medicaid services in the new state, Mercy Care DCS CHP will cover all medically necessary physical and behavioral health care services. Mercy Care DCS CHP will also work with the DCS Specialist or custodial agency representative to locate and register providers.

The Arizona Department of Child Safety (DCS) will, to the greatest extent possible, consult with the biological parents of the child and the member when making health care decisions.

If DCS has temporary custody of a child or has legal custody pursuant to a court order, DCS may consent to the following services:

• Evaluation and treatment for emergency conditions that are not life threatening
• Routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain and treat symptoms of common childhood illness or conditions
• Surgery
• General anesthesia
• Blood transfusion
• Testing for presence of the human immunodeficiency virus

Services caregivers cannot authorize:
• General anesthesia
• Blood transfusions
• Pregnancy termination
• Any surgery or medical treatment that is not routine

Involving family in the treatment planning
You and the child’s DCS Specialist play an important role in the child’s care. The child’s family will often have important information to share with health care professionals. The treatment team should encourage input from family members. Providers should consult with loved ones when appropriate.

Changing health plans
Mercy Care DCS CHP facilitates transition of care for all members to ensure continued access to services when members are exiting out-of-home care and need to change their health plan.

Members who are exiting out-of-home care but are Medicaid eligible continue health care coverage with another AHCCCS health plan until a re-determination is made.

Members 18 years of age who are AHCCCS eligible while in out-of-home care may qualify for the Young Adult Transitional Insurance (YATI) Program for continued medical coverage with AHCCCS.

Call the member’s DCS Specialist or custodial agency representative for more information on AHCCCS enrollment and transition to another AHCCCS health plan.

To ensure members have continuity and quality care when changing to a different health plan, fee-for-service (FFS) program or provider, Mercy Care DCS CHP:
• Identifies the member leaving the health plan or changing from one provider to another
• Identifies any significant medial conditions the member may have and prior authorizations they have received
• Notifies the new health plan, FFS Program, the member’s health care provider or facilities, about members with special needs
• Provides the new health plan or health care provider and/or facilities with relevant medical records
• Maintain confidentiality of information in documents accessed and shared during a member’s transition

Emergency services and transportation
An emergency is a sudden condition that puts the member’s life in danger or can cause harm to the member if not treated fast.
Examples of emergency matters are:
• Major bleeding
• Broken bones
• Trouble breathing
• Seizures
• Unconsciousness

You can get emergency care 24 hours a day, 7 days a week for the child in your care. If the child needs emergency care, call 911 or go to the nearest hospital emergency room. Emergency services are covered by Mercy Care DCS CHP and don’t require prior authorization.

Emergency services shouldn’t take the place of doctor’s office visit.

Notify the member’s DCS Specialist or custodial agency representative and Mercy Care DCS CHP Care Manager immediately after a member has received emergency services. Notify DCS within two hours after a child suffers any serious illness or injury requiring hospitalization, urgent care or emergency room treatment.

Emergency transportation
If the member needs transportation in a life-threatening emergency, dial 911 or call the local ambulance service. Emergency transportation services are covered by Mercy Care DCS CHP and do not require prior authorization.

Medically Needed Non-Emergency Transportation
Caregivers should transport members to and from medical and behavioral health appointments. If you need a ride to an appointment, ask a relative, friend or use public transportation. If you are unable to get a ride for a behavioral health appointment, you can call the member’s Child and Family Team to coordinate the ride. If you are unable to get a ride for a medical appointment, call the member’s DCS Specialist, custodial agency representative, or call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) at least 24 hours before the medical appointment.

Covered health services
Covered services are health care services for which Mercy Care DCS CHP pays. This includes physical health and behavioral health care, services, supports, supplies, prescription and over-the-counter drugs, equipment and other services. The care must be medically necessary. Medically necessary means reasonable and necessary to prevent or treat illnesses or health conditions or disabilities. This includes care that keeps you from going into a hospital. It also means the services, supplies, or drugs that meet accepted standards of medical practice.

Mercy Care DCS CHP pays for health care services that are medically necessary. Medically necessary services include:
• Doctor office visits
• Well-child exams or Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
• Screening tests such as tuberculosis, lead, anemia, hearing, vision, sexually transmitted infection, cervical cancer screening etc.
• Immunizations
• Behavioral health services (see Behavioral Health Services section of this handbook)
• Hospital care
• Specialist care, as needed
• Family planning services
• Home and community-based services
• Lab and X-ray services
• Pregnancy care
• 24-hour emergency medical care
• Preventative, diagnostic and restorative dental care
• Emergency transportation
• Vision care and eyeglasses
• Medically needed transportation
• Pharmacy services, medical supplies and equipment
• Transplants covered by AHCCCS

Mercy Care DCS CHP does not pay for:
• Care that is not medically needed
• Hospital admission, service or item that needed prior authorization (PA) but was not approved in advance or was denied
• Services or items for cosmetic purposes
• Services or items that are at no cost or for which charges are not usually made
• Pregnancy termination, unless prior approved and pregnancy termination counseling
• Personal care items such as shampoo, mouthwash, diapers for newborns to three years old
• Dietary formulas or diet supplements that are provided by WIC (unless they are the only source of nutrition and/or medically necessary and not covered by WIC). WIC provides services to members under 5 years of age.
• Medical services to an inmate of a public institution, such as a jail or correction facility
• Care provided by individuals who are not properly licensed or certified and who are not Mercy Care DCS CHP registered

Mercy Care DCS CHP pays for routine dental services without Prior Authorization (PA) or predetermination. Routine dental services include:
• Dental exams and X-rays
• Treatment for pain, infection, swelling and dental injuries
• Cleanings and fluoride treatments
• Dental sealants
• Fillings, extractions and medically necessary stainless steel crowns
• Pulp therapy and root canals
• Fluoride varnish applied by a PCP or PDP
• Dental education

A dentist needs a Prior Authorization for major dental services, including general anesthesia and braces.

Vision coverage
Mercy Care DCS CHP pays for routine vision services without Prior Authorization or predetermination. Routine vision services include:
• Eye exams
• Eyeglasses and bifocals
• Scratch coating
• Repairs and replacement of eyeglasses
• Tinted lenses (when medically needed)
• Contact lenses (with a statement of why they are medically needed)

**Eyeglass coverage for members under 21 years**
Vision services are covered for all Mercy Care DCS CHP members. This coverage includes regular eye exams and vision screenings, prescription eyeglasses, and repairs or replacements of broken or lost eyeglasses.

**What if glasses are lost or broken?**
There are no restrictions for replacement eyeglasses when they are needed to correct vision. This includes but is not limited to, loss, breakage or change in prescription. You do not need to wait until the next regularly scheduled vision screening to replace or repair eyeglasses. Call Mercy Care DCS CHP Member Services to find the next available vision screening with an EPSDT provider.

**Incontinence briefs**
Incontinence briefs (pants), including pull-ups and/or incontinence pads, may be paid for by Mercy Care DCS CHP if the member is older than three years of age and has a documented medical condition that is causing them to have problems with bladder and/or bowel control.

Mercy Care DCS CHP uses the following guidelines to determine coverage for incontinence briefs:
- The child must be older than three years of age.
- The child needs the incontinent briefs to prevent skin breakdown and to enable participation in social community, therapeutic, and educational activities under limited circumstances; and
- The health care provider has written a prescription for incontinence briefs. (Total of 240 incontinence briefs per month are allowed without authorization). If more are needed, the health care provider will need to request authorization and provide specific documentation as to why.

If the Department of Child Safety is currently providing a stipend toward the purchase of the incontinent briefs and Mercy Care DCS CHP is going to supply them, the stipend will discontinue. Mercy Care DCS CHP will have the incontinence briefs delivered to the home by a designated supply company. For questions about incontinence briefs, you can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

**Services that are not covered**
1. Services from a health care provider who is NOT contracted with Mercy Care DCS CHP (unless prior approved by Mercy Care DCS CHP)
2. Cosmetic services or items
3. Personal care items such as combs, razors, soap, etc.
4. Any service that needs prior authorization that was not authorized prior to receiving the service
5. Services or items given at no charge, or for which charges are not usually made
6. Services of special duty nurses, unless medically necessary and prior authorized
7. Physical therapy that is not medically necessary
8. Routine circumcisions
9. Services that are determined to be experimental by the Mercy Care DCS CHP medical director
10. Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy and endangers the health of the mother

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
11. Health services if the member is in prison or in a facility for the treatment of tuberculosis
12. Experimental organ transplants, unless approved by AHCCCS
13. Sex change operations and reversal of voluntary sterilization
14. Medications and supplies without a prescription
15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care DCS CHP
16. Prescriptions not on our list of covered medications, unless approved by Mercy Care DCS CHP
17. Medical marijuana

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

To decide if new technology will be a covered service, Mercy Care DCS CHP and AHCCCS:
- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

**Non-Title 19/21 services available to Title 19/21 and Non-Title 19/21 members and how to access these services**
There are some services that are available to Mercy Care DCS CHP members whether they are eligible for Medicaid or are not eligible for Medicaid. These are sometimes called Non-Title 19-21 services. Those services include traditional healing, acupuncture, housing, and room and board. You can access these services by talking to the child’s provider.

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**End of life care services**
End of Life (EOL) care is a member-centric approach to health care with the goal of maintaining the member’s rights and dignity as they receive other medically necessary Medicaid covered services. EOL care includes information on being healthy and selecting treatment throughout all stages of the member’s illness.

EOL care, when necessary, may include advance care planning. Advance Directives are prepared by the Arizona Attorney General’s office for Mercy Care DCS CHP 17 years of age or younger.

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**Specialists and other providers**
The Primary Care Provider (PCP) and Primary Dental Provider (PDP) can take care of most of the member’s health care needs. We also have other providers (doctors) who are specialists. Mercy Care DCS CHP registers providers who meet Mercy Care DCS CHP quality standards. We want our members to get the best care possible.
Referrals
A referral means the member needs doctor’s approval to get a service or go to another doctor to get special care. You do need a referral from the member’s PCP or PDP to see a specialist. Initial evaluations and consultations do not need Prior Authorization (PA) from Mercy Care DCS CHP and the referral is good for as long as the member needs care from the specialist. The member’s doctor will take care of any referrals you need for the child in your care. You may also request a second opinion from another Mercy Care network doctor.

Once the specialty provider has decided to provide health care treatment, the specialty provider will request a PA from Mercy Care DCS CHP before health care services begin. If Mercy Care DCS CHP denies services, the DCS Specialist or custodial agency representative will receive a denial letter stating why and how to appeal the decision.

Self-referral
You do not need a referral from your PCP for the following services:

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

Female members, or members assigned female at birth, have direct access to preventive and well care services from a gynecologist within the Mercy Care DCS CHP network without a referral from a primary care provider. Pregnant members may choose their Obstetrician-Gynecologist (OB-GYN) provider as their PCP.

The Mercy Care DCS CHP Provider Directory has a list of specialty providers. You can access the Provider Directory on the Mercy Care DCS CHP website at www.MercyCareAZ.org. If you need help with selecting a specialty provider or to request a copy of the Provider Directory at no cost, call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

If a provider does not cover a service, including counseling or referral services, due to moral or religious objections, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711), for help with finding a different provider.

Information for American Indian members
American Indian members can choose where they want to receive health care. In addition to receiving health care services from Mercy Care, American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

Primary care providers (PCP) and primary dental providers (PDP)
Whether you’re new to Mercy Care DCS CHP, recently moved or are just ready for a change, selecting a Primary Care Provider (PCP) and Primary Dental Provider (PDP) is an important first step toward managing the member’s health care.
The PCP and PDP are the providers the member will visit the most for medical and dental needs, including wellness visits and routine screenings, and non-emergency illnesses like earaches and sore throats. The PCP and PDP are part of the Medical Home and Dental Home that coordinate care for the member.

The PCP and PDP will:

- Review and track the member’s medical and dental history
- Provide coordination of care to meet the member’s needs
- Work with specialists, pharmacies, hospitals and other providers to track all care a member receives
- Provide the member’s medical and dental information to those who need it

Choosing a PCP and PDP
You can select a PCP and PDP from the Mercy Care DCS CHP Provider Directory. The directory includes languages that the provider speaks and services they provide to those with physical disabilities. You can search the list of providers by location, specialty or name. The directory is available on the Mercy Care DCS CHP website at www.MercyCareAZ.org, or call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711), to have a copy of the directory mailed to you at no cost.

Changing a PCP and PDP
You may change the member’s PCP and PDP at any time, for any reason. Reasons to change a PCP and PDP include:
- Member moves
- You or the member do not feel comfortable
- The office is far from you and the member
- You or the member do not understand what the PCP/PDP says

If you change the member’s PCP and PDP, ask the current provider to transfer the member’s medical records to the new PCP and PDP. To request a change, or to notify Mercy Care DCS CHP of a change, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

Dental providers
Mercy Care partners with DentaQuest to provide dental benefits to our members. All dental services need to be provided by a provider contracted with DentaQuest. Sometimes, you may need approval to get some services. This is called prior authorization. If you need approval for a service, the contracted DentaQuest provider will submit the request to DentaQuest. To find a dental provider, you can visit www.MercyCareAZ.org and select “Find a provider” at the top of the screen. Then scroll down to “Find a Mercy Care dentist” and click on “Dental provider search tool.”

Make, change or cancel PCP and PDP appointments
Call the PCP and PDP to schedule appointments for the member. When you call, tell the office that the member is covered by Mercy Care DCS CHP.

Have the following information ready:
- Member’s name
- Member’s Mercy Care DCS CHP ID number
- Reason the member needs the appointment

Member Services 602-212-4983 or 1-833-711-0776 (TTY/TDD 711) Monday- Friday, 8 a.m. to 5 p.m. | 15
To cancel or change medical and dental appointments, call the provider at least one day before the appointment. Some providers may attempt to charge a fee for missed appointments. By State of Arizona law, Mercy Care DCS CHP cannot pay for missed or no-show appointments.

**Access and availability for appointments**
Mercy Care DCS CHP members should be able to get an appointment to see providers when needed. Call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) if you are unable to get appointments within the timelines listed below:

**For Primary Care Provider Appointments:**
- Urgent Care Appointments as expeditiously as the member’s health condition requires but no later than 2 business days of request
- Routine care appointments within 21 calendar days of request

**For Specialty Provider Appointments, including Dental Specialty:**
- Urgent Care Appointments as expeditiously as the member’s health condition requires, but no later than 2 business days of request
- Routine care appointments within 45 calendar days of referral

**For Dental Provider Appointments:**
- Urgent appointments as expeditiously as the member’s health condition requires, but no later than 3 business days of request
- Routine care appointments within 30 calendar days of request

**For Maternity Care Provider Appointments (prenatal care):**
- First trimester within 14 calendar days of request
- Second trimester within 7 calendar days of request
- Third trimester within 3 business days of request
- High-risk pregnancies as expeditiously as the member’s health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider or immediately if an emergency exists

**For Non-Emergency Medical Transportation (NEMT)**
- A member should arrive on time for an appointment, but no sooner than one hour before the appointment
- A member should not have to wait more than one hour after the end of treatment for transportation home

**Keeping children healthy**
Well visits (well exams) are covered for members. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members under 21 years of age are considered the same as a well visit.

As a caregiver, you can help keep members healthy if you:
- Make sure members get all their well-child and dental visits.
- Follow up on all referrals made during visits with the PCP.
• Make sure members receive all their vaccines (shots). Be sure shots are up to date (See the Center for Disease Control and Prevention website for immunization schedules and more information: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)

• Make sure teens go to their well visits. These include well woman visits for girls. The teen’s doctor should talk with them about reproductive health and birth control. They should also talk about safe sex. Safe sex includes how to prevent sexually transmitted diseases. There is often discussion of drugs and alcohol use at these visits. The member’s caregiver should also talk to them about these subjects.

All Mercy Care DCS CHP members must have a full well visit, a dental visit and behavioral health evaluation within the first 30 days of removal and placement in out-of-home care. You should schedule a physical exam, a dental visit and behavioral health evaluation for members. If the member had an exam before removal, Mercy Care DCS CHP requests that the appointment for the full well visit and dental visit be scheduled again within 30 days of the removal and placement into out-of-home care.

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**Children’s care and Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health conditions for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

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.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

This means that EPSDT covered services include services that correct or ameliorate physical and behavioral health conditions, and illnesses discovered by the screening process when those services fall within one of the optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 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.
EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

Female members, or members assigned female at birth have direct access to preventive and well care services from a gynecologist or other maternity care provider within the Contractor’s network without a referral from a primary care provider.

Developmental screening tools
It is required for health care providers to use a Developmental Screening Tool during an EPSDT exam for members ages 9, 18, 24, and 30 months. The provider can choose one of three different Developmental Screenings.

Tools:
- Parents’ Evaluation of Developmental Status tool (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Ages and Stages Questionnaire (ASQ)

Caregivers should be aware that a developmental screening is done at each EPSDT well-child visit. Only providers who are certified by AHCCCS in the use of the PEDS Tool, M-CHAT, and ASQ can complete these screenings. It is important to find a provider who is certified in these developmental screening tools.

Call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) if you have any questions regarding EPSDT.

Mercy Care DCS CHP supports the enhanced visit schedule recommended by the American Academy of Pediatrics for children placed in out-of-home care. Additional well-child visits allow health care providers to address complex health issues children may face when adjusting to new placements, schools, etc.

Neonatal Abstinence Syndrome (NAS)
Many children placed in out-of-home care are identified as having substance-exposure at birth and have neonatal abstinence syndrome (NAS). Substances identified by hospitals and other medical professionals can include exposure to alcohol, amphetamines, cocaine, inhalants, marijuana, heroin, prescription pain medications, opioids, and other drugs of abuse. Being aware of the signs of a newborn with neonatal abstinence syndrome is very important for those caring for these vulnerable infants and children.

Not all infants/children exposed to substances at birth will have problems. There are several myths associated with NAS. The labels of “ice babies” or “meth babies” are inaccurate due to lack of scientific evidence to support these labels.

The effects of drugs on infants/children will depend upon the amount of drug used and how long the drug was used during the pregnancy. The drug-exposed infant may be at risk for problems later in life, such as speech delay, attention deficit hyperactivity disorder and behavioral problems that may not be clinically present until the child is over age two or even school age.
Signs of drug exposure are not exclusive to a newborn with neonatal abstinence syndrome and may be present in other instances. A detailed history of drug/alcohol used during pregnancy, in addition to stressors and environmental effects is the key to the diagnosis of NAS.

Some babies with NAS may have signs of fussiness or difficulty feeding. As they grow older the symptoms may change. It is important to talk with the member’s PCP and get help from an Infant/Toddler Behavioral Health Specialist if needed.

The care plan for newborns with NAS should be made with the infant/child’s PCP to make sure appropriate medical needs are met. Care and/or treatment is based on symptoms the infant/child is showing. It’s not based on the fact that the child is drug exposed.

It is important that the PCP follow the child closely to monitor growth and development. It is also important to get services from Infant/Toddler Behavioral Health specialists when needed to deal with behavior difficulties.

DCS publishes a brochure titled “Helping Babies with Neonatal Abstinence Syndrome.” This brochure contains information and tips on caring for newborns with neonatal abstinence syndrome. You can get the brochure by going to https://bit.ly/nasbrochure. You can also call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for a copy of the brochure, or if you have any questions regarding available services.

Safe sleep for babies
The following are safe sleep guidelines to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep related causes of infant death:

- Always place the baby on their back for safe sleeping.
- Use safety-approved crib covered by a fitted sheet.
- No pillows, blankets, sheepskins, or crib bumpers.
- No soft objects, toys, and loose bedding near the baby’s sleep area.
- No smoking around the baby.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone or with you.
- Nothing should cover or be near the baby’s head.

If you have any questions or for more information on safe sleep for babies visit www.sids.org.

Immunizations (shots)

Immunizations (shots) can keep children and youth from getting sick in the future. Talk with the member’s PCP about the immunizations that are needed and when they are needed. You should use an immunization schedule and have the schedule updated when you visit the member’s doctor.

You can get an immunization card on the Centers for Disease Control and Prevention (CDC) website at. https://www.cdc.gov/vaccines/schedules/easy-to-read/child-shell-easyread.html.

Recommended immunization schedules
Caregivers in the State of Arizona are obligated to abide by the statutes governing the health of children placed
in out-of-home care. Article 58, of the Arizona Administrative Code, R6-5-5830, Medical and Dental Care, states: “A caregiver shall arrange for a foster child to have routine medical and dental care, which shall include an annual medical exam, semi-annual dental exams, immunizations and standard medical tests.”

Arizona law requires schoolchildren and childcare enrollees to be age-appropriately immunized. The exceptions and additions to the rules are:

• Biological parents whose religious beliefs do not allow immunizations must sign a religious exemption.
• The child’s doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child’s immunity.

It is the policy of the Department of Child Safety (DCS) that all children placed in out-of-home care are to be age-appropriately immunized except when:

• A parent objects based solely on religious grounds
• The immunization is medically contraindicated

Immunization refusals for children placed in out-of-home care are addressed by the DCS Specialist, the Assistant Attorney General and the court of jurisdiction.

Vaccine reactions rarely happen. Serious reactions are very rare. The dangers of not being immunized are far worse than the possibility of a serious reaction.

Vaccines are not just for babies. Children get most of their vaccines between birth and 4-6 years. Teenagers also need vaccines. Talk to the member’s PCP about the vaccines they need.

For more information on vaccines and to review recommended immunization schedules, visit the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules or call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

Note: The recommended immunization schedules are sometimes changed by the Centers for Disease Control and Prevention (CDC). Talk about immunizations with the member’s doctor.

Women’s health and pregnancy services

It is very important for sexually active or age-appropriate female members, or members assigned female at birth to get a well-woman exam at least once a year. Well-woman exams help providers to determine the appropriate preventive well-care services.

Women’s health and pregnancy services include:

• PAP smear
• Breast exam
• Mammogram (when medically required)
• Vaccinations (including HPV vaccine)
• Screening for sexually transmitted infections
• Screening and counseling for maintaining a healthy lifestyle
• Depression screening, interpersonal and domestic violence screening
• Family planning counseling
• Preconception counseling (not including genetic testing)
• Initiation of necessary referrals when need for further evaluation, diagnosis and treatment is identified

The Human Papilloma Virus (HPV) vaccine is covered and recommended for members 11 to 26 years of age.

Well-woman care is available from the PCP and often incorporated into the EPSDT visit or well check.

Female members, or members assigned female at birth, have direct access to preventive and well-care services from a gynecologist within the Mercy Care DCS CHP network, without a referral from a primary care provider. There is no copayment or other charge for covered women’s preventive care services.

Pregnancy/Maternity Care
Mercy Care DCS CHP covers maternity services for all members. Maternity services include:
• Identification of pregnancy
• Prenatal care
• Labor and delivery services
• Postpartum care
• Education and prenatal services for the care of pregnancy
• The treatment of pregnancy-related conditions
• Family planning education
• Prenatal testing including screening for sexually transmitted infections, and HIV (Human Immunodeficiency Virus) testing and counseling

If a member thinks she is pregnant, she should make an appointment with the PCP right away. The PCP can provide the names of Obstetricians (OB) for the member to choose. It’s important the member have early and regular prenatal care during pregnancy. Be sure to keep all scheduled appointments during and after pregnancy.

Mercy Care DCS CHP pays for obstetric services. There is no copayment or other charge for covered pregnancy-related services. The OB provider monitors and treats pregnant women during pregnancy. The services include care during pregnancy, the delivery and post-partum or after-delivery care. It is recommended that members remain with the same OB provider for the entire pregnancy. If a member moves or has to change her OB provider for any reason, efforts are made to ensure communication between the OB providers so there is no interruption in care.

If the member is new to Mercy Care DCS CHP and has already been receiving care from an OB provider, the member can continue to see the same OB provider for care. If the OB provider is not registered with Mercy Care DCS CHP, efforts will be made to register the OB provider with Mercy Care DCS CHP so that the member can continue to see them.

The OB provider will see the member for regular checkups to make sure pregnancy is going well. Early health care and regular checkups during pregnancy are important to the health of the mother and baby.
The standards for appointment times for all pregnant members to see their OB provider are:

- First Trimester (the first 3 months of pregnancy), within 14 calendar days of request
- Second Trimester (the second 3 months of pregnancy), within 7 calendar days of request
- Third Trimester (the last 3 months of pregnancy), within 3 business days of request
- High Risk as expeditiously as the member’s health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider
- Emergency (when a member must be seen immediately because of a crisis, like bleeding, etc.), immediately.

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

- Weeks 4-28: Visit at least every four (4) weeks
- Weeks 29-36: Visit at least every two (2) weeks
- Weeks 37-40: Visit at least every week

It is important for the member to keep all appointments with the OB provider including the post-partum visit. The postpartum visit is extremely important for the health of the new mother and should occur within 1-12 weeks after delivery. Sometimes the provider may want to see the member more than once during this time to make sure they are healing appropriately, to discuss emotions and feelings and to answer any questions. At this visit, the member can also discuss family planning options, services and supplies with the provider (including immediate postpartum long-acting reversible contraceptives). They can then decide what method best fits their needs. It is important for the member to keep all appointments. If the member is having problems scheduling check-up appointments within the standard timeframes, she can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

These are warning signs that the member should call their doctor right away. These can happen up to a year after having a baby:

- Headache that won’t go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting themself or baby
- Changes in the member’s vision
- Fever of 100.4F or higher
- Trouble breathing or fast-beating heart
- Chest pain
- Severe belly pain and/or nausea
- Heavy bleeding (more than one pad/hour)
- Severe swelling, redness or pain in your leg or arm

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

**Maternal Health Coordinators**

Mercy Care DCS CHP Maternal Health Coordinators (MHC) are available to help with needed services for pregnant members. The MHC works with the member and the DCS Specialist or custodial agency representative to ensure the member is getting prenatal care. The MHC ensures the OB provider offers the member the appropriate testing and screening during and after her pregnancy. This includes testing for HIV and screening for depression during and after the pregnancy. The MHC will also follow up with the DCS Specialist or custodial agency representative to coordinate care for services and counseling, as needed.
If you need help or have any questions regarding pregnancy and maternity care, you can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) and request a Maternal Health Coordinator.

**Pregnancy and HIV (Human Immunodeficiency Virus)/AIDS testing**
If a member is pregnant, they will have a complete checkup at their first doctor’s visit. The doctor or nurse will check for infections and sexually transmitted diseases. Voluntary, confidential HIV/AIDS testing services are available at no cost to the member. If the member tests positive for any sexually transmitted disease or HIV, their doctor can help them obtain counseling services and any needed treatment. Treatment is covered. The sooner HIV is diagnosed and treated, the better medicines work. Early treatment can help prevent passing HIV to the member’s baby. Providing medicines early can help children with HIV live longer, healthier lives.

**Sexually Transmitted Infections (STIs)**
Mercy Care DCS CHP providers teach members about sexually transmitted infections (STIs) and how they are passed on to others. Additional counseling services are available in the event the test is positive. They also teach members how to prevent STIs. Mercy Care DCS CHP covers tests for STIs including HIV (the virus that causes AIDS).

If HIV testing is needed, the member must receive HIV testing counseling from a health care provider or from the local health department. Members 12 years old and older can request and consent for HIV testing. No other approval is needed. Members less than 12 years old must have approval from the caregiver, DCS Specialist or custodial agency representative. Approval can also come from a juvenile justice representative if the member is in the care and custody of Arizona Department of Juvenile Corrections (ADJC) or the Administrative Office of the Court/Juvenile Probation Office (AOC/JPO).

**Human papillomavirus (HPV) Vaccine**
Human papillomavirus (HPV) is a common virus. It can cause cancer of the cervix. The virus is spread through sexual contact. Often HPV has no symptoms. This makes it hard for someone to know they have it. It is important that both males and females get the HPV vaccine. They should get the vaccine before they are sexually active. The vaccine is available beginning at a recommended age of 11-26 years of age. This is when the vaccine can give the most protection.

**Family planning services**
Family planning services and supplies are available at no cost for both male and female members of reproductive age. Family planning services and supplies do not require a referral. Mercy Care DCS CHP cannot require you to get a referral before choosing a family planning provider. Family planning services and supplies are often incorporated into the EPSDT visit or well-check for age-appropriate members. Members can choose any AHCCCS-registered doctor, clinic, hospital, pharmacy, or family planning office to get family planning services and supplies.

Family planning services and supplies include:
- Education on how to prevent a pregnancy and contraceptive counseling
- Annual physical exams, medical and laboratory examinations
- Medications: (including oral and injectable contraceptives, Long-Acting Reversible Contraception (LARC), Intrauterine Devices (IUDs), vaginal rings, diaphragms, condoms, foams, patches, suppositories, and implanted birth control methods)
• Natural family planning education or referral to qualified health professionals
• Supplies
• Lab tests, radiological procedures, including ultrasound studies related to family planning
• Screening and treatment for sexually transmitted infections (STI)
  Treatment of problems caused by the use of contraceptives, including emergency treatment
• Emergency oral contraception within 72 hours after unprotected sex, and
• Sterilization per AHCCCS guidelines
• Pregnancy screening

The following services are NOT covered for the purpose of family planning:
• Infertility services; including diagnostic testing, treatment services, and reversal of surgically induced infertility
• Pregnancy termination counseling
• Pregnancy termination, except as specified
• Hysterectomies for the purpose of sterilization

Members wanting birth control should talk to their doctor. Physical exams and lab tests may be needed before starting birth control. Regularly scheduled check-up appointments may also be needed. Female members can see their PCP or choose a Gynecologist without a referral.

**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 member 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 member by:
   a. Creating a serious physical or behavioral health problem for the pregnant member,
   b. Seriously impairing a bodily function of the pregnant member,
   c. Causing dysfunction of a bodily organ or part of the pregnant member,
   d. Exacerbating a health problem of the pregnant member, or
   e. Preventing the pregnant member from obtaining treatment for a health problem.

**Dental care**

Dental services include comprehensive dental care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care.

**All Mercy Care DCS CHP members must have a full well visit and a dental visit within the first 30 days of removal and placement in out-of-home care.**
Mercy Care DCS CHP members can choose a Primary Dental Provider (PDP) and Dental Home upon enrollment in Mercy Care DCS CHP. You can change the member’s PDP/Dental Home at any time, for any reason. Some reasons to change a PCP and PDP are:

- If the member moves
- If you or the member do not feel comfortable
- If the office is far from you and the member
- If you or the member don’t understand what the PCP/PDP says

If you change the member’s PDP, ask the current providers to transfer the member’s medical records to the new PDP.

To request a change or to notify Mercy Care DCS CHP of a change, you can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

Tooth decay can occur at any age including in the baby teeth, so it is important to start dental care at an early age and continue regularly. Mercy Care DCS CHP members should start dental services by 1 year of age or with the eruption of the first tooth. This early visit is known as a well-baby checkup and establishes a Dental Home for future care. Regular dental checkups should occur every 6 months following the first visit. Dental checkups include dental cleaning and fluoride treatment to help ensure the long-term health of the child’s teeth and gums. Consider scheduling the next dental checkup before leaving the PDP’s office. An oral health screening is part of an EPSDT screening done by a PCP.

Providers can apply fluoride varnish to members who are at least 6 months of age, with at least one tooth eruption. The oral health screening at the EPSDT visit does NOT take the place of an exam by a dentist. The baby should still be seen by the dentist by 1 year of age.

Members do not need a referral for dental care and can see any dentist listed in the Provider Directory. There is no copayment or other charge for routine preventive dental care. To make, change or cancel a dental appointment, call the provider at least one day before the appointment. Some providers may attempt to charge a fee for a missed appointment. Arizona law states Mercy Care DCS CHP cannot pay for missed or no-show appointments.

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**Pharmacy services**

**Prescriptions**

If the member needs medicine, the member’s doctor will choose one from Mercy Care DCS CHP’s list of covered medications (called a formulary) and write a prescription. Mercy Care DCS CHP’s list of covered medicines is reviewed and updated regularly by doctors and pharmacists to make sure the member receives safe, effective medicines. If you want a copy of the list, call Mercy Care DCS CHP Member Services or go to our website at https://www.MercyCareAZ.org/members/chp-members/pharmacy for the most up-to-date list. Some over-the-counter medicines are covered when the doctor write a prescription. Ask the doctor to make sure the medicine is on the Mercy Care DCS CHP list of covered medications.

If the medicine is not on the list of covered medications and the member cannot take any other medicines except the one prescribed, the doctor may ask Mercy Care DCS CHP to make an exception. If you are at a pharmacy and the pharmacy tells you that Mercy Care DCS CHP will not pay for the medication, call Member Services 602-212-4983 or 1-833-711-0776 (TTY/TDD 711) Monday- Friday, 8 a.m. to 5 p.m. | 25
Member Services right away. Do not pay out of your own pocket for this medicine. Mercy Care DCS CHP may not be able to pay you back. Some medications have limits or require the doctor to get approval. See section on Pharmacy Authorizations.

If the member has other insurance (not Medicare), Mercy Care DCS CHP will pay the copays only if the medication is also on the Mercy Care medication list. The pharmacy should process the prescriptions through Mercy Care DCS CHP. Do not pay any copayments yourself. Mercy Care DCS CHP may not be able to pay you back. See section on Dual-eligible members: payment for medications.

Pharmacies
All prescriptions must be filled at a pharmacy in Mercy Care DCS CHP’s network. If you need pharmacy services after hours, on weekends or holidays, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies in the Mercy Care DCS CHP Provider Directory. Visit our website at www.MercyCareAZ.org and select “Find a Pharmacy” in the upper right corner of the screen.

If you have any questions or trouble filling a prescription while you are at the pharmacy, you can call Mercy Care DCS CHP. Mercy Care DCS CHP Member Services can help you with the member’s prescriptions Monday through Friday from 8 a.m. to 5 p.m. If you have questions or problems outside Mercy Care business hours, you can call the Mercy Care 24-hour Nurse Line at 602-212-4983 or 1-833-711-0776 (TTY 711).

What you need to know about the member’s prescription
The member’s doctor may give them a prescription for medication. Be sure to let the doctor know about any medications the member gets from another doctor, or non-prescription or herbal medications that you buy.

Before you leave the office, ask these questions:
- Why is the member taking this medication? What is it supposed to do for them?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication, and what should be done if a side effect happens?
- What will happen if the member does not take this medication?

Carefully read the medication information from the pharmacy when you fill the prescription. It has information on things the member should and should not do and possible side effects of the medication. If you have questions, you should ask the member’s pharmacist.

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

Refills
The label on the member’s medication bottle tells you the number of refills the doctor has ordered for the member. If the doctor has ordered refills, you may only get refills one at a time for each prescription. Mercy Care DCS CHP covers up to 30-day supply for medication.

If the doctor has not ordered refills for the member, be sure to call their office at least five (5) days before the member’s medicine runs out and talk to them about getting a refill. The doctor may want to see the member before giving you a refill.
Diabetes testing supplies
If the member has diabetes, Mercy Care DCS CHP covers certain blood glucose meters and test strips. The member can see Mercy Care DCS CHP’s medication list for meters and test strips that are covered on the formulary at www.MercyCareAZ.org. If the member needs a meter and test strips, ask the doctor to write a prescription for the member. You can pick up the meter and test strips at a pharmacy listed in the Mercy Care DCS CHP Provider Directory.

Specialty pharmacy services
Mercy Care DCS CHP specialty drugs are filled by CVS Specialty Pharmacy. A specialty pharmacy fills drugs and has other services to help the member.

The Specialty Drug Program has special services:
• You can talk to a pharmacist 24 hours a day, 7 days a week
• Counseling about the drug and disease
• Coordination of care with the member’s doctor
• Delivery of specialty drugs to your home or the member’s doctor’s office at no cost to you
• You can drop off the member’s prescription and pick up the drug at any CVS Pharmacy (including those inside Target stores)

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

Mail order prescriptions
If the member takes medicine for an ongoing health condition, you can have the medicines mailed to your home. Mercy Care DCS CHP works with a company to give you this service. You can get mail order prescription service at no cost to you.

If you choose this option, the member’s medicine comes right to your door. You can schedule refills and reach pharmacists if you have questions.

Here are some other features of home delivery:
• Pharmacists check each order for safety
• You can order refills by mail, by phone, online, or you can sign up for automatic refills
• You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week

To request a mail order refill order form call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). You can register online with CVS Caremark at https://www.caremark.com/wps/portal/REGISTER_ONLINE. Once you sign up, you will be able to order refills, renew the member’s prescription and check the status of the order.

Exclusive Prescriber Program
Mercy Care DCS CHP has an exclusive prescriber program. This program is to better support members who are taking habit-forming drugs. In large amounts, habit forming drugs can be dangerous. If you have more than one doctor prescribing habit forming drugs, it can hurt the member if the doctors don’t talk with each other.
The member may be enrolled in the exclusive prescriber program if the member has:

- Been seeking early refills of habit-forming drugs
- Had four (4) or more doctors; and been prescribed four (4) or more different drugs that can be habit forming; and has filled drug prescriptions at four (4) or more drug stores in a three (3) month time period
- Received 12 or more prescriptions of habit-forming drugs in the past three (3) months
- Presented a forged or altered prescription to the drug store
- Been identified by prescription claims from Indian Health Services (IHS) when available
- Been identified by claims to regularly overuse or misuse habit forming drugs
- Pain is not a short-term problem
- Had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines, or lumbago
- Been to the hospital for an overdose within the past six (6) months
- Violated a pain contract or care management agreement related to pain issues
- Asked for more than three (3) PCP changes in the past year
- Reports by the drug store, family or someone else that the member pays cash to get extra medications

Mercy Care DCS CHP will let you know in writing 30 days before the member is enrolled in the exclusive prescriber program. When the member is enrolled in the exclusive prescriber program Mercy Care DCS CHP will assign just one (1) doctor and one (1) pharmacy. This doctor will be responsible for the prescribing and oversight of habit-forming drugs. This pharmacy will be the only pharmacy at which you will be able to fill these drugs. Mercy Care DCS CHP will only pay for habit forming drug prescriptions written by this one (1) doctor and filled at this one (1) pharmacy. This applies to drugs written at discharge from the emergency room or hospital.

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

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**Behavioral health services**

Behavioral health issues are the most common health problems reported in children in out-of-home care. If issues are not addressed, problems may arise resulting in long-term effects. Services include Infant/Toddler Behavior Health services as well as services for older children and teens.

Members receive behavioral health coverage through a Mercy Care DCS CHP.

**SMI referral process for obtaining a SMI designation**

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

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

To be eligible for SMI services, a person must have both an SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Adults receiving general mental health or substance use services must be regularly screened for SMI. Transition aged youth (TAY) may be screened as part of their transition into adulthood. Members that do not have a CFT or a Children’s Provider can call Mercy Care DCS CHP Member Services to set up an SMI determination screening.

A member’s guardian or legal representative can also make the request. If a hospital requests an evaluation, it is considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

Members must be at least 17 and a half years of age to have a SMI evaluation. SMI evaluations must be completed within 7 business days of the SMI determination referral request. Providers then send their SMI evaluation packets to Solari Crisis and Human Services. Solari Crisis and Human Services reviews all applications for SMI services and makes the final SMI determination. Solari Crisis and Human Services makes its determinations about eligibility for SMI services by following the state’s guidelines/criteria. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member’s right to appeal the decision. For more information about getting a Serious Mental Illness (SMI) designation, you can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). You can also call Solari Crisis and Human Services at 602-845-3594 or 1-855-832-2866.

Emotional and behavioral needs
We’re here to help you and the children in your care. Our behavioral health services are designed to meet the needs of children and their families. We want to help the child and the whole family thrive. We believe that treating the whole child is one of the keys to achieving that goal. Mercy Care DCS CHP allows you and the member to choose the child’s health care providers. We work with you and the child to find someone who fits the child’s health and wellness goals.

Being removed from their home and placed in foster care is difficult and can be a traumatic experience for any child. Many children are placed in foster care due to some form of serious abuse or neglect. Research tells us that children in foster care often have emotional, behavioral or developmental problems. Physical health problems are also common. These problems and behaviors can appear suddenly or occur over time. If you notice a child in your care showing problem behaviors, they may need professional behavioral health support. It’s important to report any of these behaviors to the behavioral health provider and the DCS Specialist.

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping and show regression in functioning and behavior.
In regard to forming healthy attachments, traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries as well as distrust and suspiciousness. As a result, children that have experienced trauma can become socially isolated and have difficulty relating to and empathizing with others.

**How parents/caregivers can help**

Research on resilience in children demonstrates that an essential support needed for children to develop self-care skills and confidence is the reliable presence of a caring, and protective parent/caregiver who can help shield children against difficult experiences. They can be a consistent resource for children in their care, encouraging them to talk about the experiences. And they can provide reassurance to the children that the adults in their life are working to keep them safe.

Behavioral health services include, but are not limited to:

- Behavior management (behavioral health personal assistance, family support, home care training, self-help, peer support)
- Behavioral health case management services (limited)
- Behavioral health nursing services
- Behavioral health residential facilities/BHRFs (previously called Therapeutic Group Homes or TGHs)
- Behavior health therapeutic home care services through Therapeutic Foster Care
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group, and family therapy and counseling
- Inpatient hospital services
- Non-hospital inpatient psychiatric facilities (Behavioral Health Inpatient Facilities/BHIFs previously called residential treatment centers or RTCs)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication, adjustment and monitoring
- Respite care
- Substance use services
- Behavioral health screening

The child’s PCP may be able to help if the child has depression, anxiety, attention deficit hyperactivity disorder (ADHD), or opioid use concerns. PCPs may give the child medicine, watch how the medicine is working and order different tests to determine the best course of action to address the child’s condition. If you would like the child’s PCP to help if you feel the child has depression, anxiety, ADHD, or opioid use concerns, you should call the child’s PCP directly.

You do not need a referral from the child’s PCP for behavioral health services. If you would like behavioral health services, call the behavioral health provider directly to set up an appointment. You can also call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help with finding a behavioral health provider.
Navigating the behavioral health system
Behavioral health services are always recommended for children placed in out-of-home care to address their behavioral issues. This is especially important for children under six years of age. It is best practice to have a behavioral health medical professional assess, evaluate, and monitor the unique behavioral health needs of children placed in out-of-home care.

Behavioral Health: Integrated Rapid Response Assessment and on-going Behavioral Health Care
All Mercy Care DCS CHP members have experienced trauma and should receive an Integrated Rapid Response Assessment from a behavioral health provider within 72 hours of notification from DCS of removal and placement into out-of-home care. This assessment evaluates the member for any acute behavioral health or physical health needs they may have and identifies supports for the caregiver to address immediate needs. The provider assists with selecting a PCP and helping to arrange an initial appointment if needed. The provider will make sure that there is follow up by an ongoing behavioral health team to support the member and out-of-home caregiver.

Foster Care Line
If a behavioral health provider has not called you to make an appointment to arrange for an Integrated Rapid Response service within 24 hours after the member enters out-of-home care, call the Solari Foster Care Line at 602-633-0763.

All Mercy Care DCS CHP members must receive Behavioral Health services through an Assigned Behavioral Health Home Clinic (ABHC). Mercy Care DCS CHP requests that the appointment with the Integrated Rapid Response Team be arranged and ongoing Behavioral Health services occur within the timeframes listed below.

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:
- Integrated Rapid Response Assessment (IRRA) – To be completed no later than 72 hours after notification by DCS that a child has been removed from their home.
- Initial assessment – within seven calendar days after referral or request for behavioral health services (unless completed at the IRRA).
- Initial appointment – within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment/intake.
- Ongoing behavioral health services – within the time frames according to the needs of the child, but no longer than 21 calendar days from the identification of need.

If clinically necessary services aren’t provided within 21 calendar days after an intake assessment or 21 calendar days from the identification of need from the child and family team, the out-of-home caregiver (e.g., foster parent, kinship or group home) should call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). Or, you can email the Mercy Care Children’s Services Liaison at DCS@MercyCareAZ.org or call 480-751-8471. You should also reach out to the AHCCCS Clinical Resolution Unit line at 602-364-4558 or dcs@azhcccs.gov. The caregiver may then call any AHCCCS-registered providers directly, whether or not they are a part of the Mercy Care DCS CHP provider network, to schedule an appointment.

You can find information about Behavioral Health services and more contacts on the AHCCCS website at www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster.
Building a clinical team
During the Integrated Rapid Response Assessment, the clinician will assist in connecting the member to a Primary Care Physician, Assigned Behavioral Health Clinic or an Integrated Health Home. After the child in your care becomes connected to an Assigned Behavioral Health Clinic, you will develop a “team” to help you identify the child’s behavioral health needs and get behavioral health services. We call these clinical teams, more specifically, Child and Family Teams (CFT).

You can choose a behavioral health clinic. Mercy Care DCS CHP can also assign you to a clinic. The clinic is where the child receives primary outpatient mental health services. Some clinics also offer physical health care. At the initial appointment, you can work with the DCS specialist to help determine who you want on the child’s clinical team. The team will work with the child on their goals. They will provide ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with the child. Teams can include family members, guardians, friends, clergy and other supportive people from the community. Many times, the assessment that’s done at the first appointment won’t be complete. You’ll be working with members of the child’s team to continue that assessment process. This allows the child and the child’s team to always review progress and needs so that they get the best care. The treatment plan, also called an Individual Service Plan (ISP), should include all the services that the child needs, such as housing, support services, counseling, and transportation. The team should update the plan at least once a year, according to the child’s needs.

Child and family team
The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child, DCS Specialist and the caregiver, a behavioral health representative and any individuals important in the child’s life identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers, and representatives from religious affiliations. It can also include representatives from other service systems like Juvenile Probation or Division of Developmental Disabilities (DDD). The size, scope and intensity of involvement of the team members are determined by the goal established for the child, the needs of the family in providing for the child and the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.

Mercy Care DCS CHP members are eligible for behavioral health services, which include drug and alcohol use services. Mercy Care DCS CHP Member ID cards have a phone number to access behavioral health and substance use services.

Transition Age Youth
For youth who are age 17 and will be transitioning to the adult system of care, Mercy Care DCS CHP Children System Providers will coordinate with the Adult System providers and the DCS Specialist to transition members to the appropriate ongoing clinical services, as applicable. The Provider, young adults, caregiver and DCS Specialist and CFT will develop transition plans. The following Transition Domains should be considered when developing transition plans:

- Employment and career
- Personal effectiveness and wellbeing
- Educational opportunities
- Living situation
- Community life functioning
Connecting you to the right care
The foundation of our children’s system of care is based on the Arizona Vision and 12 Principles.

Arizona’s Vision for the Delivery of Behavioral Health Services
All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

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. Client-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. Case management is provided as needed,
c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
d. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:
   a. Behavioral health services are provided by competent individuals who are trained and supervised,
   b. Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practices”,
   c. Behavioral health service plans identify and appropriately address behavioral symptoms that are related to: learning disorders, substance use problems, specialized behavioral health needs of children who are developmentally disabled, history of trauma (e.g. abuse or neglect) or traumatic events (e.g. death of a family member or natural disaster), maladaptive sexual behavior, abusive conduct and risky behaviors. Service plans shall also address the need for stability and promotion of permanency in class members’ lives, especially class 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 class 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 Spanish to children and parents whose primary language is Spanish.

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, will 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.

**Behavioral Health Information and Privacy**

There are laws about who can see the member’s behavioral health information with or without permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without written permission.

At times, permission is not needed to share your behavioral health information to help arrange and pay for the child’s care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services
- The member’s medical and behavioral health providers
- Certain state agencies involved in the member’s care and treatment, as needed
- Members of the clinical team involved in the member’s care

At other times, it may be helpful to share the member’s behavioral health information with other agencies, such as schools. Written permission may be required before the member’s information is shared.

A foster parent, group home staff or other person or agency in whose care the child has been placed by the Department of Child Safety (DCS) can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

Examples of behavioral health services to which out-of-home caregivers can give consent include:

- Assessment and service planning
- Counseling and therapy
- Rehabilitation services
- Medical Services
- Psychiatric evaluation
- Most psychotropic medication
- Laboratory services
- Support services
• Case management
• Family support
• Respite
• Sign language or oral interpretation services
• Transportation
• Crisis intervention services

DCS must consent to inpatient psychiatric acute care services, Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF) and Therapeutic Foster Care (TFC). If someone other than the child’s guardian intends to provide informed consent to treatment, the following documentation must be obtained and filed in the child’s comprehensive clinical record:

<table>
<thead>
<tr>
<th>Individual/Entity</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal guardian</td>
<td>Copy of the court order assigning custody</td>
</tr>
<tr>
<td>Relative</td>
<td>Copy of power or attorney document</td>
</tr>
<tr>
<td>Other person/agency</td>
<td>Copy of court order assigning custody</td>
</tr>
<tr>
<td>DCS Placements (for children removed from the home by DCS), such as: Foster parents/Group home staff/Foster home staff/Relatives/Other person/agency in whose care DES/DCS has placed the child</td>
<td>Copy of Notice to Provider – Educational and Medical (DCS Form FC-069)</td>
</tr>
</tbody>
</table>

**Youth assent to treatment**

Youth under the age of 18 are to be educated on options, allowed to provide input, and encouraged to assent to medication(s) being prescribed. Information is discussed with the youth in a clear and age-appropriate manner consistent with the developmental needs of the youth. The information to be shared shall be consistent with the information shared in obtaining informed consent from adults. Discussion of the youth’s ability to give consent for medications at the age of 18 years old is begun no later than age 17½ years old, especially for youth who are not in the custody of their parents.

For persons under 18 years of age, the youth is encouraged to assent or agree to the medication, but the youth’s guardian or parent has the final say in consent for the use of medication.

*Youth can seek reproductive treatment on their own and Youth 12 years and older can seek substance use treatment on their own.*

**Children’s Rehabilitative Services (CRS)**

**What is CRS?**

Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members. They can get care in the community, or in clinics called Multispecialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one place. Mercy Care DCS CHP will help a member
with a CRS designation with closer care coordination and monitoring to make sure providers meet their special healthcare needs. AHCCCS Division of Member Services (DMS) determines eligibility for a CRS designation.

**Multispecialty Interdisciplinary Clinics**

### Central Region

<table>
<thead>
<tr>
<th>DMG (District Medical Group) Children’s Rehabilitative Services</th>
<th>DMG Children’s Rehabilitative Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioral health</td>
<td>3141 N. 3rd Ave., Ste. 100</td>
</tr>
<tr>
<td>• Cardiology</td>
<td>Phoenix, AZ 85013</td>
</tr>
<tr>
<td>• Dental health</td>
<td></td>
</tr>
<tr>
<td>• Endocrinology</td>
<td>602-914-1520 or 1-855-598-1871</td>
</tr>
<tr>
<td>• Ears, nose and throat (ENT)</td>
<td><a href="https://www.dmgcrs.org">https://www.dmgcrs.org</a></td>
</tr>
<tr>
<td>• Gastroenterology</td>
<td></td>
</tr>
<tr>
<td>• Genetics</td>
<td></td>
</tr>
<tr>
<td>• Nephrology</td>
<td></td>
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<tr>
<td>• Neurology</td>
<td></td>
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<tr>
<td>• Neurosurgery</td>
<td></td>
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<tr>
<td>• Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>• Orthopedics</td>
<td></td>
</tr>
<tr>
<td>• Plastic surgery</td>
<td></td>
</tr>
<tr>
<td>• Primary care</td>
<td></td>
</tr>
<tr>
<td>• Pulmonology</td>
<td></td>
</tr>
<tr>
<td>• Rheumatology</td>
<td></td>
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<tr>
<td>• Urology</td>
<td></td>
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</tbody>
</table>

### South Region

<table>
<thead>
<tr>
<th>Children’s Clinics for Rehabilitative Services</th>
<th>Children’s Clinics Square &amp; Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary care services</td>
<td>520-324-5437 or 1-800-231-8261</td>
</tr>
<tr>
<td>• Expanded behavioral health services</td>
<td><a href="http://www.childrensclinics.org">www.childrensclinics.org</a></td>
</tr>
<tr>
<td>• Specialty care, including:</td>
<td></td>
</tr>
<tr>
<td>- Anesthesia</td>
<td>- Nephrology</td>
</tr>
<tr>
<td>- Behavior analysis/psychology</td>
<td>- Neurology</td>
</tr>
<tr>
<td>- Cardiology</td>
<td>- Neurosurgery</td>
</tr>
<tr>
<td>- Dental and orthodontia</td>
<td>- Orthopedics</td>
</tr>
<tr>
<td>- Development pediatrics</td>
<td>- Ophthalmology</td>
</tr>
<tr>
<td>- Endocrinology</td>
<td>- Optometry</td>
</tr>
<tr>
<td>- Ear, nose and throat (ENT)</td>
<td>- Pediatric (PCP)</td>
</tr>
<tr>
<td>- Gastroenterology</td>
<td>- Pediatric dermatology</td>
</tr>
<tr>
<td>- Genetics</td>
<td>- Pediatric palliative care</td>
</tr>
<tr>
<td>- Hematology</td>
<td>- Pediatric surgery</td>
</tr>
<tr>
<td></td>
<td>- Physical medicine</td>
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<tr>
<td></td>
<td>- Plastic surgery</td>
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<tr>
<td></td>
<td>- Pulmonology</td>
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<tr>
<td></td>
<td>- Rheumatology</td>
</tr>
<tr>
<td></td>
<td>- Urology</td>
</tr>
</tbody>
</table>

### North Region

<table>
<thead>
<tr>
<th>Children’s Rehabilitative Services at Flagstaff Regional Medical Center</th>
<th>Children’s Rehabilitative Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Specialty care, including:</td>
<td>1215 N. Beaver St.</td>
</tr>
<tr>
<td>- Audiology</td>
<td>Flagstaff, AZ 86001</td>
</tr>
<tr>
<td>- Endocrinology</td>
<td>928-773-2054 or 1-800-232-1018</td>
</tr>
<tr>
<td>- Gastroenterology</td>
<td><a href="https://nahealth.com/">https://nahealth.com/</a></td>
</tr>
<tr>
<td>- Orthopedics</td>
<td>childrens-health-center</td>
</tr>
<tr>
<td>- Physical therapy</td>
<td></td>
</tr>
<tr>
<td>- Speech therapy</td>
<td></td>
</tr>
<tr>
<td>- Urology</td>
<td></td>
</tr>
<tr>
<td>- Wheelchair/seating</td>
<td></td>
</tr>
</tbody>
</table>
Southwest Region

Yuma Regional Medical Center Children’s Rehabilitative Services

- Specialty care, including:
  - Audiology
  - Behavioral health
  - Cardiology
  - Comprehensive assessments
  - Craniofacial (Cleft Lip & Palate)
  - Ear, nose and throat
  - Endocrinology
  - Gastroenterology
  - Nephrology

- Neurology
- Nutrition
- Ophthalmology
- Orthopedic
- Physical therapy
- Psychiatry
- Speech therapy
- Urology
- Wheelchair Services

Children’s Rehabilitative Services
Tuscany Medical Plaza
2851 S. Avenue B, Bldg. 25
Yuma, AZ 85364
928-336-2777
https://www.yumaregional.org/
Medical-Services

To make, change or cancel the member’s appointment at the MSIC, you should call the member’s assigned MSIC who will be able to help you.

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 R9-22-1301-1305.

Anyone can fill out a CRS application including a family member, doctor or health plan representative. To apply for a CRS designation, you can mail or fax:
- A completed CRS application; and
- Medical documentation that supports that the applicant has a CRS qualifying condition that requires active treatment.

Mail the documentation to:
Mercy Care DCS CHP
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

You can fax documentation to:
Mercy Care DCS CHP Member Services
Fax: 1-844-424-3975

Mercy Care DCS CHP will provide medically necessary care for physical and health services and care for the CRS condition.
Mercy Care DCS CHP is responsible for screening, evaluating, and providing medical treatment and rehabilitation for members under the age of 18 with a Children’s Rehabilitative Services (CRS) qualifying chronic and disabling condition(s) as defined in A.A.C. R9-22-1303. Members must also be AHCCCS (Title 19) eligible to receive specialty care services.

Some CRS qualifying conditions include:
- Spina bifida
- Heart conditions due to congenital defects/deformities
- Cerebral palsy
- Certain birth defects, cleft lip and/or palate
- Club feet
- Dislocated hips
- Metabolic disorders
- Muscle and nerve disorders
- Neurofibromatosis
- Sickle Cell Anemia

When a member with a possible CRS qualifying condition is known, Mercy Care DCS CHP completes the CRS application process with the DCS Specialist or custodial agency representative. Evaluation and treatment for the member’s CRS qualifying condition, and all other health care services, will be provided by Mercy Care DCS CHP.

Members with CRS qualifying diagnosis(es) are assigned to a Multi-Specialty Interdisciplinary Clinic (MSIC). MSICs are facilities where multiple providers in primary care, specialty care and behavioral health can meet with members and provide interdisciplinary services at the same location and appointment. The MSIC is where all the specialists can evaluate the member in a coordinated manner to provide the best care. At the MSIC, you can meet face-to-face with the member’s care team and receive medical services.

The services offered by MSICs include:
- Audiology for hearing and balance disorders
- Cardiology for heart conditions due to congenital defects
- Endocrinology for hormone conditions and hormone related diseases
- ENT for conditions of the ear, nose and throat
- Gastroenterology for conditions of the digestive tract
- Genetics for conditions that can cause hereditary problems
- Nephrology for conditions that affect the kidneys
- Neurology for conditions that affect the brain, spine and nerves
- Neurosurgery for surgical care for conditions that affect the brain, spine and nerves
- Nutrition for counseling on nutrients in food and how the body uses nutrients
- Occupational therapy for specialized help that supports independence with everyday activities
- Ophthalmology for conditions that affects the health and structure of the eye
- Orthopedics for conditions involving musculoskeletal system including congenital disorders
- Pediatric surgery for infants, children and adolescents
- Physical therapy for movement, exercise and massage that promote flexibility and function
- Plastic surgery for surgical reconstruction or repair of body part to improve function
- Psychology for study of the mind and behavior
- Psychiatry for specialty care of behavioral health conditions including the use of medication
• Rheumatology for conditions involving joints, muscles and ligaments such as arthritis
• Scoliosis for condition that involves the spine curving to a specific side or degree
• Speech and language therapy for rehabilitation of a person’s use of language, feeding/swallow
• Urology for conditions involving urinary tract
• Child Life Specialists to promote coping skills through play for children and families dealing with hospitalization, illness or medical procedure
• Patient and family services including social workers and patient advocates to provide members and their families with support, information and community resources

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**Member councils**

Would you like to serve on a Mercy Care committee? Recruitment is open! We’re looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. All committee members play an important role in guiding how we serve the community and how we provide care. You’ll also help us come up with ways to improve services for members.

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

**Member Advocacy Committee**
Serves as the voice of the member receiving physical and/or behavioral health services. This is a committee to discuss accessing services and evaluates program needs from a member’s perspective.

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

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

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

If you’re interested in serving on a Mercy Care council or committee, email OIFATeam@MercyCareAZ.org. You can also write to Mercy Care OIFA at:

Mercy Care Committees
Attn: OIFA
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
**Prior authorization process**

A Prior Authorization (PA) is when a provider calls Mercy Care DCS CHP for approval to provide special services. It’s up to the health care provider to get a PA from Mercy Care DCS CHP. Mercy Care DCS CHP reviews the service request from the member’s provider. The provider will tell you if the member’s service is approved. The child’s custodial agency (or DCS) receives all written notifications within the time frames indicated. There may be times when Mercy Care DCS CHP doesn’t have a network provider who can treat the child’s condition or who is located a reasonable distance from your home. When this happens, out-of-network services are covered if you get prior authorization.

Normal authorization decisions are made within 14 calendar days from the date the request is received. Extensions of up to 14 calendar days can be granted if it is in the member’s best interest. For example, we may be waiting to receive the member’s medical records from their doctor. Instead of making a decision without those records, we may ask the child’s custodial agency (or DCS) 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 the child’s custodial agency (or DCS) a letter asking for the extension.

Expedited (rush) decisions in urgent, life-threatening situations are made within 72 hours following the receipt of the authorization request unless an extension is in effect.

If the service has been denied, Mercy Care DCS CHP will send the DCS Specialist or custodial agency representative a letter called a Notice of Adverse Benefit Determination (NOA). You have the right to appeal the decision (see Member Complaints section of this handbook).

You can review a list of services that require prior authorization on the Mercy Care DCS CHP website at www.MercyCareAZ.org/members/chp-members/information (under Prior Authorization and Referrals).

For more information on the PA process or to request the criteria used to make a PA decision, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

**Pharmacy authorizations**

If the member’s provider makes a new request for a medicine that requires prior authorization, is not on the formulary, or has other limits, a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request lacks enough information to make a decision for the medication, Mercy Care DCS CHP will send a request for additional information to the member’s provider no later than 24 hours from when we receive the request. If the request lacks enough information to make a decision for the medicine, Mercy Care DCS CHP will issue a final decision no later than seven (7) working days from the initial date of the request.

**Notice of Adverse Benefit Determination**

When a service or medicine that you are already receiving or have requested is not approved (denial), we will send the DCS Specialist or custodial agency representative, you and the member’s provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination.
The child’s custodial agency (or DCS) receives all written notifications within the time frames indicated.

- If you or the member’s provider make a new request for a service, the child’s custodial agency (or DCS) will receive notification within 14 calendar days (if urgent, the child’s custodial agency (or DCS) will receive the notification within 72 hours following the receipt of the authorization request).
- If a service that the member is already receiving is reduced, suspended or ended, the child’s custodial agency (or DCS) will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.
- If the member’s provider makes a request for medication, the child’s custodial agency (or DCS) will receive a notification within 24 hours.

The Notice of Adverse Benefit Determination letter lets the child’s custodial agency (or DCS) know:

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

If the child’s custodial agency (or DCS) receives a Notice of Adverse Benefit Determination letter that does not tell them what they asked for, what we decided, or the reason why, the child’s custodial agency (or DCS) can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). We will look at the letter and, if needed, write a new letter that better explains the services and the action.

If the Notice of Adverse Benefit Determination letter does not fully address the child’s custodial agency (or DCS) concerns, you or the child’s custodial agency can email AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

The child’s custodial agency (or DCS) has the right to receive a reply from Mercy Care DCS CHP within 30 calendar days of a request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. Member Services can tell you or the child’s custodial agency about how Mercy Care DCS CHP makes these decisions. You can also ask Member Services to mail you a list of criteria. You can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

Prior Approval for an Out-of-Network Provider
We recommend that you use providers registered with AHCCCS and Mercy Care DCS CHP. You can review a list of those providers from our Provider Network located on the Mercy Care website at www.MercyCareAZ.org.

The member has the right to choose a primary care provider (PCP) and primary dental provider (PDP) within the limits of the provider network, and choose other providers as needed from among those affiliated with the network; this also includes the right to refuse care from specified providers.

There may be times when the member needs care from a provider not listed on our network. If the member would like to see a provider not registered with Mercy Care DCS CHP or AHCCCS, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). We will call the health care provider with information about the registration process.
Getting bills for services

You do not have to pay copayments for covered Mercy Care DCS CHP services.

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

What if you get a bill for services?
If the member receives a bill for a covered service:
• Do not pay the bill yourself
• Call the provider right away
• Give them the member’s insurance information and Mercy Care DCS CHP’s address

Mercy Care
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
www.MercyCareAZ.org

If you still get bills after giving the provider the member’s health care information, you should call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help.

Other health insurance
If the member has other health insurance, including Medicare, you should call Mercy Care DCS CHP Member Services and tell us so we can work with the other insurance company. You can reach Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711). Here are some important things to know:
• Always give pharmacies, doctors and hospitals the member’s other health insurance information as well as their Mercy Care DCS CHP information.
• The member’s other health insurance pays for their health care expenses FIRST. After they pay, Mercy Care DCS CHP will pay its part. Call Mercy Care DCS CHP Member Services and provide the name, address and phone number of the member’s primary insurance provider.
• Choose a PCP who works with both health plans if possible. This will help us coordinate payments.
• If a doctor is not part of the Mercy Care DCS CHP provider network, we may still be able to help with copayments for services that are covered by AHCCCS if the doctor gets a Mercy Care DCS CHP prior authorization number. We will pay copayments to the doctor.
• Do not pay the member’s other insurance’s copayment amount yourself. Ask the member’s doctor to bill Mercy Care DCS CHP for the co-pay amount.
• Before the member receives any health care services, show the doctor or hospital the member’s Mercy Care DCS CHP member ID card and tell them about the other health insurance. This will help the doctor know where to send the member’s claims.
• If the member is involved in an accident and gets treatment for their injuries, you must report it to Mercy Care DCS CHP Member Services and the member’s custodial agency representative.
• Be sure to tell the member’s PCP about all of the health care services they receive.

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

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

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

If you have questions, please call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).

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Dual-eligible members: payment for medications

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have been designated to have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D. AHCCCS may cover some medications that are Over-the-Counter (OTC), refer to the Mercy Care DCS CHP OTC Drug List for a list of products available on our website at [https://www.MercyCareAZ.org/members/chp-members/pharmacy](https://www.MercyCareAZ.org/members/chp-members/pharmacy) or call Member Services to request a printed copy.

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Authorizations

**Medical authorizations**
In some cases, the child’s doctor may decide that their condition requires special services. Mercy Care DCS CHP will review and approve these services before the child gets them to make sure the child gets the care that they need when the child needs it. These services may require approval from Mercy Care DCS CHP before they can be performed – this is called prior authorization.

**Here’s how it works:**
The child’s doctor will submit a request to Mercy Care DCS CHP for services that you will need and how they will help the child’s condition. If Mercy Care DCS CHP denies the request, the child’s custodial agency will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days stating if the request was denied and what to do next. If the request is urgent, the child’s custodial agency will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request unless an extension is in effect. If we ask for an extension, the child’s custodial agency will be notified in writing and you or the child’s custodial agency may file a member grievance if you do not agree with Mercy Care DCS CHP taking additional time to review the request. The letter will explain the child’s rights and how to submit a complaint.
If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

**How Mercy Care DCS CHP determines urgency of requests:**

**Routine** – A routine request for a service will be reviewed within 14 days. We will send a written notification (Notice of Adverse Benefit Determination) to the child’s custodial agency within 14 calendar days if the request is denied. The notice will say what to do next.

**Urgent** – the child’s physician believes that their condition is not life-threatening but should be handled quickly to make sure it does not get worse. If the medical records, or the requested services, look urgent to the Mercy Care DCS CHP medical reviewer, we will expedite the standard process. The child’s custodial agency will receive a written notification (called a Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request if the request is denied and what to do next.

Sometimes, we will need more information in order to make our decision. If this is the case, we may need to ask the child’s doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let the child’s custodial agency and the child’s doctor know what information we need to help us decide. If we don’t receive the additional information within the 14 calendar-day period, we may deny the request for prior authorization.

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

Please send member grievances to:

Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

**How do we make our decision about requests?**

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

When an action takes place, Mercy Care DCS CHP is required to issue a Notice of Adverse Benefit Determination.

**Notice of Adverse Benefit Determination**

When a service that the child is already receiving or has requested is not approved (denial), we will send the child’s custodial agency and the child’s provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination.

- If you or the child’s provider make a new request for a service, the child’s custodial agency will receive notification within 14 calendar days (if urgent, you will receive the notification within 72 hours following the receipt of the authorization request).
- If a service that the child is already receiving is reduced, suspended or ended, the child’s custodial agency will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.
The Notice of Adverse Benefit Determination letter says:

- What action was taken and the reason.
- The right to file an appeal and how to do it.
- The right to ask for a fair hearing with AHCCCS and how to do it.
- The right to ask for an expedited resolution and how to do it.
- The right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services.
- The right to request an extension to give us information to help us make a decision.
- If the child’s custodial agency receives a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided, or the reason why, you or the child’s custodial agency can call us. We will look at the letter and, if needed, write a new letter that better explains the services and the action.

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

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

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**Member grievance**

A member grievance is any expression of dissatisfaction related to the delivery of the child’s health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A provider may have failed to provide services, including crisis services, in a timely manner. A member grievance might include concerns with the quality of the medical care you received. You also have the right to file a complaint if you do not feel a Notice of Adverse Benefit Determination letter was adequate. Please let us know if you have a concern like this or need help with another problem.

**How to file a member grievance**

The fastest way to report a member grievance is to call Mercy Care Grievance System Department Monday through Friday 8 a.m. to 5 p.m. at 602-586-1719 or 1-866-386-5794 (TTY 711). You may also contact Member Services if you need help filing your member grievance, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language. A representative will document your member grievance. It is important to provide as much detail as possible. The representative will explain the member grievance resolution process and answer any other questions you may have. We may also need to call you back to provide updates or ask you for more information. We want to ensure that you are receiving the care and services you need.

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

Mercy Care
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

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

- If you submit your member grievance in writing, we will send the child’s custodial agency a letter within five (5) business days. The letter acknowledges our receipt of the member grievance and explains how you will be notified of the resolution.
- If your member grievance involves concerns about the quality of care or medical treatment the child received, we will send the case to our Quality Management department.
- When we cannot resolve your member grievance right away, we will let the child’s custodial agency know and explain the next steps. During our investigation of your concerns, we will work with other departments at Mercy Care DCS CHP as well as the child’s health care provider(s).
- During our investigation, we may need to speak with you again. We may have more questions or we may want to confirm that the child’s immediate needs are met.
- Once the review of your member grievance is complete, we will notify the child’s custodial agency of the resolution.
- If your member grievance was reviewed by our Quality Management department, the child’s custodial agency will get the resolution in writing.
- For other cases, we will call you and explain the resolution to your member grievance. If we are unable to reach you, we will send the resolution in writing.
- We are committed to resolving your concerns as quickly as possible and in no more than 90 days from the date you submitted your member grievance.

**Quality of Care Concerns (QOC)**

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

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

e. Timely access to services.

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

Mercy Care  
Grievance System Department  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040  
Phone: **602-586-1719** or **1-866-386-5794**  
Fax: **602-351-2300**

**Corporate Compliance**

It is the duty of each Mercy Care DCS CHP employee to make the right decision when encountering situations involving legal and ethical issues in their daily activity. If you would like to report, in good faith, concerns involving Mercy Care DCS CHP employees and potential fraud, unethical, illegal, or unacceptable practices or compliance violations, you can call the Mercy Care DCS CHP Corporate Compliance Hotline at **602-771-3555**.

The Corporate Compliance Hotline is a confidential voice mailbox available 24 hours a day, 7 days a week. All
calls are kept confidential to the extent permitted by law. Callers may identify themselves or the caller can remain anonymous. The Mercy Care DCS CHP Compliance Officer will investigate all reports of improper conduct and take action equitably and consistently. Reports can be made by calling the Corporate Compliance Hotline at 602-771-3555.

How to file an Appeal
An appeal is a request to review an adverse decision made by Mercy Care DCS CHP. An adverse decision is when Mercy Care DCS CHP:
- Denies the care requested
- Decreases the amount of care
- Ends care that has previously been approved
- Denies payment for care and you may have to pay for it

You will know that Mercy Care DCS CHP has made an adverse decision because we will send the child’s custodial agency (or DCS) a letter. The letter is called a Notice of Adverse Benefit Determination (NOA). If you do not agree with the action, you may request an appeal by phone or in writing. The request must be made within 60 days from the date of the NOA. Information on how to file an appeal is provided in the NOA.

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

Mercy Care DCS CHP
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Phone: 602-586-1719 or toll-free 1-866-386-5794
Fax: 602-351-2300
Email: MercyCareGandA@MercyCareAZ.org

You and your authorized representative have the following rights regarding your appeal:
- The right to examine the contents of the appeal case file during the appeal process.
- The right to examine all documents and records considered during the appeal process that are not protected from disclosure by law.

Request for Standard Appeal
When we get your appeal, we will send the child’s custodial agency a letter within five (5) business days. The letter will say that we got your appeal and how you can give us more information. If you are appealing services that you want to continue while the case is reviewed, you must file the appeal no later than 10 calendar days from the date on the Notice of Adverse Benefit Determination.

In most cases, we will resolve the appeal within 30 calendar days. Sometimes, we might need more information to make a decision. When this occurs and we believe it is in the member’s best interest, we will request an extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail the child’s custodial agency a written notice explaining this and tell you what information we still need. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint. If we don’t receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.
Once we have completed the review of the member’s appeal, we will send the child’s custodial agency a letter with our decision. The letter explains our decision and explains how it was made. If we deny the member’s appeal, you may request that AHCCCS look at our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

**Request for Expedited Appeal**

You may request an expedited resolution for the member’s appeal if you believe that the standard time frame of a standard resolution might jeopardize the member’s life, health, or ability to attain, maintain or regain maximum function. An expedited appeal is a faster review. The member’s health care provider must provide documentation to support the request for an expedited appeal.

If we decide not to expedite the resolution of the appeal, we will notify you promptly. We will attempt to call you and will mail the child’s custodial agency a written notice within two calendar days that explains this outcome.

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

Once we have completed the review the appeal, we will send the child’s custodial agency a letter with our decision. The letter explains our decision and how it was made. If we deny the appeal, you may request for AHCCCS to review our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward the appeal file and related documentation to AHCCCS or the Office of Administrative Legal Services.

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

**Notice of Extension**

Sometimes more information is needed to make an appeal decision. If a decision cannot be made in time, a 14 day extension may be requested. This can be done by the member, authorized custodial agency representative or Mercy Care DCS CHP. If we ask for an extension, we will mail the child’s custodial agency a written notice explaining this and explain what information we need still need. If we don’t receive the additional information within this time frame, we may deny the appeal.

**Request for a State Fair Hearing**

If the member or authorized representative disagrees with the final decision that Mercy Care DCS CHP has made
on an appeal or the internal appeals process has been exhausted, a State Fair Hearing may be requested. The request for a State Fair Hearing must be made in writing to Mercy Care DCS CHP within 90 calendar days from the date of the appeal decision.

Mercy Care DCS CHP
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Mercy Care DCS CHP will forward the case file and information to the AHCCCS or the Office of Administrative Legal Services (OALS). If the member or authorized representative has questions or needs more information regarding a State Fair Hearing, call the Mercy Care DCS CHP Grievance System Department at 602-586-1719 or toll-free at 1-866-386-5794. The member or authorized representative may request continuation of services while the appeal or state fair hearing is pending. Requests for continuation must be filed within 10 calendar days after the date Mercy Care DCS CHP mailed the NOA or the effective date of the action as indicated in the NOA. You may be required to pay the cost of services if the appeal or state fair hearing is not resolved in the member’s favor.

Mercy Care DCS CHP and our providers cannot discriminate against anyone exercising their appeal rights or if they are filing a member grievance. If you have any questions or need more information, call the Mercy Care DCS CHP Grievance System Department at 602-586-1719 or toll-free 1-866-386-5794 or write to:

Mercy Care DCS CHP
Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

How to file a member grievance, appeal or request for hearing for crisis services
Members who have received crisis services may file a member grievance, appeal or request for hearing. Follow the above steps for crisis services provided in Maricopa County.

For members in counties other than Maricopa County, you can contact one of the following Regional Behavioral Health Authorities (RBHAs):

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Regional Behavioral Health Authorities (RBHAs)</th>
<th>Contact type and phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricopa County</td>
<td>Mercy Care RBHA</td>
<td>Customer service phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>602-586-1719 or 1-866-386-5794 (TTY/TDD 711)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis Line: 1-800-631-1314</td>
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<tr>
<td>Southern Arizona</td>
<td>Arizona Complete Health</td>
<td>Customer service phone:</td>
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<tr>
<td></td>
<td></td>
<td>1-888-788-4408 (TTY/TDD 711)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis Line: 1-844-534-4673</td>
</tr>
<tr>
<td>Northern Arizona</td>
<td>Health Choice Integrated Care</td>
<td>Customer service phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-800-640-2123 (TTY/TDD 711, or 1-800-842-4681)</td>
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<tr>
<td></td>
<td></td>
<td>Crisis Line: 1-844-534-4673</td>
</tr>
</tbody>
</table>

www.MercyCareAZ.org
Member’s rights

Mercy Care DCS CHP members and caregivers have the right to be treated with respect and consideration when they’re getting the health care services they need and deserve.

Mercy Care DCS CHP complies with all Federal and State laws, including:
• Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80,
• The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91,
• The Rehabilitation Act of 1973,
• Title IX of the Education Amendments of 1972 (regarding education programs and activities),
• Titles II and III of the Americans with Disabilities Act; and
• Section 1557 of the Patient Protection and Affordable Care Act.

Members and caregivers have the following rights:
• Right to receive information about Mercy Care DCS CHP, the services Mercy Care DCS CHP provides, the Mercy Care DCS CHP provider network and the Mercy Care DCS CHP provider directory at no charge.
• Right to file a complaint to Mercy Care DCS CHP about inadequate Notice of Adverse Benefit Determination letters or any aspect of Mercy Care DCS CHP’s service.
• Right to file a complaint with AHCCCS, Division of Health Care Management, Medical Management Unit at medicalmanagement@azahcccs.gov, if Mercy Care DCS CHP does not resolve the complaints about the Notice of Adverse Benefit Determination Letter to the member’s satisfaction.
• Right to request information on the structure and operation of Mercy Care DCS CHP or Mercy Care DCS CHP’s contractors or subcontractors (42 CFR 438.10(g)(3)(i)).
• Right to request information regarding if Mercy Care DCS CHP has physician incentive plans that affect referral from doctors.
• Right to know about the type of compensation arrangements with providers, whether stop-loss insurance is required of providers and the right to review member survey results.
• Right to not be discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

Confidentiality and confidentiality limitations:
• You have a right to privacy and confidentiality of your health care information.
• You have a right to talk to health care professionals privately.
• You will find a copy of the “Privacy Rights” notice in your welcome packet. The notice has information on ways Mercy Care uses your records, which includes information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.
• You have a right to know about health care privacy.
  - There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.
  - There may be times that you want to share your medical or behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information (ROI) Form, which states that your medical records,
or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact Mercy Care at 602-212-4983 or 1-833-711-0776 (TTY 711).

- You have a right to know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn’t protect the following information:
  - If you commit a crime or threaten to commit a crime at the provider’s office or clinic or against any person who works there, the provider must call the police.
  - If you’re going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
  - We must also report suspected child abuse to local authorities.
  - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.

- There are other times when providers can share certain health information with family members and others involved in the child’s care. For example, if:
  - You verbally agree to share the information.
  - You have an opportunity to object to sharing information, but don’t object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
  - It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
  - The provider believes you’re a serious and imminent threat to your health or safety, or someone else’s health and safety.
  - The provider uses the information to notify a family member of the member’s location, general condition or death.
  - The provider is following other laws requiring they share information.

- To help arrange and pay for the child’s care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
  - Physicians and other agencies providing health, social, or welfare services
  - Your medical primary care provider
  - Certain state agencies and schools following the law, involved in the child’s care and treatment, as needed
  - Members of the clinical team involved in the child’s care

- At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. The written permission may be required by your DCS Specialist before your information is shared.

- Right to services provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, and those with diverse cultural and ethnic backgrounds as well as members with visual or auditory limitation at no cost.

- Right to choose a primary care provider (PCP) and primary dental provider (PDP) within the limits of the provider network, and choose other providers as needed from among those affiliated with the network; this also includes the right to refuse care from specified providers.

- Right to know about providers who speak languages other than English.

- Right to a second opinion from a qualified health care professional registered with AHCCCS at no cost to the member.
• Right to receive information on available treatment options and alternatives, in a manner appropriate to the member condition and ability to understand.
• Right to review his/her medical records in accordance with applicable State and Federal laws.
• Right to request annually and receive at no cost a copy of his/her medical records as specified in 45 CFR 164.524. The member’s right of access to inspect and get a copy of his/her medical records may be denied if the information is:
  - Psychotherapy notes;
  - Information compiled for, or in reasonable anticipation of, a civil, criminal or administrative action; or
  - Protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988, or exempt pursuant to 42 CFR 493.3(a)(2). An individual may be denied access to read or receive a copy of medical record information without an opportunity for review in accordance with 45 CFR Part 164 (above) if:
    • The information meets the criteria stated above;
    • The provider is a correctional institution or acting under the direction of a correctional institution as defined in 45 CFR 164.501;
    • The information is obtained during the course of current research that includes treatment and the member agreed to suspend access to the information during the course of research when consenting to participate in the research;
    • The information was compiled during a review of quality of care for the purpose of improving the overall provision of care and services;
    • The denial of access meets the requirements of the Privacy Act, 5 U.S.C. 552a; or
    • The information was obtained from someone other than a health care provider under the protection of confidentiality, and access would be reasonably likely to reveal the source of the information.
• Right to seek review if access to inspect or request for a copy of medical record information is denied when:
  - A licensed health care professional has determined the access requested would reasonably be likely to endanger the life or physical safety of the member or another person; or
  - The protected health information refers to another person and access would reasonably be likely to cause substantial harm to the member or another person. Mercy Care DCS CHP must respond within 30 days to the member’s request for a copy of the records, the response may be the copy of the record or, if necessary to deny the request, the written denial must include the basis for the denial and written information about how to seek review of the denial in accordance with 45 CFR Part 164.
• Right to amend or correct his/her medical records as specified in 45 CFR 164.526 (Mercy Care DCS CHP may require the request be made in writing).
• Right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
• Right to get information on beneficiary and plan information.
• Right to be treated with respect and with recognition of the member’s dignity and need for privacy; the right to privacy includes protection of any identifying information except when otherwise required or permitted by law.
• Right to participate in decisions regarding his or her health care, including the right to refuse treatment (42 CFR 438.100), and/or have a representative facilitate care or treatment decisions when the member is unable to do so.
• Right to receive information, in a language and format that the member understands, about member rights and responsibilities, the amount, duration and scope of all services and benefits, service providers, services included and excluded as a condition of enrollment, and other information including:
  - Provisions for after-hours and emergency health care services, which includes the right to access emergency health care services from a provider without prior authorization, consistent with the member’s determination of the need for such services as prudent;
  - Information about available treatment options (including the option of no treatment) or alternative courses of care;
  - Procedures for getting services, including authorization requirements and any special procedures for getting mental health and substance use services, or referrals for specialty services not furnished by the member’s PCP;
  - Procedures for getting services outside the Mercy Care DCS CHP provider network;
  - Provisions for getting AHCCCS covered services that are not offered or available through Mercy Care DCS CHP, and notice of the right to obtain family planning services from an appropriate AHCCCS registered provider, and
  - A description of how Mercy Care DCS CHP evaluates new technology for inclusion as a covered benefit.
• Right to use any hospital or other setting for emergency care [42 CFR 457.1207, 42 CFR 438.10]
• Right to the criteria used as a basis for decisions
• Right to receive information regarding grievances, appeals and requests for a hearing about Mercy Care DCS CHP or the care provided.
• Right to request a state fair hearing after Mercy Care DCS CHP has made an adverse determination
• Right to file grievances and appeals
• Right to receive help filing grievances and appeals
• Right to call Member Services if there are any questions regarding member rights.

Health plan Notices of Privacy Practices

The privacy of our members’ medical information is very important to us. We want to keep member information private and confidential. Mercy Care DCS CHP verifies the identity of all incoming callers before releasing any information. Our Member Services staff will only give information to the member’s custodial agency representative, the member’s caregiver and/or the member. Any other callers requesting information are referred to the member’s custodial agency representative for further help.

The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways. Mercy Care DCS CHP is required to have safeguards for protecting members’ health information. This applies to all health care providers and other stakeholders.

A member’s Protected Health Information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

We protect member health information with specific procedures, such as:
  • **Administrative.** We have rules that tell us how to use a member’s health information no matter what form it is in – written, oral or electronic.
• **Physical.** Member health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.

• **Technical.** Access to member health information is “role-based.” This allows only those who need to do their job and give care to members to have access.

Mercy Care DCS CHP provides a notice of members’ rights and responsibilities on the use, disclosure and access to PHI. It is called the “Notice of Privacy Practices” (NPP). The NPP is sent to the member’s custodial agency representative. It is also included in the New Member Packets. The Mercy Care DCS CHP Privacy Officer can explain the NPP and answer questions about HIPAA. For help from the Mercy Care DCS CHP Privacy Officer, call 602-351-2245 or 1-800-201-1795. You can ask to speak to the Privacy Officer.

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**Physician Incentive Plans**

Mercy Care provides incentive payments to Accountable Care Organizations (ACO) and other provider organizations upon successful completion or expectation of successful completion of contracted goals/measures in accordance with the Alternative Payment Measure (APM) strategy. It does not reflect payment for a direct medical service to a member. The intent of these incentive programs is to incentivize quality, health outcomes and value over volume to achieve better care, smarter spending and healthier people.

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**Fraud, waste and abuse**

**Fraud**

Fraud is a dishonest act done on purpose. Fraud and abuse also includes things like loaning, selling or giving the child’s member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Committing fraud or abuse is against the law. The child’s health benefits are given to them based on their health and financial status. A child’s member benefits should not be shared with anyone. If the child’s benefits are misused, the child could lose their AHCCCS benefits. AHCCCS may take legal action against an individual that misuses a child’s benefits. If you think a person, member or provider is misusing the program, you should call Mercy Care DCS CHP Member Services or AHCCCS.

Examples of member fraud are:

• Letting someone else use the child’s Mercy Care DCS CHP ID card
• Getting prescriptions with the idea of abusing or selling drugs
• Changing information on the child’s Mercy Care DCS CHP ID card
• Changing information on a prescription

Examples of provider fraud are:

• Billing for services that didn’t happen
• Ordering and/or billing for services that are not medically necessary
• Billing for services that are not documented
Waste and/or abuse

Waste and/or abuse can mean providers take actions resulting in needless costs to AHCCCS. This includes providing medical services that are not required. It may also mean the provider does not meet required health care standards. Abuse can also include member actions that result in extra costs to AHCCCS.

Abuse means provider practices that are inconsistent with sound financial, business or medical practices. This can result in unnecessary cost to the Medicaid program. Abuse can also be billing for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

Reporting

If you think a person, member or provider is misusing the program, you should let us know. You can report to Mercy Care DCS CHP or to AHCCCS. You can fill out a form at www.MercyCareAZ.org/members/chp-members. Select “Fraud, Waste And Abuse” in the Members’ section of the website. You can also call the Mercy Care Fraud Hotline at 1-800-810-6544.

You can fill out a form on the AHCCCS website at www.azahcccs.gov/Fraud/ReportFraud. You can send an email to AHCCCSFraud@azahcccs.gov. You can also call AHCCCS Fraud Reporting at 602-417-4193 if you are in Arizona or toll free at 888-ITS-NOT-OK or 800-487-6686 if you are outside of Arizona.

Tobacco cessation

Quitting tobacco is one of the best things that you can do for one’s health. Getting medication and coaching can double the chances for successfully quitting tobacco. Help or coaching is available through group education, over-the-phone and text messaging. Medication can be prescribed by a doctor. A doctor can also make referrals to the Arizona Smokers Helpline (ASHLine) for coaching and resources to help quit tobacco. One does not need a referral to the ASHLine to reach out for help. The ASHLine offers information to help protect individuals from secondhand smoke. Many people have quit smoking and stopped tobacco use through programs offered by the ASHLine. If you want more information to help you or someone you know quit tobacco, you have choices.

1. You can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711).
2. If you are part of Mercy Care DCS CHP, Care Management program, talk to your Care Manager.
3. Talk to your doctor.
4. Call the Arizona Smokers Helpline (ASHLine) directly at 1-800-556-6222, or visit www.ashline.org.

In addition to the ASHLine, there are other resources available. For more information on quitting tobacco, go to Tobacco Free Arizona at http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.

Smartphones at no cost to you

You may be able to get cell service plus a smartphone at no cost to you through the government’s Lifeline program. To apply for a smartphone, go to https://bit.ly/MercyLifeline to fill out the online form. If you do
not have access to the internet, or if you need help filling out the form, you can call Member Services to assist you. Member Services can be reached at 602-212-4983 or toll-free at 1-833-711-0776 (TTY 711) and ask about the Assurance Wireless Lifeline program. You will have to show proof of eligibility to enroll into the Assurance Wireless Lifeline phone program.

Assurance Wireless Lifeline service includes:

- Data each month
- Unlimited text messages
- Voice minutes each month
- Android smartphone

Extra Mercy Care DCS CHP benefits include:

- Health tips and reminders by text
- Calls to Member Services that don’t count against your monthly minutes

For more information, call Mercy Care Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) or go to www.MercyCareAZ.org.

Community resources

You can reach out directly to these community resources and programs. You can also call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY 711) for help getting services from any of the programs listed.

Supplemental Nutrition Program for Women, Infants and Children (WIC)
The Supplemental Nutrition Program for Women, Infants and Children (WIC) serves to safeguard the health of women, infants and children up to the age of 5 who are at risk nutritionally. Mercy Care DCS CHP members qualify for WIC services. WIC provides many family services and many nutritious foods to supplement diets. They also give information on healthy eating and referrals for health care. WIC provides services to pregnant, breastfeeding or post-partum women, as well as children under 5 years. Coverage for the mother lasts for 6 months after pregnancy if not breastfeeding. They cover for 1 year if breastfeeding. WIC’s toll-free number is 1-800-252-5942. Additional information can also be found on the Arizona Department of Health Services website at https://www.azdhs.gov/prevention/azwic/index.php.

Head Start
Head Start and Early Head Start are child development programs that serve children from birth to age 5, pregnant women and their families. They have the overall goal of increasing school readiness of young children in low-income families. Children in out-of-home care are given preference to participate in Head Start programs. For more information on Head Start, call 1-866-763-6481 or visit their website at www.azheadstart.org.

The Arizona Early Intervention Program (AzEIP)
The Arizona Early Intervention Program (AzEIP) is a statewide system of programs and services. AzEIP is designed to provide support for families of infants and toddlers, newborn to 3 years old, with disabilities or delays. The goal is to help these children reach their full potential. A newborn to 3-year-old child who is the victim of abuse or neglect can get an AzEIP evaluation. For more information on the AzEIP program, call 602-532-9960, toll-free 1-888-439-5609 or visit the website at https://des.az.gov/services/disabilities/developmental-infant.
Area Agency on Aging
The Area Agency on Aging is a statewide system of programs, services and advocacy to support adults aged 60 and older, adults aged 18 and older with HIV/AIDS, disabilities, long-term care needs. To find your local office, visit their website at https://des.az.gov/services/aging-and-adult/aging-and-disability-services/area-agency-aging

Arizona Disability Benefits 101 (DB 101)
Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits, and employment.
1-866-304-WORK (9675)
www.az.db101.org

ARIZONA@WORK
ARIZONA@WORK provides comprehensive statewide and locally-based workforce solutions for job seekers and employers.
https://arizonaatwork.com

Vocational Rehabilitation (VR)
The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.
1-800-563-1221 or TTY 1-855-475-8194
https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr

Alzheimer’s Association
Alzheimer’s Association is a statewide system of information and resources for those living with or caring for someone with Alzheimer’s or other dementias. For more information, call their toll-free, 24/7 Helpline at 1-800-272-3900 or visit their website for resources in your area, https://www.alz.org/dsw.

Mentally Ill Kids in Distressed (MIKID)
Mentally Ill Kids in Distressed (MIKID) is a statewide non-profit family run organization serving children and families with mental health needs through family support, community education and support groups. To find a location close to you, go to http://www.mikid.org/locations or call the Phoenix office at 602-253-1240 for help.

Family Involvement Center (FIC)
Family Involvement Center (FIC) is a statewide non-profit family run organization who assists and supports families/caregivers of children/youth with emotional, behavioral and mental health needs in order to foster healthy, resilient children and families who are valued and involved in shaping their own care. To find a location close to you, click on http://www.familyinvolvementcenter.org or call the Phoenix office at 602-412-4095 for help.

Reach Family Services/ Alcanza Servicios de Familia
Reach Family Services is a non-profit family run organization in south Phoenix who offers bilingual services in both Spanish and English to assist families who are raising children with behavioral and emotional health challenges. You can call them at 602-512-9000 or visit their website at http://www.reachfs.org for help.

AZ Suicide Prevention Coalition
AZ Suicide Prevention Coalition is a statewide non-profit organization whose mission is to change those conditions that result in suicidal acts in Arizona through awareness, intervention and action. You can email
AZSPC@gmail.com or visit https://www.azspc.org for details.

If you are in need of immediate help within Arizona, you can call EMPACT at 480-784-1500 or 866-205-5229. Teens can call Teen Lifeline at 602-248- TEEN (8336) or 1-800-248- TEEN.

**National Suicide Prevention Hotline**
Offers no-cost 24-hour hotline available to anyone experiencing a suicidal crisis or emotional distress. Dial 988 or 1-800-273-8255 or www.suicidepreventionlifeline.org.

**National Alliance on Mental Illness (NAMI)**
The NAMI is a National grassroots organization dedicated to advocating for quality treatment for persons with mental illness, promoting community support programs, and serving as a center within Arizona for the collection and dissemination of information. Call 480-994-4407 for information & resources or visit http://www.namiarizona.org for a local affiliate near you.

**Raising Special Kids (RSK)**
A statewide non-profit organization whose mission to improve the lives of children with the full range of disabilities or special health care needs, from birth to age 26, by providing support, training, information and individual help so families can become effective advocates for their children. To find a location close to you, go to http://www.raisingspecialkids.org or call the Phoenix office at 602-242-4366, toll-free 1-800-237-3007 for help.

**Dump the Drugs AZ**
To locate a drop-box for disposing of unwanted medications, go to https://www.azdhs.gov/gis/dump-the-drugs-az

**Nutrition, Physical Activity and Obesity (NUPAO)**
For additional resources for treating obesity and nutritional information go to www.azdhs.gov/phs/bnp/nupao and Arizona Nutrition Network at https://www.azhealthzone.org/.

**Opioid Help and Referral Line**
Local medical experts offer patients, providers, and family members opioid information, resources and referral 24 hours a day, 7 days a week. Translation services available.
1-888-688-4222 or https://www.azdhs.gov/oarline

**Teen Lifeline**
Teen Lifeline is a safe, confidential, crucial crisis service where teens help teens make healthy decisions through a 24-hour peer counseling crisis hotline and suicide prevention services.
Call or text 602-248-8336 (TEEN) or Nationwide 1-800-248-8336 (TEEN)
https://teenlifeline.org

**Power Me A2Z**
This program provides no-cost vitamins from the Arizona Department of Health Services, which is important for women’s health. There are no hidden costs.
https://www.powermea2z.org

**Poison Control**
Call 911 right away if the individual collapses, has a seizure, has trouble breathing, or can’t be awakened.
For immediate and expert advice that’s no-cost and confidential call hours a day, 7 days a week: 1-800-222-1222.
Get help online if you took too much medicine, swallowed or inhaled something that might be poisonous, splashed a product on your eye or skin, help identify a pill, or information about a medication.
https://triage.webpoisoncontrol.org/#/exclusions or visit https://www.poison.org

Arizona Department of Health Services
150 N. 18th Ave.
Phoenix, AZ 85007
602-542-1025 or 1-800-252-5942
www.azdhs.gov/index.php

Arizona Department of Health Services (ADHS) 24-Hour Pregnancy and Breastfeeding Hotline
1-800-833-4642
https://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#mom-home

Fussy Baby Program
The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby’s temperament or behavior during the first year of life. Our clinicians will work with you to find more ways to soothe, care for, and enjoy your baby. We’ll also offer ways to reduce stress while supporting you in your important role as a parent. Additional visit(s) to home if needed in Maricopa County only.
1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/fussy-baby/

Hushabye Nursery
Hushabye Nursery offers a safe and inclusive space where mothers, family members and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. Programs will include prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.
Call or text 480-628-7500
https://www.hushabyenursery.org

Birth to 5 Helpline
No-cost service available to all Arizona families with young children, as well as parents-to-be, with questions or concerns about their infants, toddlers and preschoolers. Call to speak with an early childhood specialist, on duty Monday through Friday from 8 a.m. to 8 p.m. You can also leave a voicemail or submit your question online anytime.
1-877-705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/

Strong Families AZ
Strong Families AZ is a network of no-cost home visiting programs that helps families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5.
https://strongfamiliesaz.com/

Postpartum Support International
Postpartum Support International (PSI) is a toll-free number anyone can call to get basic information, support,
and resources. Volunteers will give you information, encouragement, and names of resources near you.

1-800-944-4773 or Spanish 971-203-7773
https://www.postpartum.net

**Arizona Postpartum Warm Line**
Offers support for families dealing with postpartum depression, postpartum anxiety and other mood disorders associated with pregnancy and postpartum. This is a volunteer, peer support warm line, and helpful to families dealing with postpartum. Call or text 24 hours a day, 7 days a week (English) 1-800-944-4773 or (Spanish) 971-203-7773.
www.psiarizona.org

**Health-e-Arizona Plus**
Connecting individuals and families to Medicaid coverage, benefits and other services.
1-855-HEA-PLUS (1-855-432-7587)
www.healthearizonaplus.gov

**AZ Links**
AzLinks.gov offers assistance and information on aging and disability. You can use this site to plan for the future or handle an immediate need.
www.azlinks.gov

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**Low-cost and no-cost primary and preventive care services**

Members who are not Medicaid eligible may access primary and preventive care at no or low cost. 2-1-1 Arizona provides information and referral services for general health and dental services available statewide.

https://211Arizona.org
Dial 2-1-1 within Arizona or 1-877-211-8661 from anywhere
TDD: 711 or 1-800-367-8939 (Arizona Relay)
Fax: 602-263-0979
1275 W. Washington St., Ste. 108
Tempe, AZ 85281-1859

**MARICOPA COUNTY**

**Adelante Healthcare**
https://adelantehealthcare.com/locations/

- **Goodyear**
  13471 W. Cornerstone Rd.
  Goodyear, AZ 85395
  1-877-809-5092

- **Buckeye**
  306 E. Monroe Ave.
  Buckeye, AZ 85326
  1-877-809-5092

- **Gila Bend**
  100 N. Gila Blvd.
  Gila Bend, AZ 85337
  1-877-809-5092

Member Services 602-212-4983 or 1-833-711-0776 (TTY/TDD 711) Monday - Friday, 8 a.m. to 5 p.m. | 61
Mesa
1705 W. Main St.
Mesa, AZ 85201
1-877-809-5092

Central Phoenix
500 W. Thomas Rd., Ste. 870
Phoenix, AZ 85013
1-877-809-5092

West Phoenix
7725 N. 43rd Ave., Ste. 510
Phoenix, AZ 85051
1-877-809-5092

Surprise
15351 W. Bell Rd.
Surprise, AZ 85374
1-877-809-5092

Peoria
15525 W 83rd Ave., Ste. 104
Peoria, AZ 85382
1-877-809-5092

Wickenburg
811 N. Tegner St., Ste. 113
Wickenburg, AZ 85390
1-877-809-5092

NOAH
https://noahhelps.org/health-center-locations

NOAH - Copperwood
11851 N. 51st Ave., Ste. B110
Glendale, AZ 85304
480-882-4545

NOAH - Desert Mission
9201 N. Fifth St.
Phoenix, AZ 85020
480-882-4545

NOAH - Heuser
7301 E. Second St., Ste. 210
Scottsdale, AZ 85251
480-882-4545

NOAH - Midtown
4131 N. 24th St., Ste. B-102
Phoenix, AZ 85016
480-882-4545

NOAH - Palomino
16251 N. Cave Creek Rd.
Phoenix, AZ 85032
480-882-4545

NOAH - Sierra
6206 W. Bell Rd.
Glendale, AZ 85308
480-882-4545

NOAH - Venado
20440 N. 27th Ave.
Phoenix, AZ 85027
480-882-4545

Valleywise Health Center
https://valleywisehealth.org/locations

North Phoenix Community Health Center
2025 W. Northern Ave.
Phoenix, AZ 85021
602-655-6300

Phoenix Comprehensive Health Center
2525 Roosevelt St.
Phoenix, AZ 85008
833-855-9973

Guadalupe Community Health Center
5825 E. Calle Guadalupe
Guadalupe, AZ 85283
480-344-6000

South Central Phoenix Community Health Center
33 W. Tamarisk St.,
Phoenix, AZ 85041
602-344-6600

South Phoenix/Laveen Community Health Center
5650 S. 35th Ave.
Phoenix, AZ 85041
602-655-6400

www.MercyCareAZ.org
McDowell Community Health Center
1101 N. Central Ave., Ste. 204
Phoenix, AZ 85004
602-344-6550

Maryvale Community Health Center
4011 N. 51st Ave.
Phoenix, AZ 85031
623-344-6900

Chandler Community Health Center
811 S. Hamilton St.
Chandler, AZ 85225
480-344-6100

El Mirage Community Health Center
12428 W. Thunderbird Rd.
El Mirage, AZ 85335
623-344-6500

Peoria Comprehensive Health Center
8088 W. Whitney Dr.
Peoria, AZ 85345
602-655-2000

Avondale Community Health Center
950 E. Van Buren St.
Avondale, AZ 85323
623-344-6800

Glendale Community Health Center
5141 W. LaMar St.
Glendale, AZ 85301
623-344-6700

Mesa Community Health Center
59 S. Hibbert
Mesa, AZ 85210
480-344-6200

7th Avenue Family Health Center
1205 S. 7th Ave.
Phoenix, AZ 85007
602-344-6600

Mountain Park Health Center
https://mountainparkhealth.org/

Mountain Park Health Center - Tempe
1840 E. Broadway Rd.
Tempe, AZ 85282
602-243-7277

Mountain Park Health Center - Maryvale
6601 W. Thomas Rd.
Phoenix, AZ 85033
602-243-7277

Mountain Park Health Center - Gateway
3830 E. Van Buren St.
Phoenix, AZ 85008
602-243-7277

Mountain Park Health Center - Goodyear
140 N. Litchfield Rd. #106
Goodyear, AZ 85338
602-243-7277

Mountain Park Health Center - South Phoenix/Baseline
635 E. Baseline Rd.
Phoenix, AZ 85042
602-243-7277

Mountain Park Health Center - Christown
5517 N. 17th Ave.
Phoenix, AZ 85015
602-243-7277

Native American Community Health Center, Inc.
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
602-279-5262

Panda Pediatrics
515 W. Buckeye Rd., Ste. 402
Phoenix, AZ 85003
602-257-9229
Maryvale Family Practice Group  
4700 N. 51 Ave., Ste. 6  
Phoenix, AZ 85031  
623-209-5555

OSO Medical  
13851 W. LaMar Blvd., Ste. C  
Goodyear, AZ 85338  
623-925-2622

PIMA COUNTY

Desert Senita Community Health Center  
410 N. Malacate St.  
Ajo, AZ 85321  
520-387-5651

El Rio Community Health Centers  
https://www.elrio.org/for-patients/locations/

El Rio Community Health Centers - Cherrybell Health Center  
1230 S. Cherrybell Ave.  
Tucson, AZ 85713  
520-670-3909

El Rio Community Health Centers - Southwest Health Center  
1500 W. Commerce Ct.  
Tucson, AZ 85746  
520-670-3909

El Rio Community Health Centers - Southeast Health Center  
6950 E. Golf Links Rd.  
Tucson, AZ 85730  
520-670-3909

El Rio Community Health Centers - El Pueblo Campus  
101 W. Irvington Rd., Bldg. 10  
Tucson, AZ 85714  
520-670-3909

MHC Healthcare  
https://mhchealthcare.org/our-locations/

MHC Healthcare - Clinica Del Alma Health Center  
3690 S. Park Ave., Ste. 805  
Tucson, AZ 85713  
520-616-6760

MHC Healthcare - Keeling Health Center  
435 E. Glenn St.  
Tucson, AZ 85705  
520-616-1560

MHC Healthcare - Ellie Towne Health Center  
1670 W. Ruthrauff Rd.  
Tucson, AZ 85705  
520-616-6797

MHC Healthcare - Ortiz Community Health Center  
12635 W. Rudasill Rd.  
Tucson, AZ 85743  
520-682-3777
Cochise County

Chiricahua Community Health Center - Bisbee
108 Arizona St.
Bisbee, AZ 85603
520-432-3309

Chiricahua Community Health Center - Douglas
1100 F Ave.
Douglas, AZ 85607
520-364-3285

Low-fee dental services

The following organizations offer low-fee dental services:

Gila County

Copper Vista Dental Care
1450 South St., Ste. 3
Globe, AZ 85501
928-257-4222

Greenlee County

Canyonlands Healthcare - Douglas
227 Main St. (P.O. Box 708)
Duncan, AZ 85534
928-359-1380

Member Services 602-212-4983 or 1-833-711-0776 (TTY/TDD 711) Monday- Friday, 8 a.m. to 5 p.m. | 65
MARICOPA COUNTY

Mountain Park Health Center (3 locations)
602-243-7277
https://mountainparkhealth.org/locations

5517 N. 17th Ave.
Phoenix, AZ 85015

635 E. Baseline Rd.
Phoenix, AZ 85042

6601 W. Thomas Rd.
Phoenix, AZ 85033

Native Health Central
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
602-279-5262
www.NativeHealthPhoenix.org

Phoenix College Clinic
1202 W. Thomas Rd.
Phoenix, AZ 85013
602-285-7777
https://www.phoenixcollege.edu/community/community-services/dental-clinic

St. Vincent de Paul
420 W. Watkins St.
Phoenix, AZ 85002
602-261-6842
https://www.stvincentdepaul.net/programs/dental-clinic/appointments-for-children

PIMA COUNTY

El Rio Health
https://www.elrio.org/service/dental

El Rio Dental Congress
839 W. Congress St.
Tucson, AZ 85745
520-670-3909

El Rio Northwest Dental Center
340 W. Prince Rd.
Tucson, AZ 85705
520-670-3909

El Rio Southwest Dental Center
1500 W. Commerce Ct., Bldg. 1
Tucson, AZ 85746
520-670-3909

Pima Community College (open to the public)
Dental Hygiene Clinic West Campus
2202 W. Anklam Rd., Rm. K-212
Tucson, AZ 85709
520-206-6090
https://www.pima.edu/student-resources/support-services/health-wellness-safety/dental-clinic.html

Desert Senita Community Health Center
410 N. Malacate St.
Ajo, AZ 85321
520-387-5651
https://www.dentalclinics.org/lis/desert_senita_dental_center_85321

Member advocates

An advocate is anyone who supports and promotes the rights of the member. Listed below are advocates available for members receiving care in or out of the home:

- Member’s PCP or doctor.
- DCS Specialist and the Supervisor or the Program Manager.
- Member’s Juvenile Justice Probation or Parole Officer.
- Assistant Attorney General (AAG) assigned to the member’s case.
• The Arizona Center for Disability Law: a non-profit public interest law firm dedicated to protection and advocacy of individuals with disabilities. For more information, visit their website at https://www.azdisabilitylaw.org or call the Phoenix office at 602-274-6287 or toll-free at 1-800-927-2260. You can call the Tucson office at 520-327-9547 or toll-free at 1-800-922-1447.

• The Arizona Ombudsman-Citizens Aide: if you feel you have been treated unfairly by a state administrator, if you find yourself in a disagreement or dispute with a state agency or department, call the ombudsman-citizen aide at 602-277-7292 or toll-free at 1-800-872-2879 or visit https://www.azoca.gov/child-safety-dcs.

• National Alliance on Mental Illness (NAMI): a grassroots organization dedicated to advocating for quality treatment for persons with mental illness and promoting community support programs. Call 480-994-4407 for information & resources or visit http://www.namiarizona.org for a local affiliate near you.

• Arizona Coalition to End Sexual and Domestic Violence: a helpline for information and answers to questions relating to Sexual and Domestic Violence Services in Arizona, including information about the legal system, your legal rights, resources and referrals and safety planning. Visit their website at http://www.acesdv.org. You can also call the Sexual and Domestic Violence Services Helpline at 602-279-2900 or toll-free at 1-800-782-6400, and TTD/TTY 602-279-7270 or email INFO@acesdv.org.

Definitions

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

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

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

**Emergency Medical Condition:** An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:
- Put the person’s health in danger
- Put a pregnant woman’s baby in danger
- Cause serious damage to bodily functions
- 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
- 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 in a hospital.

**Medically Necessary:** A service given by a doctor, or licensed health practitioner that helps with health problems, stops diseases, 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 Mercy Care DCS CHP. 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  
- Plans to help the member better their quality of life

**Preauthorization:** See Prior Authorization.  
**Prior Authorization:** Approval from Mercy Care DCS CHP that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.
**Premium:** The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

**Prescription Drug Coverage:** Prescription drugs and medications paid for by your health plan.

**Prescription Drugs:** Medications ordered by a health care professional and given by a pharmacist.

**Primary Care Physician:** A doctor who is responsible for managing and treating the member’s health.

**Primary Care Provider (PCP):** A person who is responsible for the management of the member’s health care. A PCP may be a:
- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed or
- Certified nurse practitioner.

**Provider:** A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

**Rehabilitation Services and Devices:** See Rehabilitation.

**Rehabilitation:** Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

**Skilled Nursing Care:** Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

**Specialist:** A doctor who practices a specific area of medicine or focuses on a group of patients.

**Urgent Care:** Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

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**Maternity care service definitions**

**Certified Nurse Midwife (CNM):** is an individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

**Free Standing Birthing Centers** are out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses to provide assistance with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

**High-risk pregnancy** refers to a condition in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the
Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed Midwife means an individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. R9-16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

Maternity care includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

Maternity care coordination consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

Maternity care provider – The following are provider types who may provide maternity care when it is within their training and scope of practice:

- Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
- Physician Assistants.
- Nurse Practitioners.
- Certified Nurse Midwives, and
- Licensed Midwives.

Postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

Postpartum care is health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

Practitioner refers to certified nurse practitioners in midwifery, physician’s assistant(s), and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.

Preconception counseling is the provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

Prenatal care is the provision of health services during pregnancy which is composed of three major components:

1. Early and continuous risk assessment
2. Health education and promotion
3. Medical monitoring, intervention, and follow-up
Mercy Care DCS CHP complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Care DCS CHP:

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

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

If you believe that Mercy Care DCS CHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a member grievance with our Civil Rights Coordinator at:

- Attn: Civil Rights Coordinator
- 4500 East Cotton Center Boulevard Phoenix, AZ 85040
- **1-888-234-7358 (TTY 711)**
- MedicaidCRCoordinator@MercyCareAZ.org

You can file a member grievance by mail or email. If you need help filing a member grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

- U.S. Department of Health and Human Services
- 200 Independence Ave., SW Room 509F, HHH Building,
- Washington, D.C. 20201
- **1-800-368-1019**
- **1-800-537-7697 (TDD)**
