Because we care.
Mercy Care ACC-RBHA Member Services
602-586-1841 or 1-800-564-5465 (TTY 711)
24 hours a day, 7 days a week

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

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

Rally Point Arizona Veteran Help Line
1-855-RALLY4U or 1-855-725-5948
24 hours a day, 7 days a week
Call us and you can be connected to a veteran who understands where you’ve been and where you are now.

PERSONAL INFORMATION AND CONTACT INFORMATION

My member ID number: ___________________________________________________________

My Primary Care Provider (PCP): ________________________________________________

Hospital: ________________________________________________________________________

Pharmacy: ______________________________________________________________________

Case manager: ____________________________________________________________________

My psychiatrist or nurse: __________________________________________________________

There are different ways you can get a copy of the Mercy Care ACC-RBHA Member Handbook. You can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) and ask that they mail you a copy. Member Services is available 24 hours a day, 7 days a week. You can also view your Member Handbook on our website, www.MercyCareAZ.org.

Handbook revision date: October 1, 2022.

Covered services are funded under contract with AHCCCS. This handbook contains general health information and shouldn’t replace the advice or care you get from your provider. You should always ask your health care provider about your own health care needs.

No one from Mercy Care will ever contact you and ask you for your 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. Hang up and call Member Services or report it online. Go to www.MercyCareAZ.org and select Fraud and Abuse.
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**www.MercyCareAZ.org**  
Member Services **602-586-1841** or **1-800-564-5465 (TTY/TDD 711)** 24 hours a day, 7 days a week
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Introduction

Welcome to Mercy Care ACC-RBHA

You have many benefits and services available to you. You have access to a variety of health care providers and community resources. You can count on us. We’ll connect you to the care you need, when and where you need it. You’re not alone. We’re here to help.

As a member, you can also use many different supports and services. These services can help when you’re having a behavioral health crisis. Or an issue with substance use. They can help if you need guidance from someone with lived experiences. They can help you if you’re experiencing homelessness. Supports can also mean help finding and keeping a job or a home.

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

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

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

Mercy Care
ATTN: OIFA - Mercy Care Committees
4500 E. Cotton Center Blvd., Phoenix, AZ 85040
OIFATeam@MercyCareAZ.org

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

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

Your member handbook and member materials

You should read this handbook carefully. You can learn about:

- Your rights and responsibilities
- Getting health care services
- Your health care privacy
- Services that are covered
- Services that aren’t covered
- What makes an emergency
- What you can do if you disagree with a decision about your treatment
- And much more
This handbook is available in other languages and formats. You can learn how to get this handbook in other formats in the section, “Language, translation and interpretation services.” You can get a printed copy of this handbook mailed to you, at no cost to you. If you need this handbook in a different alternative format, you can get that at no cost to you.

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

**Member materials in an electronic format**
Mercy Care’s member information materials are available in an electronic format. This includes the member handbook, provider directory, newsletters and much more. You can find these on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). If you receive printed documents and you prefer to get these electronically, let us know. You can call Mercy Care Member Services toll free at [602-586-1841](tel:602-586-1841) or [1-800-564-5465](tel:1-800-564-5465) (TTY 711) and ask for the information to be sent to you electronically, such as email.

**Mailed member materials**
If you do not have access to the internet or email, you can get materials mailed to you. You can call Member Services at [602-586-1841](tel:602-586-1841) or [1-800-564-5465](tel:1-800-564-5465) (TTY 711) to request a material to be mailed to.

**Mercy Care ACC-RBHA website**
You can visit our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). You can get information about Mercy Care ACC-RBHA services. You can search for a provider. You can find ways to get involved in the community. You can find events in the community that you can be a part of. You can view the website in English, Spanish and Arabic. To increase the screen size of a website, hold down the “control” key while pressing the “+” key. To make the screen size of a website smaller, hold down the “control” key while pressing the “-” key. Our website is also compatible with common screen readers.

**Mercy Care ACC-RBHA Web Portal**
You can also get your own health information by going to our secure web portal. Go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and click on the Mercy Care ACC-RBHA Web Portal link at the top of the page. If you’re a first time user, follow the prompts to create a login. Then you can use the portal.

With your secure login, you can:
- Request a new member ID card
- View your member ID card
- Look up the status of a claim
- Check the status of a pending authorization
- Look up your assigned primary care provider (PCP)

**Important contact information**
**Mercy Care ACC-RBHA Member Services**
Mercy Care ACC-RBHA Member Services is available 24 hours a day, 7 days a week. You can call [602-586-1841](tel:602-586-1841) or [1-800-564-5465](tel:1-800-564-5465) (TTY 711). For email, go to [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and select “Contact us.”
Member Services is available to help answer your questions. Member Services can help you:

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

**Medical Management**

Mercy Care’s Medical Management program assists members and providers with using the right services to 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 Member Services at **602-586-1841** or **1-800-564-5465** (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 problem with a doctor or felt that office staff treated you poorly. The Grievances and Appeals team can help. Please see the “Appeals” and “Member Grievances” sections in this handbook for more information.

Phone: **602-586-1719** or **1-866-386-5794**  
Fax: **602-351-2300**

**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 use 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  
ATTN: OIF-A - Mercy Care Committees  
4500 E. Cotton Center Blvd., Phoenix, AZ 85040  
OIFATeam@MercyCareAZ.org.

**Nurse Line**

Our nurse line is available 7 days a week/24 hours per day to answer general medical questions. Call Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** and select the option for the Nurse Line.

**Getting care after hours**

Urgent care is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life. For example:

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

If you get sick after the doctor’s office is closed or on a weekend, call the office anyway. You can even call your PCP in the middle of the night. An answering service will make sure your doctor gets your message. Your PCP will call you back
to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can also go to an urgent care center when you have urgent health care problems and your doctor cannot see you right away. You can find the urgent care center closest to you. You can look for one on Mercy Care ACC-RBHA’s website at www.MercyCareAZ.org. Click on “Find a provider/Pharmacy” at the top of the page.

Call Mercy Care ACC-RBHA Member Services 24 hours a day, 7 days a week. They can help you find an urgent care center near you. You can reach them at 602-586-1841 or 1-800-564-5465 (TTY 711).

How to get behavioral health crisis services
If you’re in a behavioral health crisis, you can call the Arizona Behavioral Health Crisis Line. Trained staff can help 24 hours a day, 7 days a week. You can reach them at 1-844-534-4673 or 1-844-534-HOPE, (TTY 711).

You may be able to get a ride to get care for a behavioral health emergency. You can find out by calling Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

Crisis services
You’re able to get crisis services, even if you aren’t eligible for AHCCCS. You can get these services even if you’re not diagnosed with a serious mental illness. Crisis services you can get include:

- Crisis intervention phone services, including a toll-free number, are available 24 hours per day, 7 days a week by calling the Arizona Behavioral Health Crisis Line at 1-844-534-4673 or 1-844-534-HOPE
- Mobile crisis intervention services, available 24 hours a day, 7 days a week
- 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization
- Community information and referral services (support groups, sliding-fee scale behavioral health providers and benefit eligibility information)

For tribal members living within the Fort McDowell Yavapai Nation or the San Lucy District of the Tohono O’odham Nation, a dedicated behavioral health crisis hotline number is available at 480-461-8888. For tribal members living in the following tribal nations and communities, crisis hotline numbers are:

Ak-Chin Indian Community:
1-800-259-3449

Gila River Indian Community:
1-800-259-3449

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

White Mountain Apache Tribe:
1-928-338-4811

Psychiatric urgent care centers

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

www.MercyCareAZ.org
RI International Recovery Response Center (RRC)
11361 N. 99th Ave.
Peoria, AZ 85345
602-636-4605

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

Community Bridges West Valley Access Point
824 N. 99th Avenue
Avondale, AZ 85323
1-877-931-9142

23-Hour Psychiatric Observation

Mind 24/7
1138 S. Higley Rd.
Mesa, AZ 85206

2728 N. 24th St.,
Phoenix, AZ 85008

10046 N. Metro Parkway
Phoenix, AZ 85051
1-844-646-3247

Detox centers

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

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

Outpatient – walk-in 24 hours a day, 7 days a week

Community Bridges West Valley Access Point
824 N. 99th Ave.
Avondale AZ 85323
1-877-931-9142
Time-limited residential

Community Bridges West Valley Transition Point
824 N. 99th Ave.
Avondale, AZ 85323
1-877-931-9142

Adult respite services

RI International Recovery Crisis Respite Program (RCRP)
11361 N. 99th Ave, Ste. 107
Peoria, AZ 85345
602-636-4380

How to get substance use disorder services and opioid information

You do not need a referral from your PCP to begin substance use services. To begin your recovery efforts, simply call a behavioral health provider directly to set up an appointment. If you need assistance finding providers, you can also call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

24/7 Access Points
Arizona has four 24/7 Access Point locations providing opioid treatment services 24 hours a day, 7 days a week to serve individuals seeking treatment. Medication assisted treatment is offered in various settings in the community that are commonly described as Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOTs).

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

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

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

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

If you need help finding services, you can go to 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. You can also go to www.findtreatment.gov.

How to connect for a friendly chat or help with resources
No one should go through life’s challenges alone. That’s why we’re giving you access to the Pyx Health app, where you can speak to helpful humans over the phone about Mercy Care and the resources that are already

www.MercyCareAZ.org

Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
available to you. You can also chat with the compassionate robot friend, Pyxir, in the app for 24/7 when you need a friend for support. With the Pyx Health app, you can:

- Find resources to support your physical and mental health
- Make the most of what Mercy Care offers
- Feel better each day with companionship and humor

Sign up today and go to www.HiPyx.com or search ‘Pyx Health’ in the Apple or Google Play stores. If you have questions or need help getting the Pyx Health app, call 1-855-499-4777.

**Culturally competent care**

The parts of your life that are most important to you, like your traditions, are “your culture.” Your traditions, heritage, religious and spiritual beliefs, and language also make up your culture.

We encourage our providers to understand the culture of each individual. This will help them to better understand and communicate with Mercy Care ACC-RBHA members.

Your provider will ask you to share cultural information. This will help you both to determine the best treatment plan for you or your family member. You should make sure to help your provider understand your culture—what’s important to you and your family. This will help make sure the right services for your needs.

You should also talk to your provider when you are planning your treatment and goals. If your provider understands what your goals are, he or she can better help you reach them.

**Getting information in a language and format you understand**

You should ask your provider or Mercy Care ACC-RBHA to give you information in a language and format that you understand.

Some of these are translation and interpretation services in multiple languages, such as ASL, Spanish and Arabic, auxiliary aids and printed information for the visually impaired. You can ask for these materials at no cost to you by calling Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

**Printed information for visually impaired members**

If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print, Braille or audio format, you can contact your provider or Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). You can receive your materials in an alternative format. You can also visit www.MercyCareAZ.org to view the handbook in large print or other languages.

**Language, translation and interpretation services**

You can ask for help from Mercy Care ACC-RBHA to make sure:

- Written information is either available in your language or can be translated in your language so you can understand it
- You can find providers who speak your language

You can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

If you’re eligible for benefits under AHCCCS and/or you have an SMI designation, interpretation services are available at no cost to you when receiving a covered service. You can contact Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) to ask for interpretation services.
Mercy Care is committed to providing quality interpretation services at no cost to you. This is to make sure you get quality health care in a way you understand. These services are available to discuss utilization management issues as well.

Mercy Care cannot ensure a specific person will arrive to provide these services. This is because interpreters have different schedules. In order to help you and all members get interpretation help, Mercy Care cannot take requests for a specific person to be your interpreter.

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

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

If you have any questions or need help, please contact Member Services. They are available 24 hours a day, 7 days a week at 602-586-1841 or 1-800-564-5465 (TTY 711).

**Nondiscrimination Notice**

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

**Mercy Care:**

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

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or 1-800-385-4104 (TTY: 711).
If you believe that Mercy Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a member grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Telephone: 1-888-234-7358 (TTY 711)
Email: 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/smartscreen/main.jsf or by mail or phone at:

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


**Multi-language Interpreter Services**

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

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


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


KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 풀면에 있는 번호로나 1-800-385-4104 (TTY: 711) 번으로 연락해 주십시오.
Sign language interpreters and auxiliary aids

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

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

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

Providers that meet your cultural and language needs

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

You can go to www.MercyCareAZ.org and click on Find a Provider on the top of the page. You can select the language you want from the choices under “Provider Language.”

You can also call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).
They’re available 24 hours a day, 7 days a week. They can help you find a provider that speaks your language. If there isn’t a provider who speaks the language you’re looking for, Member Services will set up interpretation services at no cost to you.

**Accommodating physical disabilities**
If you need a provider office that accommodate members with physical disabilities, call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). They’re available 24 hours a day, 7 days a week. They can help you find the right provider for you.

**How to get help coordinating complex health care or care management**
If you need help coordinating complex health care needs, or if you need care management, you can contact Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). They can help you find the right provider for you. Member Services may also refer you to care management for more help.

If you go to a provider’s office for an appointment, give them your Mercy Care ID card. If they tell you that they are not part of the Mercy Care network, you should call Member Services right away at Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). They’re available 24 hours a day, 7 days a week. They will tell you what to do.

**Provider directory**
A provider directory is a listing of Mercy Care doctors and other providers of health care services. There is a searchable online provider directory on our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). Select “Find a Provider” in the upper right-hand corner of the screen.

You can find information about Mercy Care providers such as:
- Primary Care Providers (PCPs)
- Behavioral health providers, such as therapists and counselors
- Specialists
- Hospitals
- Nursing facilities
- Pharmacies
- Assisted Living Facilities
- Urgent Care Centers

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

Mercy Care’s online provider directory is the most current version of the directory. It is updated nightly. You can also contact Mercy Care ACC-RBHA Member Services for a paper copy of the provider directory at no cost to you. Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). We’re available 24 hours a day, 7 days a week. You can also ask your case manager for a paper provider directory.

**Our affirmative statement about incentives**
We want you to feel sure that you’re getting the health care and services you need. To that end, we have policies our providers must follow to ensure that you get the right health care.
Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an “affirmative statement.” We do not reward or pay extra money to health care providers, staff or other people to:

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

All our members should receive the right health care. If you want more information on this, call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

**About Mercy Care ACC-RBHA**

Mercy Care ACC-RBHA is a managed health plan contracted with the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona’s Medicaid agency. AHCCCS expanded its AHCCCS Complete Care (ACC) health plan to include a Regional Behavioral Health Agreement (RBHA). AHCCCS awarded one of the expanded contracts, known as ACC-RBHA, to Mercy Care.

Mercy Care now provides integrated health care for members with a serious mental illness (SMI) designation living in the Central Geographic Service Area, or GSA. This includes Maricopa County, Gila County and Pinal County. (However, the zip codes 85542, 85192, 85550 representing San Carlos Tribal area are part of the South GSA). Contract services are funded under contract with the State of Arizona. Mercy Care provides health services to our members through a selected group of providers. That group is called a provider network.

**Provider network**

A provider network is a group of providers who contract with Mercy Care ACC-RBHA. They may provide behavioral or physical health services or both.

Mercy Care ACC-RBHA can help you choose providers from within its provider network. If you’d like to pick a provider because it’s convenient, close to you or it’s your cultural preference, just let us know when you call. You will need to contact the provider to make, change or cancel your appointments. You can also contact Mercy Care ACC-RBHA Member Services if you’d like help making, changing or canceling your appointments.

Your provider helps you manage your care. They’ll work with you to come up with a treatment plan. They can also refer you to other services to improve your health and wellness.

If you need help scheduling or canceling an appointment or if you aren’t happy with your current provider, or you want to change providers for any reason, you can call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) to discuss other options.

You can find a list of all available providers, their locations, numbers and the languages they speak at **www.MercyCareAZ.org**. You can click on “Find a provider” at the top of the page. If you don’t have internet access at home, no cost internet service is usually available at public libraries. You can also get a printed copy of the provider directory at no charge by calling Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

Some providers may not be taking new members. You can find out whether providers in the Mercy Care ACC-RBHA network are accepting new members by calling the provider or Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Provider Clinical Practice Guidelines are also available upon request.

**www.MercyCareAZ.org**

Member Services **602-586-1841** or **1-800-564-5465** (TTY/TDD **711**) 24 hours a day, 7 days a week.
Arizona has Regional Behavioral Health Agreements (ACC-RBHAs) and Tribal Regional Behavioral Health Authorities (T/RBHAs). They have a contract with AHCCCS to serve certain areas of the state. Because of where you live, your ACC-RBHA is Mercy Care ACC-RBHA. ACC-RBHA’s must make sure that physical and behavioral health services are available to their members. They also must oversee:

- The quality of care members receive
- The appropriate use of services
- Manage the cost associated with providing needed services

To find out more about Arizona’s health service delivery system you can visit the Arizona Health Care Cost Containment System (AHCCCS) website at https://www.azahcccs.gov/.

**Member identification card**

Mercy Care will send you a member identification (ID) card when you become a member. Be sure to carry your ID card with you and show it every time you get health care services. If you do not get your ID card or if you lose it, call Mercy Care ACC-RBHA Member Services. Your Mercy Care ID card is also available on the member portal and Mercy Care’s mobile app. Just login to the portal or the app and click on “My ID Card.” You can login to the portal by going to www.MercyCareAZ.org. You can download the Mercy Care app on the Apple or Android app stores.

**About your ID card**

- Your ID card will have your name, ID number and the name of your health plan – Mercy Care.
- If you have an Arizona driver’s license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.
- Protect your ID card! Do not give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and legal action may be taken against you.
- If you lose your card, call Member Services and ask for a new card.
- If you do not get your ID card, call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). Or you can order a replacement Mercy Care ID card through the member portal or Mercy Care’s mobile app. Just log in to the portal or the app and click on “My ID Card.” You can login to the portal by going to www.MercyCareAZ.org. You can download the Mercy Care app on the Apple or Android app stores.

**Reminders: Your member ID card**

- If you lose your member ID card, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). You can ask them to send you another ID card.
- Be sure to carry your ID card with you and show it to your health care providers every time you get services.
- KEEP your ID card even if you lose eligibility. If you become eligible again, you’ll be able to use your card to get services.

**Your health and your responsibilities as a member**

As a Mercy Care ACC-RBHA member, it’s important for you to work with your provider to reach your health and wellness and recovery goals. You also have certain responsibilities as a Mercy Care ACC-RBHA member. These responsibilities will help you contribute to your physical and mental health. These are some of them:

- Respect the doctors, pharmacists, staff and people providing services to you.
- Share information.
- Show your member ID card or identify yourself as a Mercy Care ACC-RBHA member to health care providers before getting services. If you have other insurance in addition to Mercy Care ACC-RBHA, show
your doctor or pharmacist both insurance ID cards.
- Ask your doctor to explain if you don’t understand your health condition or treatment plan.
- Tell your doctors and/or your case manager about any other insurance you may have and apply for other benefits for which you may be eligible.
- Give your doctors and case manager all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns
- Report changes such as your family size, address, telephone number and/or assets and other matters that could affect your eligibility. You can inform your case manager or the interviewer at the office where you applied for AHCCCS. Your case manager can help you. You can also update your address on at www.healthearizonaplus.gov.
- Participate in recovery.
- Know the name of your doctors and/or your case manager.
- Participate in creating your Service Plan.
- Follow the instructions that you and your doctors have agreed on, including the instructions of nurses and other health care professionals.
- Schedule appointments during office hours when possible, instead of using urgent or emergency care.
- Keep appointments and come on time. Call your provider’s office ahead of time when you cannot keep your appointments.
- If you would like help making, changing or canceling your appointments, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

### Reporting changes in your family size, address or eligibility

If you’re Title 19 or Title 21 eligible, you must report all changes in your family, including births and deaths. You should also report changes to your home or mailing address, phone number, your income, a household member’s job. You should report these changes to your provider. If you need help, your case manager can help you.

If you’re Title 19 or Title 21 eligible, you should also call the agency where you applied for your benefits to let them know you moved and/or had a change in family size and give them your new address. This agency could be:

- AHCCCS: 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County. You can also update your address at www.healthearizonaplus.gov.
- Social Security Administration: 1-800-772-1213

If you move, you should tell your provider and Mercy Care ACC-RBHA right away. You can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). This will help make sure you continue to receive your services and/or medications.

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

If you’re moving out-of-state or out of the country, the T/RBHA may be able to help you link to services in your new location. However, if you move out of the state or out of the country, you won’t be eligible for AHCCCS services.
If you lose your AHCCCS eligibility, we want you to be able to get care. At the end of this member handbook, we provide a list of clinics that offer low-cost or no-cost medical care. You can call the clinics to find out about services and costs. If you have questions or need help, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

Involving your family of choice in your care

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

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

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

Inpatient and outpatient providers in the behavioral health system have ROI forms available for their members to sign. Mercy Care ACC-RBHA also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

If you want your treatment team to share health information with your friends or family, you must sign an ROI for each provider you see.

Transition of care if you change health plans or providers

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

- Annual enrollment choice.
- Open enrollment.
- Health plan changes permitted by policy, including special healthcare needs program. Such programs can be CRS or a SMI diagnosis.
- Changes to Fee-For-Service programs. Such programs include Tribal ALTCS, T/RBHAs and the American Indian Health Plan (AHIP).
- Eligibility changes.
- SMI decertification.
- This policy is also followed to transition members in the middle of care to a different health care provider if a provider leaves Mercy Care’s network.

If you change to another health plan, Mercy Care ACC-RBHA will let you know the name of the new health plan, how to contact them and their emergency phone number. Mercy Care ACC-RBHA will give you information about services and how to get them. We will also let the new health plan know of your special needs. You can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

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

- Identifies the member leaving the health plan or changing from one provider to another
- Identifies any significant medical conditions the member may have and prior authorizations they have received

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
- Notifies the new health plan, FFS Program, the member’s health care provider or facilities, about members with special needs
- Provides the new health plan or health care provider and/or facilities with relevant medical records
- Maintain confidentiality of information in documents accessed and shared during a member’s transition

To ensure members have continuity and quality care when members are new to Mercy Care, we:
- Assign each new member to a PCP
- Mail Mercy Care information to each new member
- Involve all Mercy Care staff, medical providers and other health plans as needed to ensure services continue without disruption
- Coordinate care for members with special health care needs
- Extend previously approved prior authorizations for a minimum of 30 days from the date of transition
- Provide a minimum of 90 days to transition children and adults with special health care needs from an out-of-network PCP to an in-network PCP
- Allow members in active treatment with an out-of-network provider or facility to continue through the duration of their prescribed treatment (including but not limited to chemotherapy, pregnancy, drug regime or scheduled procedure)
- Monitor the continuity and quality of care
- Maintain confidentiality of information in documents accessed and shared during a member’s transition
- When a member comes to Mercy Care ACC-RBHA health plan from an AHCCCS Complete Care health plan: If a member has a relationship with an out-of-network PCP, Mercy Care ACC-RBHA will provide a minimum of six months for the member to transition to an in-network PCP.

Information about services

What is an emergency?
This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life if you do not get help right away. Examples of emergencies are:
- Sudden chest pains such as a heart attack or trouble breathing
- Car accident
- Convulsions
- Very bad bleeding, especially if you are pregnant
- Broken bones
- Serious burns
- Poisoning
- Overdose

In case of an emergency, call 911 or go to the nearest emergency room.

You can go to any emergency room. You do not have to call your doctor or Mercy Care ACC-RBHA first. You do not need to get approval to call 911. You do not need prior approval to get emergency services. If you can, show the emergency room providers your Mercy Care ACC-RBHA ID card and ask them to call your doctor.

Transportation

Transportation in an emergency
If you have a medical emergency, dial 911. Use of emergency transportation must be for emergency services only. You don’t need prior approval for transportation during an emergency.
If you have a behavioral health emergency, call the Arizona Behavioral Health Crisis Line at **1-844-534-4673** or **1-844-534-HOPE** (TTY 711). They’re available 24 hours a day, 7 days a week.

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

**Transportation to medical appointments (rides)**
Mercy Care ACC-RBHA can help you get to your AHCCCS covered health care visits if necessary. Title 19 and Non-Title 19 members are eligible for transportation to and from behavioral health related services or appointments. Only Title 19 members are also eligible for transportation to and from physical health services or appointments. Before you call Mercy Care ACC-RBHA for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, bus tickets or passes may be available to you at no cost.

Call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711) to schedule transportation to your health care visits. You must call at least three (3) days in advance to get a ride. If you call the same day, we may not be able to arrange a ride for you in time, unless it’s urgent. You may have to reschedule your appointment. If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, Mercy Care ACC-RBHA can set up the rides all at once. After your appointment, call your transportation provider to arrange a ride home.

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

**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. Mercy Care Member Services can be reached at **602-586-1841** or toll-free at **1-800-564-5465** (TTY 711). 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 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 **602-586-1841** or **1-800-564-5465** (TTY 711) or go to www.MercyCareAZ.org.
Pyx Health
No one should go through life’s challenges alone. That’s why we’re giving you access to the Pyx Health app, where you can speak to helpful humans over the phone about Mercy Care and the resources that are already available to you. You can also chat with the compassionate robot friend, Pyxir, in the app for 24/7 when you need a friend for support. Get the app at www.hipyx.com.

Eligibility for behavioral health services

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

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

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

Individuals eligible for behavioral health services through AHCCCS are assigned to a ACC-T/RBHA based on where they live. American Indian members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

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

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

Available behavioral health services

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

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

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

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

The table below lists the available behavioral health services and any limits they may have. Mercy Care ACC-RBHA must pay only for the available behavioral health services listed.
### Available behavioral health services*

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TITLE 19/21 CHILDREN AND ADULTS</th>
<th>NON-TITLE 19/21 PERSONS WHO HAVE AN SMI DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Individual: Available Provided based on available funding**</td>
<td></td>
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<tr>
<td></td>
<td>Group: Available Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family: Available Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Behavioral health screening: Available Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health assessment: Available Available</td>
<td></td>
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<tr>
<td></td>
<td>Specialized testing: Available Not Available</td>
<td></td>
</tr>
<tr>
<td>Other professional</td>
<td>Traditional healing: Provided based on available funding** Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auricular acupuncture: Provided based on available funding** Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td><strong>REHABILITATION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training and development</td>
<td>Individual: Available Available</td>
<td></td>
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<tr>
<td></td>
<td>Group: Available Available</td>
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<tr>
<td></td>
<td>Extended: Available Available</td>
<td></td>
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<tr>
<td>Cognitive rehabilitation</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Behavioral health prevention/promotion education</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Psycho-educational services and ongoing support to maintain employment</td>
<td>Psycho-educational services: Available Available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ongoing support to maintain employment: Available Available</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICAL SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication services***</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Lab, radiology and medical imaging</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Medical management</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Electro-convulsive therapy</td>
<td>Available Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td><strong>SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td>Available Available††</td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Home care training (family)</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Self-help/peer services</td>
<td>Available Available</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Foster Care (TFC)</td>
<td>Available Available Provided based on available funding**</td>
<td></td>
</tr>
<tr>
<td>Respite care†</td>
<td>Available † Available †</td>
<td></td>
</tr>
<tr>
<td>SERVICES</td>
<td>TITLE 19/21 CHILDREN AND ADULTS</td>
<td>NON-TITLE 19/21 PERSONS WHO HAVE AN SMI DESIGNATION</td>
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<tr>
<td><strong>SUPPORT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported housing</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Sign language or oral interpretive services</td>
<td>Provided at no charge to the member</td>
<td>Provided at no charge to the member</td>
</tr>
<tr>
<td>GMH/SU and SMI Support Services</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>Available</td>
<td>Limited to crisis service-related transportation</td>
</tr>
<tr>
<td>Non-emergency</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td><strong>CRISIS INTERVENTION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis intervention – mobile</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Crisis intervention – telephone</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Crisis services – stabilization</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td><strong>INPATIENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health residential facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td>Room and board</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH DAY PROGRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised day</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Therapeutic day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Medical day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
</tbody>
</table>

**Limitations:**

* For services available through federal block grants, you can view the Special Populations section.
** Services not available with T19/21 funding but may be provided based upon available grant funding and approved use of general funds.
*** See the Mercy Care ACC-RBHA drug list for further information on covered medications.
† Respite care – Respite care is offered as a temporary break for caregivers to take time for themselves. A member’s need is the basis for determining the number of respite hours. The maximum number of hours available is 600 hours within a 12-month period. The 12-months will run from October 1 through September 30 of the next year.
†† A person may be assigned a case manager, based on his/her needs.
††† Coverage is limited to 23-hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding.
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Interactive therapy designed to draw out information, identify behavioral problems or conflicts, and provide support and education for future use.</td>
<td>Can be provided to an individual, a group of people, a family or multiple families</td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Gathering and assessment of historical and current information, face to face with member, family or group of individuals in a written summary or report.</td>
<td></td>
</tr>
<tr>
<td>Other professional</td>
<td>Other treatment services provided by qualified individuals in order to ease symptoms and improve or maintain functioning.</td>
<td>Includes, but not limited to: Psychiatric services without face to face contact, biofeedback</td>
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<tr>
<td><strong>REHABILITATION SERVICES</strong></td>
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<tr>
<td>Skills training and development</td>
<td>Teaching independent living, social and communication skills to persons and/or their families to help them live more independently and be a part of the community.</td>
<td>Includes but not limited to: Self-care, taking care of a residence, managing money and using other resources</td>
</tr>
<tr>
<td>Cognitive rehabilitation</td>
<td>Assisting in the recovery from cognitive (mental) issues to be more independent or function at the highest level possible.</td>
<td>Includes but not limited to: Relearning of certain mental abilities, making functions stronger, substituting new skills to replace lost ones</td>
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<tr>
<td>Behavioral health prevention/promotion education</td>
<td>Educating and training an individual or group in relation to a person’s treatment plan.</td>
<td>Includes but not limited to: Increasing knowledge of a health-related topic, use of medicines for best results, stress management, parenting skills</td>
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<tr>
<td>Psycho-educational services and ongoing support to maintain employment</td>
<td>Designed to assist a person or group to choose, find and keep a job or other meaningful community activity.</td>
<td>Customized to support people in a variety of settings such as part-time work, unpaid work experience or meaningful volunteer work appropriate to the person’s age, mental and physical status.</td>
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<td><strong>MEDICAL SERVICES</strong></td>
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<tr>
<td>Medication services</td>
<td>Drugs prescribed by a licensed physician, nurse practitioner or physician assistant to prevent, stabilize or improve symptoms that are part of a behavioral health condition or its treatment.</td>
<td>View the Mercy Care ACC-RBHA drug list at <a href="http://www.MercyCareAZ.org">www.MercyCareAZ.org</a>. Click on “For Members,” then “Pharmacy.”</td>
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<td>SERVICE/BENEFIT</td>
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<tr>
<td><strong>MEDICAL SERVICES</strong></td>
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<tr>
<td>Lab, radiology and</td>
<td>Medical tests for diagnosing, screening or monitoring a behavioral health</td>
<td>May include, but is not limited to: Blood and urine tests, CT scans, MRI, EKG and EEG</td>
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<tr>
<td>medical imaging</td>
<td>condition.</td>
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<tr>
<td>Medical management</td>
<td>Assessment and management services that are provided by a licensed medical</td>
<td>Includes use of medicines for best results, which includes learning about the effects and side effects of medications and how new medicines can make you feel when you first start taking them.</td>
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<td>professional (i.e., physician, nurse practitioner, physician assistant or</td>
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<td>nurse) to a person as part of their medical visit for ongoing treatment</td>
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<td>purposes.</td>
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<td>Electro-convulsive therapy</td>
<td>A treatment where a brief electric current is passed through a person’s</td>
<td>Services must be provided by a licensed physician with anesthesia support in a hospital.</td>
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<td>brain, most often used for major depression.</td>
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<td><strong>SUPPORT SERVICES</strong></td>
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<tr>
<td>Case management</td>
<td>A supportive service provided to boost treatment goals and effectiveness.</td>
<td>Includes but not limited to:</td>
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<td>- Assistance using and continuing to use covered services</td>
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<td>- Telephone or face-to-face contacts with a person, or family to help improve and keep a person functioning well</td>
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<td>- Assistance in finding help to meet basic needs</td>
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<td>- Communication and coordination of care with the person’s family, care providers, community and other State agencies</td>
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<tr>
<td>Personal care</td>
<td>Support activities to assist a person carry out daily living tasks and other</td>
<td>Includes but not limited to: Assistance with homemaking, personal care, taking medicines properly.</td>
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<td>activities needed to live in a community.</td>
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<tr>
<td>Home care training (Family)</td>
<td>Home care training family services (family support) involves face-to-face</td>
<td>May involve support activities such as:</td>
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<td>contact with family member(s) with a goal to rebuild, improve or keep the</td>
<td>- Assisting the family adjust to the person’s disability</td>
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<td>family functioning so the person can stay in the home and community.</td>
<td>- Building skills to help guide the person</td>
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<td>- Help with understanding the causes and treatment of behavioral health issues</td>
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<td>- Understanding and being able to use system services.</td>
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<tr>
<td>SUPPORT SERVICES</td>
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<tr>
<td>Self-help/peer services</td>
<td>Help using services such as building care plans, identifying needs, finding supports, working with professionals, getting past barriers, understanding and coping with the stress that is part of the disability (e.g., support groups), coaching, role modeling and mentoring.</td>
<td>For members and/or their families who need more structure and services than those you can get through community-based recovery groups.</td>
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<tr>
<td>Therapeutic Foster (TFC)</td>
<td>Services provided by staff of a behavioral health therapeutic home to a person who lives in the home to help and support the person to meet their service plan goals, stay in the community setting and stay out of residential care.</td>
<td>Includes but not limited to: Behavioral health support services such as personal care, community living, skills training, and transportation to scheduled therapy or treatment appointments.</td>
</tr>
<tr>
<td>Respite care</td>
<td>Short-term behavioral health services or general supervision that provides rest or relief to a family member or others caring for the member.</td>
<td>Services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods involving overnight stays.</td>
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<tr>
<td>Supported housing</td>
<td>Support to obtain and maintain housing in an independent community setting including the person’s own home or apartment, or homes owned or leased by a subcontracted provider.</td>
<td>May include living skills, moving assistance, tenant education, budgeting, and employment services so members and their families can find and keep a home.</td>
</tr>
<tr>
<td>Sign language or oral interpretation services</td>
<td>Services are available to members at no cost; services for all non-English languages and the Deaf or hard of hearing must be available to potential members, at no cost, when requested.</td>
<td>Sign language or oral interpretation services are provided to persons and/or their families with limited language skills or other communication barriers (e.g., sight or sound) during instructions on how to get services, counseling and treatment activities that will help them get the mental health services they need.</td>
</tr>
<tr>
<td>SMI Support Services</td>
<td>T/RBHAS may access funds to purchase any of a variety of one-time or occasional goods or services needed for members (children or adults) and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the member’s service plan.</td>
<td>The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner.</td>
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www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
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<tr>
<td><strong>SUPPORT SERVICES</strong></td>
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<tr>
<td>Transportation</td>
<td>Assisting members in going from one place to another to help them get services and achieve their service plan goals.</td>
<td>This includes both emergency and non-emergency transportation.&lt;br&gt;&lt;br&gt;Emergency transportation does not require prior authorization.&lt;br&gt;&lt;br&gt;Non-emergency transportation must be provided for persons and/or families who are unable to arrange or pay for their transportation or who do not have access to no-cost transportation in order to get medically necessary covered behavioral health services.&lt;br&gt;&lt;br&gt;Transportation to behavioral health services must be set-up by the ACC-RBHA member’s health home.</td>
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<tr>
<td><strong>CRISIS INTERVENTION SERVICES</strong></td>
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<tr>
<td>Crisis intervention – mobile</td>
<td>Services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person’s place of residence, emergency room, jail or community setting).</td>
<td>Includes services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug use, and emotional distress. The purpose of this service is to:&lt;br&gt;• Stabilize acute psychiatric or behavioral symptoms&lt;br&gt;• Evaluate treatment needs&lt;br&gt;• Develop plans to meet the needs of the person</td>
</tr>
<tr>
<td>Crisis intervention-telephone</td>
<td>Services to provide triage, referral and telephone-based support to people in crisis; often providing the first place of access to the behavioral health system.</td>
<td>The service may also include a follow-up call to ensure the person is stabilized.</td>
</tr>
<tr>
<td>Crisis intervention-stabilization</td>
<td>Immediate and unscheduled behavioral health service provided:&lt;br&gt;(a) In response to an individual’s behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue and&lt;br&gt;(b) At an inpatient facility or outpatient treatment center.</td>
<td>Crisis intervention services (stabilization) must be provided by facilities licensed by the Division of Licensing Services. Individuals providing these services must be behavioral health professionals, behavioral health technicians or behavioral health para-professionals.</td>
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<tr>
<td><strong>INPATIENT SERVICES</strong></td>
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<tr>
<td>Hospital</td>
<td>Inpatient services (including room and board)</td>
<td>Provides continuous treatment that includes general psychiatric care, medical detoxification and/or forensic services in a general hospital or a general hospital with a distinct part or a freestanding psychiatric facility. Also includes 24-hour nursing supervision and physicians on site and on call.</td>
</tr>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years old and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: • Secure: A residential treatment center that generally employs security guards and uses monitoring equipment and alarms. • Non-secure: An unlocked residential treatment center.</td>
<td>Continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance use symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification; and referral. Also includes 24-hour nursing supervision and physicians on site or on call.</td>
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<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
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<tr>
<td>Behavioral health residential facility</td>
<td>Residential services are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.</td>
<td>Room and board is not covered by Title 19/21 for persons residing in behavioral health residential facilities.</td>
</tr>
<tr>
<td>Room and board</td>
<td>The provision of lodging and meals to a person residing in a residential facility or supported independent living setting.</td>
<td>Includes but is not limited to services such as food and food preparation, personal laundry and housekeeping.</td>
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<tr>
<td><strong>BEHAVIORAL HEALTH DAY PROGRAMS</strong></td>
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<tr>
<td>Supervised day</td>
<td>A regularly scheduled program of individual, group and/or family activities/services related to the enrolled person’s treatment plan designed to improve the ability of the person to function in the community.</td>
<td>May include the following rehabilitative and support services: Skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, and self-help/peer services.</td>
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### Service/Benefit Description

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<tr>
<th>Service/Benefit</th>
<th>Description</th>
<th>More Information</th>
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<tr>
<td><strong>Behavioral Health Day Programs</strong></td>
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<tr>
<td>Therapeutic day</td>
<td>A regularly scheduled program of active treatment modalities.</td>
<td>Includes but not limited to services such as: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training family (family support); medication monitoring; case management; and self-help/peer services.</td>
</tr>
<tr>
<td>Medical day</td>
<td>A regularly scheduled program of active treatment modalities, including medical interventions, in a group setting.</td>
<td>May include: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training for families (family support); and/or other nursing services such as medication monitoring, methadone administration and medical/nursing assessments.</td>
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### Pharmacy Services

#### Prescriptions

If you need medicine, your doctor will choose one from Mercy Care ACC-RBHA’s list of covered medications and will write you a prescription. This list is called a formulary. The list is reviewed and updated regularly by doctors and pharmacists to make sure you receive safe, effective medicines. If you want a copy of the list, call Mercy Care ACC-RBHA Member Services. You can also go to our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and click on “For Members” under “Mercy Care ACC-RBHA.” You’ll find the Pharmacy page under the Members tab which will have the most up-to-date list. Some over-the-counter medicines are covered when your doctor writes you a prescription. Ask your doctor to make sure the medicine is on the Mercy Care list of covered medications.

If your medicine is not on the list of covered medications and you cannot take any other medicines except the one prescribed, your doctor may ask Mercy Care ACC-RBHA to make an exception. If you are at a pharmacy and the pharmacy tells you that Mercy Care ACC-RBHA will not pay for your medication, call Member Services right away. Do not pay out of your own pocket for this medicine. Some medications have limits or require the doctor to get approval from Mercy Care ACC-RBHA. See section on Pharmacy Authorizations.

If you have other insurance (not Medicare), Mercy Care ACC-RBHA 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 ACC-RBHA. Do not pay any copayments yourself. Mercy Care may not be able to pay you back. Please see the section on Dual-eligible members: payment for medications, section for more information.

#### Pharmacies

All prescriptions must be filled at a pharmacy in Mercy Care ACC-RBHA’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 ACC-RBHA Provider Directory. Visit our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and...
select “For Members” under Mercy Care ACC-RBHA. You’ll locate “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 should call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). Mercy Care ACC-RBHA Member Services can help you with your prescriptions.

**What you need to know about your prescription**

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

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

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

**e-Prescribing**

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

**Refills**

If you live in a nursing home, group home, or assisted living facility, the staff will take care of managing your medications for you and getting your refills.

The label on your medication bottle tells you the number of refills your doctor has ordered for you. If your doctor has ordered refills, you may only get refills one at a time for each prescription.

If your doctor has not ordered refills for you, be sure to call their office at least five (5) days before your medicine runs out and request a refill. Your doctor may want to see you before giving you a refill.

**Diabetes testing supplies**

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

**Mail order prescriptions**

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Care ACC-RBHA 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, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery:

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week.
To request a mail order refill order form, call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) or go to www.MercyCareAZ.org and select “Contact Us.”

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

Specialty pharmacy services
Mercy Care ACC-RBHA specialty drugs are filled by CVS Specialty Pharmacy. A specialty pharmacy fills drugs and has other services to help you. The Specialty Drug Program has special services:

- You can talk to a pharmacist 24 hours a day, 7 days a week
- Counseling about your drug and disease
- Coordination of care with your doctor
- Delivery of specialty drugs to your home or doctor’s office at no cost to you
- You can drop off your prescription and pick up your 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 your specialty drug.

Covered physical health (medical) services

Eligibility
This section describes the benefits that come with receiving medical services through Mercy Care ACC-RBHA. The benefits described in this section are for members who are receiving behavioral health services through Mercy Care ACC-RBHA and have a serious mental illness (SMI) designation. These members are eligible to receive integrated care.

Integrated care
Integrated care is when a member gets physical and behavioral health care and wellness services. Providers that offer integrated care make sure to focus on the whole person. A team of health professionals work to empower members and improve their health and well-being.

Why is integrated care important?
Studies show that people with severe mental illness die, on average, 25 years earlier than the general population. This is because they aren’t getting the health care they need for preventable medical conditions. For example, heart disease, diabetes or infectious diseases. Integrated care provides care for a person’s mind and body.

How does integrated care work?
Fully integrated care means that a member is getting physical health, behavioral health, health promotion and wellness services. To put it simply, integrated care provides a ‘one person, one place, one plan’ approach to care. Integrated care works because it takes away many barriers to care. Some of these barriers are:

- Having to go to many places to get care
- Telling your story many times
- Poor communication among providers

Providers may offer these services at one location. These sites are called Integrated Health Homes.

Integrated Health Homes (IHH)
This is a one-stop-shop where a member can see both a primary care provider and behavioral health provider.

www.MercyCareAZ.org
30 Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
The providers work with other health care team members. Other team members can include:

- Registered nurse
- Case manager
- Peer support specialist
- Rehabilitation specialist
- Counselor

Some IHHs can have other types of providers such as a pharmacist, nutritionist, recreational therapist or health coach. The IHH team will work with the member to identify individual health needs and create a plan to achieve health and wellness.

**Virtual Health Home (VHH)**

This is an additional option for integrated care that partners primary care physicians (PCP) that many members are already seeing, with some SMI clinics for increased coordination effort. This program connects the PCP and behavioral health provider in a direct partnership designed to help the member in their experience in both settings. The behavioral health coach at the PCP’s office will meet with the member prior to their appointment with the PCP and help to guide them through their doctor appointments as needed.

**Co-located practices**

A co-located practice is a site where medical and behavioral health professionals are in the same building. This provides members with easier access to medical services. These providers don’t always share the same health record and may have separate treatment plans. Many of the additional health and wellness services offered in an IHH may not be available in a co-located practice.

**Covered medical services: All members**

- Hospital care (limitations apply)
- Doctor office visits, including specialist visits
- Health risk assessments and screenings
- Nutritional assessments
- Identification and evaluation of hearing loss
- Laboratory visits and X-rays
- Durable medical equipment and supplies
- Medications on Mercy Care ACC-RBHA’s list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.
- Emergency care
- Follow-up care after an emergency
- Home health services (such as nursing and home health aide) instead of hospitalization
- Nursing home, when used instead of hospitalization, up to 90 days a year
- Inpatient rehabilitation services, including occupational, speech and physical therapy
- Outpatient occupational and physical therapy
- Respiratory therapy
- Routine immunizations
- AHCCCS-approved organ and tissue transplants and related prescriptions (Limitations apply.)
- Kidney dialysis
- Medically necessary foot care (Limitations apply)
- Foot and ankle services performed by a licensed podiatrist, when the service is ordered by a primary care physician or primary care practitioner.
- Maternity care (prenatal, labor and delivery, postpartum)
- Family planning services
• Pregnancy termination (including Mifepristone [Mifeprex or RU-486]). See the Family Planning Services section more information.
• Behavioral health services
• Medically necessary and emergency transportation
• Medical foods, with limitations
• Urgent care
• Hospice
• Preventive services which include, but are not limited to, screening services such as cervical cancer screening including pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections
• Well-visits (well-exams) such as, but not limited to, well-woman exams, breast exams, and prostate exams, are covered for members 21 years of age and older. Most well-visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age)
• Incontinence briefs, with limitations

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

Additional covered services for members 18, 19, 20 years old
• Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)
• Medically necessary preventive and comprehensive dental services
• Outpatient speech, occupational and physical therapy
• Conscious sedation
• Children’s Rehabilitation Services (CRS) (Limitations apply.)
• Additional Services for Qualified Medicare Beneficiaries (QMB)
• Respite services
• Chiropractic services
• Any services covered by Medicare but not by AHCCCS

Eyeglass coverage for members under 21 years
Vision services are covered for members under the age of 21 years. 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 it 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.
Experimental services and treatments

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

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

- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology
Services that are limited or not covered:

- Services from a provider who is NOT contracted with Mercy Care ACC-RBHA (unless prior approved by the health plan)
- Cosmetic services or items
- Personal care items such as combs, razors, soap etc.
- Any service that needs prior authorization that was not prior authorized
- Services or items given at no cost, or for which charges are not usually made
- Services of special duty nurses, unless medically necessary and prior authorized
- Physical therapy that is not medically necessary
- Routine circumcisions
- Services that are determined to be experimental by the health plan medical director
- Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness related to the pregnancy endangers the health of the mother
- Health services if you are in prison or in a facility for the treatment of tuberculosis
- Experimental organ transplants, unless approved by AHCCCS
- Sex change operations
- Reversal of voluntary sterilization
- Medications supplies without a prescription
- Treatment to straighten teeth, unless medically necessary and approved by Mercy Care ACC-RBHA
- Prescriptions not on our list of covered medications, unless approved by Mercy Care ACC-RBHA
- Physical exams for qualifying for employment or sports activities.
- For members under 21 years of age, two (2) routine preventive dental visits are covered per year. Visits to the dentist must take place within six months and one day after the previous visit. Members under 21 years of age do not need a referral for dental care.

Other services that are not covered for adults (age 21 and over).

- Hearing aids
- Routine eye examinations for prescriptive lenses or glasses
- Routine dental services
- Chiropractic services (except for Medicare QMB members)
- Outpatient speech (except for Medicare QMB members)

Limited and excluded medical services*

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
<th>Service Exclusions or Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin pumps</td>
<td>A machine that is worn to give insulin through the day to a person as needed.</td>
<td>AHCCCS will not pay for insulin pumps. Supplies, equipment maintenance (care of the pump), and repair of pump parts will be paid for.</td>
</tr>
<tr>
<td>Bone-anchored hearing aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
<td>AHCCCS will not pay for Bone-Anchored Hearing AID (BAHA). Supplies, equipment maintenance (care if the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Cochlear implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant), and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb microprocessor</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
<td>AHCCCS will not pay for a lower limb (leg, knee, or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions or Limitations</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Orthotics</td>
<td>A support or brace for weak joints or muscles. An orthotic can also support a deformed part of the body.</td>
<td>Orthotic devices for members under the age of 21 are provided when prescribed by the member’s primary care provider, attending physician, or practitioner. Orthotic devices are covered for members who are 21 years of age and older when: A. The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines, and B. The orthotic costs less than all other treatments and surgery procedures to treat the same condition, and C. The orthotic is ordered by a Physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant). Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item. You can find more information in the “Orthotic Devices” section.</td>
</tr>
<tr>
<td>Emergency dental service for members 21 years of age and older</td>
<td>Emergency treatment for pain, infection, swelling and/or injury.</td>
<td>For members 21 years of age and older, emergency dental services are covered up to $1,000 per health plan year (October 1 - September 30). Medically necessary emergency dental care and extractions are covered for persons age 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma. Emergency dental services do not require prior authorization. There are exceptions to these limitations of service; certain pre-transplant services, prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head, and cleanings for members who are in an inpatient hospital setting and are placed on a ventilator are also covered. (Please note: comprehensive and preventive dental services are covered for members under 21 years of age)</td>
</tr>
<tr>
<td>Services by podiatrist</td>
<td>Any service that is done by a doctor who treats feet and ankle problems.</td>
<td>Foot and ankle services performed by a licensed podiatrist is covered, when the service is ordered by a primary care physician or primary care practitioner.</td>
</tr>
<tr>
<td>Respite care</td>
<td>Short-term or continuous services provided a temporary break for caregivers and members to take time for themselves.</td>
<td>600 respite hours available to adults and children under ALTCS benefits or behavioral health services within a 12-month period. The 12 months will run from October 1 to September 30 of the next year.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
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</tr>
<tr>
<td>----------------</td>
<td>---------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Transplants</td>
<td>A transplant is when an organ or blood cells are moved from one person to another.</td>
<td>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS as covered will be paid for.</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Exercises taught or provided by a Physical Therapist to make you stronger or help improve movement.</td>
<td>Outpatient physical therapy visits are limited to 15 habilitative/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (October 1 to September 30).</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>Exercises taught by a Speech Therapist to assist with swallowing and speech.</td>
<td>Covered for all members 21 years of age or older in an inpatient setting including nursing facilities. Outpatient speech therapy is covered for members ages 18, 19 and 20.</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Exercises taught or provided by an Occupational Therapist to make you improve fine motor movements.</td>
<td>Covered for all members 18 years of age or older in an inpatient and outpatient setting including nursing facilities.</td>
</tr>
</tbody>
</table>

**Children’s Behavioral Health Services Fund (CBHSF)**
CBHSF provides funding for behavioral health services for children who are uninsured or underinsured when services are referred through public educational entities. Services can be provided on or off school campuses.

**Access to grant-funded covered services for special populations**
Some people are eligible for treatment and services through grants. These grants include the Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG).

**Substance Abuse Block Grant (SABG)**
SABG Block Grant funds are used for treatment and long-term recovery support services for the following persons, in order of priority:
- Pregnant women and teenagers who inject drugs
- Pregnant women and teenagers who use drugs or alcohol
- Other persons who inject drugs
- Women and teenagers who use drugs or alcohol including women who are trying to regain custody of their children.
- As funding is available, to any other person who use drugs or alcohol.

The SOR grant builds infrastructure to enhance services for individuals with an opioid use disorder, regardless of insurance coverage. SOR helps to operate the three 24/7 Access Points for members wanting to receive MAT services 24 hours a day, 7 days a week. SOR also has expanded the peer/navigator workforce for individuals who have an opioid use disorder.

**Mental Health Block Grant (MHBG)**
MHBG provides covered behavioral health services for members who are:
- Adults (18+) with a SMI designation
- Children (17 and under) with Serious Emotional Disturbance (SED) or First Episode Psychosis (FEP)
Covered Non-Title XIX/XXI behavioral health services can include:

- Auricular acupuncture services
- Behavioral health counseling and therapy
- Behavioral health prevention, promotion and education
- Case management
- Childcare services (also referred to as child sitting services)
- Copayment coverage for SMI services that may not be covered through Title XIX/XXI
- Crisis intervention services
- Living skills training
- Medication assisted treatment (MAT)
- Medication training and support services
- Mental health services, room and board
- Mental health services (traditional healing services)
- Outpatient and residential substance use or opioid use treatment
- Self-help and peer services
- Supported housing

For information on how to access these services, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465.

**Housing services**

Access to safe, decent, affordable housing is the platform for recovery. The combination of affordable housing and supportive services creates an opportunity for members to live with stability and dignity within the community of their choice.

**Housing point of contact**

Many clinics that serve members with an SMI designation have a housing point of contact. The housing point of contact serves as the housing subject matter expert for the clinical team and member. They provide help with understanding housing options, completing and submitting housing applications, community care coordination, locating resources, and obtaining referrals to community resources and programs.

Mercy Care’s housing point of contact is Jennifer Page. You can reach her and the Mercy Care Housing Department at Housing@MercyCareAZ.org.

**Permanent Supportive Housing Services**

Permanent Supportive Housing Services are available to ACC-RBHA members with a SMI designation. These services help members find and maintain their housing. Supportive housing services may include help with understanding tenant rights, budgeting, independent living skills, engaging in meaningful activities and avoiding eviction. Employment and education services may also be included.

Mercy Care ACC-RBHA contracts with a large network of providers to meet the needs of our members. The providers cover a range of behavioral health and rehabilitation services. These providers also have resources to help members address their housing needs and can help connect members to community housing options, emergency housing/shelter, transitional housing, permanent housing subsidies, move-in assistance, and eviction prevention funds. Members should work with their clinical team to assist in a referral to one of these providers.

**Grants**

Mercy Care seeks opportunities to secure grant funding to assist members with a wide range of housing services.
that may include emergency shelter (hotels), rapid rehousing and homeless prevention (rental assistance, utility and security deposits and moving costs). Members should work with their clinical teams to explore these options.

If you need help connecting to providers that offer these services, you can call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465**.

**AHCCCS Housing Program (AHP)**
Mercy Care ACC-RBHA members with a housing subsidy need can work with their clinical team to apply for a housing subsidy directly through the AHCCCS Housing Program (AHP). The AHP manages all applications, waitlists, and referrals for the state’s AHCCCS housing. [https://azabc.org](https://azabc.org).

**HUD Continuum of Coordinated Entry for homeless services**
Coordinated Entry is a process mandated by the US Department of Housing and Urban Development (HUD) to connect individuals and families experiencing homelessness with community housing and service resources. Individuals or families can be triaged, assessed, and placed on a list for possible referral to community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access. You can view a listing of these locations at the back of this handbook in the section called “Resources” and under “Coordinated Entry Access Points.”

You can also contact the US Department of Housing and Urban Development (HUD) for more housing resources and information at [www.hud.gov/states/arizona](https://www.hud.gov/states/arizona). For rental program information, you can call **1-800-955-2232** (TTY 711 or **1-800-877-8339**).

You can also reach out to Mercy Care’s Housing Department at Housing@mercycareaz.org or by calling Mercy Care Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

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

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

**Supportive care:** Supportive care is psychological, social, spiritual and practical support to improve your comfort and quality of life. Supportive care may be arranged by your case manager. Supportive care may also be provided by friends, family or services available in the community.

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

**Hospice care:** Hospice care consists of health care and emotional support for a person with a terminal illness who is approaching the end of their life. Hospice services provide comfort and support, but do not focus on curing your illness. Hospice care may be provided in an individual’s own home or in a facility. Members under the age of 21 may receive curative care at the same time as hospice care.
Advance care planning is a voluntary face-to-face discussion between you, your family and your doctor or medical provider. You may want to discuss your illness, health care options, social needs, psychological needs and spiritual needs. Your doctor or medical provider can work with you and your family to develop a plan of care that includes your choices for care and treatment. Your choices can be shared with your family, friends or other providers according to your wishes. Your doctor or provider can also help you with advance directives.

Above all, you and your family will be treated with respect and dignity. You will have access to additional supports and care management to help you during this difficult time. If you have questions, our Member Services department at 602-586-1841 or toll-free 1-800-564-5465 (TTY 711) is available 24 hours a day, 7 days a week. They can direct you to a staff member who can help.

Referrals (or self-referrals) to see a specialist

Behavioral health referrals
You or your provider may feel that you need specialized care from another behavioral health provider. If that happens, your provider will give you a “referral” to go to another provider for specialized care.

Specialized Care
You can contact Mercy Care ACC-RBHA or your provider if you feel you need a referral for specialized care. You can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

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

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

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

Referrals and prior authorizations are not required to see a specialist in network for members who need long term services and supports (LTSS). LTSS is defined as services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual’s home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting. To be eligible for LTSS you must be age 65 or older, have a disability or require nursing facility level of care, and must be financial eligible. For more information or to apply, you can visit https://www.azahcccs.gov/Members/GetCovered/Categories/nursinghome.html.
**How to get services not covered due to moral or religious objections**

Family planning services are administered by Aetna Medicaid Administrators, LLC. Talk to your PCP if you need help with family planning services. These services are covered at no cost to you and available to male and female members of reproductive age. You are not required to obtain a referral before choosing a family planning provider. Contraceptive supplies are provided to you at no cost to you.

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

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care network, or they don’t have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. Keep the appointment. Show the provider your Mercy Care member ID card.
4. At the appointment, talk about your options for family planning services or supplies.
5. You will not be billed for the visit and you do not have to pay a co-pay. If you are asked to pay a co-pay or are billed for the visit, please call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) right away.
6. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

**Services coverage for American Indian persons**

American Indian members have several options where to get health care services. American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

This includes receiving services through Mercy Care ACC-RBHA, the Tribal Regional Behavioral Health Authority (T/RBHA) where one is available, Indian Health Services (IHS), and/or Tribal 638 facilities with behavioral health programs.

Whether you receive services through Mercy Care ACC-RBHA or a T/RBHA, Arizona Health Care Cost Containment System (AHCCCS) pays for those services. If you’re Title 19/21 (AHCCCS-eligible) and receive services through an IHS or Tribal 638 facility, AHCCCS also pays for those services.

Your ACC-RBHA or T/RBHA and/or IHS or Tribal 638 facilities will coordinate your care to ensure you receive all necessary health care services.

A Tribal 638 facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93-638, as amended. A Tribal 638 facility may not provide all covered behavioral health services, so AHCCCS is responsible for covering certain services:

- Behavioral health services for persons referred off reservation from an IHS or Tribal 638 facility
- Emergency services rendered at a non-IHS or non-Tribal 638 facility to American Indian behavioral health recipients

American Indian members who have an SMI designation will receive services from Mercy Care ACC-RBHA but can also choose AHCCCS American Indian Health Program (AIHP) for behavioral health and physical health services effective October 1, 2022. American Indian members who have an SMI designation and currently receive services with the T/RBHA will stay the same.
If you are unsure about your choices or if you have questions about how your health care services are coordinated, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

**How to obtain a primary care provider (PCP)**

You’re assigned a primary care physician (PCP) from Mercy Care ACC-RBHA. You’re notified of your PCP and how to change your PCP assignment, if you want to, when you get your identification card. Your PCP is the doctor who will manage your health care. Your PCP will act as “gatekeeper” for your physical health care. This means you will work together with your PCP to determine your health care needs. Your PCP will help figure out if you need to see a specialist or have additional care. Your PCP will work with Mercy Care ACC-RBHA to find the best provider available to you.

All services, except behavioral health, dental, vision and well-women’s services must be ordered and approved by your PCP. You can get emergency health care services without the approval of your PCP or Mercy Care ACC-RBHA when you have a medical emergency.

You may get behavioral health services without the approval of your PCP or Mercy Care ACC-RBHA.

You can see a specialist with a referral from your PCP. In some cases, Mercy Care ACC-RBHA must also approve your services. Your PCP will let you know which services need approval.

**Making the most of your doctor’s visit:**

When visiting with your doctor, consider asking the following questions. It may help you better understand your health.

- What do I need to stop doing?
- What do I need to start doing?
- What do I need to keep doing?

Ask your doctor these questions before you leave the office:

- What medications do I need to take (and/or stop taking)?
- When is my next appointment?
- What else do I need to know?
- What do I need to do to get better?
- What foods should I eat?
- What foods should I stop eating?
- Are there any community resources that can help me?

**Choosing a provider**

Mercy Care ACC-RBHA will help you choose a provider from within the provider network. If you’d like to select a provider based on convenience, location or cultural preference, you can tell Mercy Care ACC-RBHA Member Services. You’ll need to contact the provider to make, change or cancel your appointments.

**Types of care**

There are three different kinds of care you can get: routine, urgent and emergency. The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.
<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
</table>
| **Routine** – This is regular care to keep you healthy. | Call your doctor to make an appointment for preventive care. You can expect to be seen by:  
|                      | • Your PCP within 21 business days  
|                      | • A specialist or dentist within 45 business days                      |
| For example:         |                                                                           |
| • Checkups (also known as wellness exams)  
| • Health conditions you have had for a long time  
| • such as asthma, COPD and diabetes  
| • Yearly exams  
| • Immunizations |                                                                           |
| **Urgent/sick visit** – This is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life. | Call your doctor before going to an urgent care center.  
| For example:         |                                                                           |
| • Bad sore throat or earache  
| • Flu  
| • Migraine headaches  
| • Back pain  
| • Medication refill or request  
| • Sprains | Look in your Provider Directory to find the center closest to you. You can also look on the Mercy Care ACC-RBHA website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org). You can click on “Find a Provider” at the top of the page.  
You can also call Mercy Care ACC-RBHA Member Services 24 hours a day, 7 days a week at **602-586-1841** or **1-800-564-5465** (TTY 711).  
You can expect to be seen by:  
• Your PCP within 2 business days  
• A specialist or dentist within 72 hours  
• If it’s late at night or on the weekends, your doctor has an answering service that will get your message to your doctor. Your doctor will call you back and tell you what to do. You should NOT go to the emergency room for urgent/sick care. |
| **Emergency** – This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. | Call **911** or go to the nearest emergency room.  
You do not have to call your doctor or Mercy Care ACC-RBHA first.  
You do not need Prior Authorization to call 911. If you can, show them your Mercy Care ACC-RBHA ID card and ask them to call your doctor.  
| For example:         |                                                                           |
| • Poisoning  
| • Deep cuts  
| • Overdose  
| • Broken bones  
| • Car accident  
| • Serious burns  
| • A cut that may need stitches  
| • Trouble breathing  
| • Sudden chest pains-heart attack  
| • Convulsions  
| • Very bad bleeding, especially if you are pregnant  
<p>| • Signs of stroke (numbness/weakness in face, arm, or leg, trouble seeing with one or both eyes) |</p>
<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is not an emergency?</strong></td>
<td></td>
</tr>
<tr>
<td>Some medical conditions that are NOT usually emergencies include:</td>
<td></td>
</tr>
<tr>
<td>• Flu, colds, sore throats, earaches</td>
<td></td>
</tr>
<tr>
<td>• Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>• Prescription refills or requests</td>
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</tr>
<tr>
<td>• Health conditions that you have had for a long time</td>
<td></td>
</tr>
<tr>
<td>• Back pain</td>
<td></td>
</tr>
<tr>
<td>• Migraine headaches</td>
<td></td>
</tr>
</tbody>
</table>

### Changing your PCP

We hope that you stay with one PCP because this will help your doctor get to know you and your health care needs.

However, sometimes you may need to change. Some reasons why you may need to change are:

- You do not understand what your PCP says
- You do not feel comfortable talking to your PCP
- Your PCP’s office is too far away

Member Services will help you change your PCP and will send you a letter confirming the change. The change will take place the day of your request.

Try talking to your PCP first before changing to another PCP. You and your doctor might be able to solve the problem without you having to change.

### Quick tips about your PCP

- Your PCP will manage most of your health care services.
- Call your PCP if you have questions about referrals.
- Know your PCP’s office hours and what to expect for after-hours service. If you have a problem with your PCP, talk to him/her about it or call Member Services for help.
- If you need to change your PCP, call Member Services.
- If you want to know more about a PCP or dentist, use the phone numbers and/or websites given at the front of the handbook.

### Making, changing and canceling PCP appointments

If you are seeing your PCP for the first time, call your PCP’s office first to make sure they are accepting new patients and to verify their address. If Mercy Care ACC-RBHA has assigned a PCP to you, that means they are accepting new patients.

- Call your PCP early in the day to make an appointment.
- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, go to your appointment 15 minutes early.
- Let the office know when you arrive.

Keep appointments and get there on time. Call your provider’s office ahead of time when you can’t keep your appointments. You may also contact Mercy Care ACC-RBHA if you would like help making, changing or canceling your appointments. You can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).
If you need to change or cancel an appointment, call your doctor’s office as soon as you know you cannot make it to your appointment.

**Appointment availability timelines**

**Primary Care Provider (PCP) appointments:**
- Urgent care – as quickly as the member’s health condition requires, but no later than 2 business days of request
- Routine care – within 21 calendar days of request

**Specialty provider appointments, including dental specialty:**
- Urgent care – as quickly as the member’s health condition requires, but no later than 2 business days from the request
- Routine care – within 45 calendar days of referral

**Dental provider appointments:**
- Urgent appointments – as quickly as the member’s health condition requires, but no later than 3 business days of request
- Routine care appointments – within 45 calendar days of request

**Maternity care provider appointments:**
Initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
- First trimester – within 14 calendar days of request
- Second trimester within 7 calendar days of request
- Third trimester within 3 days business of request
- High risk pregnancies – as quickly as the member’s health condition requires, but no later than 3 business days of identification of high risk pregnancy, or immediately if an emergency exists

**Behavioral health provider appointments:**
- Immediate need appointments – behavioral health services will be provided within a timeframe indicated by behavioral health condition, but no later than 2 hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical
- Urgent need appointments – as quickly as the member’s health condition requires, but no later than 24 hours from identification of need
- Routine care appointments:
  - Initial assessment – within 7 calendar days of referral or request for service
  - The first behavioral health service following the initial assessment – as quickly as the member’s health condition requires, but:
    - For members age 18 years and older, no later than 23 calendar days after the initial assessment
    - For members under the age of 18 years old, no later than 21 calendar days after the initial assessment
  - Ongoing behavioral health appointments – as quickly as the member’s health condition requires, but no later than 45 calendar days from identification of need.

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

For specialty and other identified service needs:
- Specialty and other identified service needs include but are not limited to requests for counseling, day programs, temporary hotel assistance, eviction prevention, move in assistance, and moving assistance
- Assess the urgency of the need immediately
- If clinically indicated, submit referrals within a timeframe indicated by clinical need but no longer than 7 days for adult SMI members
- Services should be implemented no later than 30 business days from the initial request for services and no later than 21 business days from the initial request for services for children

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:
- Rapid response – within the time frame indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home
- Initial assessment – within 7 calendar days after referral or request for behavioral health services
- Initial appointment – within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment
- Ongoing behavioral health services – within the time frames according to the needs of the person, but no longer than 21 calendar days from the identification of need

If clinically necessary services aren’t provided within 21 calendar days after intake assessment, the out-of-home caregiver (e.g., foster parent, kinship or group home) should call the Mercy Care ACC-RBHA Single Point of Contact. You can reach them at 602-453-8095. You should also call the AHCCCS Clinical Resolution Unit line at 602-364-4558. The caregiver may then contact any AHCCCS-registered providers directly, regardless of whether they are a part of the Mercy Care ACC-RBHA provider network, to schedule an appointment.

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.

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

Contacting your case manager
If you need to reach your case manager between visits for any reason, you can call your provider or your clinic directly. You may have questions about your services or need to talk with your case manager about how you’re doing. You may want to request new services or ask about community resources. Your provider can help connect you with your case manager. Mercy Care ACC-RBHA Member Services can also help connect you with your case manager. You can call us at 602-586-1841 or 1-800-564-5465 (TTY 711).
Well visits (well exams)

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.

Women’s preventative care services

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.

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

Cervical cytology, including pap smears, should be done annually for sexually active women. After three (3) successive normal exams, the test may be less frequent. Mercy Care members can see their PCP or a Mercy Care OB/GYN for a Pap test. If you want to see an OB/GYN, you don’t need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org and select “Find a Provider.”

Routine mammography should be done annually after age 40 and at any age if considered medically necessary. You can call your doctor for a mammogram order. You can then schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by using the searchable provider directory on the Mercy Care website at www.MercyCareAZ.org.

Well-woman preventive care

An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. A well-woman preventive care visit is covered on an annual basis when clinically indicated. There is no copayment or other charge for covered women’s preventive care services.

Benefits of preventive health care

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

Description of well-woman preventive care services

The well-woman preventive care visit includes:

• A physical exam (well exam) that assesses overall health
• Clinical breast exam
• Pelvic exam (as necessary, and according to current recommendations and best standards of practice)
• Review and administration of immunizations, screenings and testing as appropriate for your age and risk factors
• And help getting any needed medical referrals
NOTE: Genetic screening and testing is not covered, except as described in AMPM Chapter 300, *Medical Policy for Covered Services.*

**Screening and counseling for help maintaining a healthy lifestyle and minimizing health risks. This includes screening about:**

- Proper nutrition
- Physical activity
- Elevated Body Mass Index (BMI)
- Tobacco use and/or dependency
- Substance use and/or dependency
- Depression screening
- Interpersonal and domestic violence including counseling about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems
- Sexually transmitted infections
- Human Immunodeficiency Virus (HIV)
- Family planning services and supplies
- Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies including:
  - Reproductive history and sexual practices
  - Healthy weight, diet and nutrition, nutritional supplements and folic acid intake
  - Physical activity or exercise
  - Oral health care
  - Chronic disease management
  - Emotional wellness
  - Tobacco and substance use (caffeine, alcohol, marijuana and other drugs), including prescription medications
  - Recommended time between pregnancies
- Referrals when further evaluations, diagnosis and/or treatments are needed

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

Call your PCP or gynecologist today and schedule an appointment for a well-woman preventive care visit. This visit is provided at no cost to you.

**Assistance with scheduling appointments**

If you want to see an OB/GYN doctor, you do not need to see or ask your PCP first. You can find OB/GYN doctors in your provider directory, or by visiting [www.MercyCareAZ.org](http://www.MercyCareAZ.org). If you need help making a well-woman appointment with your doctor, please call Mercy Care ACC-RBHA at **602-586-1841** or **1-800-564-5465** (TTY 711). Assistance with medically necessary transportation and scheduling appointments is available to obtain well-woman preventive care services.

**Early Periodic Screening, Diagnostic and Treatment**

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.

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.

**Maternity services**

If you’re not sure whether you’re pregnant, make an appointment with your PCP for a pregnancy test. As soon as you know you’re pregnant and have chosen your OB doctor or nurse midwife, make an appointment right away. It’s important to have early and regular prenatal care during your pregnancy. Be sure to keep all of your scheduled appointments during and after your pregnancy.

**Your PCP and OB/GYN or certified nurse midwife**

Pregnant women need special care. It’s important to start prenatal care within the first trimester or as soon as you know you’re pregnant. If you’re pregnant, you should call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) as soon as possible. We can help you choose an OB/GYN or certified nurse midwife.

You can go directly to a Mercy Care ACC-RBHA OB doctor for care. You don’t need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and your OB/GYN will manage your pregnancy care. You can choose to have an OB/GYN as your PCP during your pregnancy. There is no copayment or other charge for covered pregnancy-related services.

**Your first doctor’s visit: What should you expect?**

At your first visit, you will have a complete checkup. This checkup includes talking about your health history and the doctor giving you a physical exam. The doctor or nurse will perform routine urine and blood tests. They will also check for sexually transmitted infections. If you are taking any medicine, tell your doctor or nurse midwife at your first visit.
Visiting your OB/GYN doctor when you’re pregnant
It’s important to keep seeing your health care provider during your pregnancy, even if you feel fine. Regular prenatal care can help you have a healthy pregnancy and a healthy baby. It will help your provider to identify any health conditions and prevent problems before they occur.

Pregnancy appointment time frames
You should be able to get an appointment within these time frames:
• First trimester (months 1-3): within 14 days of calling the doctor.
• Second trimester (months 4-6): within 7 days of calling the doctor.
• Third trimester (months 7-9): within 3 days of calling the doctor.
• High risk pregnancies are expeditiously as the member’s health 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

If you think you have a problem with your pregnancy, or have a high-risk pregnancy, your doctor will see you within 3 business days after placing your call for an appointment. Your doctor will see you right away in case of an emergency. Call your doctor right away if you have any of these symptoms. Do not wait for them to go away.
• Discharge, blood or water leaking from the vagina
• Low, dull backache
• Feeling like you’re going to start your period (period-like cramping)
• Pelvis pressure (like the baby is pushing down)
• Stomach cramps (you may or may not have diarrhea with this)
• Regular contractions that last over an hour

Staying healthy tips for pregnant women
• During your pregnancy, your OB/GYN will tell you when you need to come back. If something comes up and you need to cancel, be sure to call your provider to let them know and make a new appointment as soon as possible. It’s important to keep your appointments so you and your baby stay healthy.
• You should take folic acid (found in prenatal vitamins) before and during pregnancy to help prevent birth defects of the brain and spinal cord. Take the prenatal vitamins prescribed or recommended by your provider, but do not take any additional vitamins on your own. Do not stop taking any medications without talking to your doctor.
• Smoking, drinking alcohol and using street drugs can cause problems during pregnancy for a woman and her baby, such as premature birth, birth defects, and infant death. Neonatal abstinence syndrome (NAS) happens when a woman uses certain drugs during her pregnancy. Her baby can go through drug withdrawal after birth. NAS can also occur when a woman takes opioids during her pregnancy. Opioids help take pain away and are often prescribed by your doctor after an injury or surgery. Tell your OB provider if you are taking any medication for pain even if it is prescribed by another doctor. Babies born with NAS are more likely to have a low birth weight, breathing and feeding problems, and seizures. If you are pregnant and drink alcohol, smoke, use street drugs or take opioids, be sure to talk to your doctor or seek help from a local treatment center before quitting. If you do not feel comfortable talking to your doctor about your problem, call Mercy Care ACC-RBHA Member Services for help.
• Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to you. Ask your doctor about the classes or call to sign up at the hospital where your baby will be born.

Labor
If you’re in labor and need a ride to the hospital, you should call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711). We will send you a ride right away. If you need immediate medical care or
emergency transportation, call 911. Be prepared when you leave the hospital by making sure you have a car seat to take your baby home in.

Postpartum (after you have your baby)
After your deliver your baby, it is important to schedule and keep all of your postpartum visits. Postpartum visits should be scheduled within 1-12 weeks after delivering your baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately, to discuss emotions and feelings and to answer any of your questions.

At this visit, you can also discuss family planning options, services and supplies with your provider (including immediate postpartum long-acting reversible contraceptives). You can then decide what method best fits your needs until you are ready to get pregnant again. It is important to keep all of your appointments. If you need help scheduling your postpartum appointment, call Mercy Care Member Services.

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

- Headache that won’t go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or baby
- Changes in your 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 you were pregnant in the last year. If you are having a medical emergency, call 911.

Postpartum Depression (PPD)
If you have feelings of sadness that last a long time, are severe and cause you to have problems doing normal daily activities, call your doctor right away. Your doctor will figure out if your symptoms are caused by postpartum depression (PPD) or something else. PPD is more than the “blues.” It’s an illness and needs treatment to get better. If you need to talk to someone because you have troubling thoughts, contact your doctor or nurse right away. **Do not wait to get help.** If you need help getting behavioral health services, please call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711). For all emergencies dial 911.

Low birth weight/very low birth weight
Mothers who do not get prenatal care are three (3) times more likely to have babies with low birth weight. A baby with low birth weight may have other problems. Their tiny bodies are not as strong and they may have a harder time eating, gaining weight and fighting infection. A baby whose mother does not get prenatal care is five (5) times more likely to die. Regular prenatal visits with a doctor can help keep you and your baby healthy. Regular prenatal visits can help prevent pre-term births and low birth weight babies.

Risks associated with elective labor inductions/C-sections
At least 39 weeks of pregnancy gives a baby the time he/she needs to grow before being born. Major organs, like the brain, and lungs and liver are still growing. Eyes and ears are developing. She/he is learning to suck and swallow. It is important to carry your baby to term to make sure your baby develops fully. Scheduling a C-section
or inducing labor prior to 39 weeks without a medical reason to do so can be dangerous for you and your baby. But sometimes though, an induction is medically necessary for you and your baby’s health. Your doctor will talk to you if you need to deliver early for a medical reason.

If the induction does not work, a C-section may be needed. For baby, some risks are breathing problems including respiratory distress, difficulty eating, learning and behavior problems, and jaundice, which can lead to brain damage. For you, some risks are infection and tears in the uterus causing severe bleeding. Once you have a C-section, you may be more likely to need a one in future pregnancies. The more C-sections you have, the more problems you and your baby may have.

Healthy pregnancy tips

**Nutrition and healthy eating:** Your doctor will tell you how much weight to gain during your pregnancy. Most women gain about 25 to 35 pounds. Gaining too much or too little weight can be bad for you or your baby. The key to achieving and staying at a healthy weight is not about short-term changes. It is about a lifestyle that includes healthy eating and regular physical activity. If you are underweight or overweight, talk with your doctor about ways to reach and stay at a healthy weight before you get pregnant. Drink at least 10 cups of liquids every day. Eight (8) of these cups of liquid should be water. Eat healthy snacks and meals. Instead of eating three (3) big meals a day, try eating five (5) or six (6) small meals and snacks. Stay away from foods with no or low nutritional value. Stay away from foods that could make you or your baby get sick, such as raw fish and shellfish, raw or undercooked eggs, soft cheeses, cheeses not made in the United States, unpasteurized milk and unpasteurized juices.

**Physical activity:** You do not have to stop all physical activity because you are pregnant, but you may have to change the type of physical activity that you do. Talk to your doctor about the level of physical activity that is safe for you.

**Getting plenty of sleep:** You may feel very tired and need more sleep than you are used to, especially in the first three (3) months of your pregnancy.

**Sexually transmitted infections:** We encourage every pregnant woman to be tested for sexually transmitted diseases (STIs) and HIV (the virus that causes AIDS). Check with your doctor about how to get these tests. These tests are at no cost to you. If you test positive for any STI or HIV, your doctor can help you get counseling services and any needed treatment. Treatment is covered.

**Prescribed medicines:** Prescribed medicines that you take every day are important for your physical and emotional health. When you are pregnant, your body will need extra help, such as certain vitamins and folic acid (a B vitamin). Take the prenatal vitamins prescribed or recommended by your health care provider, but do not take any additional vitamins on your own. Do not stop taking any medicines without talking to your doctor.

**Risky behaviors:** Quitting smoking, drinking and using drugs can be hard, but these are the best things that you can do to protect your baby. Smoking, drinking alcohol and using drugs can cause many problems during pregnancy for a woman and her baby, such as premature birth, birth defects and infant death. If you are pregnant and cannot stop drinking, smoking, or using drugs – get help. Be sure to talk to your doctor or seek help from a local treatment center. If you do not feel comfortable talking to your doctor about your problem, call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711).
Dangers of lead exposure to mother and baby: Lead is a toxic metal that can be used to make a variety of products and materials. Lead exposure during pregnancy can cause miscarriage, pre-term birth, low birth weight and developmental delays. Lead poisoning is a condition caused by swallowing or breathing in lead. Lead poisoning can affect children, adults, and pregnant women who can pass it on to their unborn babies. Young children are at greatest risk since their bodies take in lead easily. Children and adults who have lead poisoning might look and feel healthy and show no signs of illness, but they still need to be treated. Many cases of lead poisoning go undiagnosed and untreated. The only way to detect lead poisoning is by asking your doctor to perform a simple blood test.

Sudden Infant Death Syndrome (SIDS): Always place your baby on his/her back to sleep. SIDS is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS. Put your baby to sleep on a firm surface. Do not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins or other soft bedding in your baby’s crib.

Women, Infants and Children (WIC) is a community resource for women who are pregnant, breast-feeding or postpartum, and to infants and children under 5 years of age. It is a program that provides food, breastfeeding education and information about healthy eating. Peer counseling is a core service available to all women in WIC. Women who take part in the WIC program have children with improved birth weight and fewer pre-term deliveries. Women who take part in the WIC program during pregnancy may have fewer deliveries of infants who are small for their gestational age. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711).

Prenatal Human Immunodeficiency Virus (HIV) testing

We encourage every pregnant woman to be tested for sexually transmitted infections (STIs) and HIV (the virus that causes AIDS). Talk to your doctor about how to get tested. Voluntary, confidential HIV/AIDS testing services are available at no cost to you. If you test positive for any sexually transmitted infection, or HIV, your doctor can help you get counseling services and any treatment you need. Treatment is covered. The sooner HIV is diagnosed and treated, the better medicines work. Early treatment can help prevent passing HIV to your baby. Providing medicines early can help children with HIV live longer, healthier lives.

Mercy Care ACC-RBHA can help. Call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) for information about confidential testing and counseling services.

Human Immunodeficiency Virus (HIV) Testing

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

Family planning benefits coverage

Family planning services and supplies are covered at no cost and are available to men and women of reproductive age. You do not need to get a referral before choosing a family planning provider. Here are the steps to follow to receive family planning services and supplies:

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Care ACC-RBHA network, or they don’t have to be. You do not need a referral for family planning services or supplies.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. Keep the appointment. Show the provider your ID card.
4. At the appointment, talk about your options for family planning services or supplies.
5. The provider can send the claim for the visit to Mercy Care ACC-RBHA. You will not be billed for the visit and you do not have to pay a co-pay. If you are asked to pay a co-pay or billed for the visit, you can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) right away.
6. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

Covered services/supplies include:
- Contraception counseling
- Birth control pills
- Injectable contraceptives
- Subdermal implants
- Vaginal rings
- IUDs (intrauterine devices)
- LARC (long-acting reversible contraceptives)
- Diaphragms
- Condoms
- Foams and suppositories
- Medical and lab exams, including x-rays and ultrasounds related to family planning
- Natural family planning
- Emergency oral contraception within 72 hours after unprotected sexual intercourse
- Treatment of complications resulting from contraceptive use, including emergency treatment
- Hysteroscopic tubal sterilization (this is not effective immediately therefore during the first three months you must continue to use another form of birth control to prevent pregnancy)
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
- Family planning counseling, including birth spacing
- Pregnancy screening
- STI screening and treatment

The following are NOT covered family planning services:
- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations except as specified in AMPM Policy 410
- Hysterectomies for the purpose of sterilization

**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 home**

Mercy Care ACC-RBHA provides dental services to members who meet all of the following criteria:
- Have a SMI designation
- Are members of Mercy Care ACC-RBHA’s integrated care plan
- Are 18, 19 or 20 years old

If you are eligible for services, you can get care at a dental home. Your dental home is just as important as your medical home. A dental home creates an ongoing relationship between the dentist and you for dental care. It includes all parts of oral health care and takes care of all your dental needs. It’s delivered in a complete, coordinated and family-centered way.

You will be assigned to a Mercy Care ACC-RBHA dental home nearest to you. You can change your dentist at any time, for any reason, by calling Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). If you already have a dentist that you would like to continue to see, you can call Mercy Care ACC-RBHA Member Services to update our records with the name of your dentist.

You do not need a referral and there is no copayment or other charge for routine preventive dental care. Two routine/preventive dental visits are covered each year for members 18-20 years of age at no cost to you. The second visit must occur six months and one day after the first visit.

Untreated cavities (decay) and gum disease can lead to some medical illnesses such as heart disease and diabetes. In addition, untreated gum disease can cause tooth loss, and can create problems with your ability to eat and speak properly.

If you are a woman, and become pregnant, poor oral health may cause your baby to be born too soon and underweight.

**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](http://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.”

**Makings, changing or cancelling dental appointments**

You will need to contact your dentist to make, change or cancel your appointments. You may also contact Mercy Care ACC-RBHA Member Services if you would like help making, changing or canceling your appointments. You can contact Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

**Getting pharmacy services after hours, on weekend and holidays**

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 ACC-RBHA Provider Directory. Visit our website at [www.MercyCareAZ.org](http://www.MercyCareAZ.org) and select “For Members” under Mercy Care ACC-RBHA. You’ll locate “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 should call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). Mercy Care ACC-RBHA Member Services can help you with your prescriptions.

**Exclusive prescriber program**

Mercy Care ACC-RBHA has an exclusive prescriber program. This program is to better support members who are taking habit forming drugs that could be dangerous in large amounts and without good communication with the doctors. You may be enrolled in this program if any of the following have been true for you:

- You have been seeking early refills of habit-forming drugs
- You have had four (4) or more doctors; and have been prescribed four (4) or more different drugs that can be habit forming; and have filled drug prescriptions at four (4) or more pharmacies in a three (3) month time period
- You have received 12 or more prescriptions of habit-forming drugs in the past three (3) months
- You have presented a forged or altered prescription to your pharmacy
- You have been identified by prescription claims from Indian Health Services (IHS) when available
- You have been identified by claims to regularly overuse or misuse habit forming drugs
- Your pain is not a short-term problem
- You have had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines, or lumbago
- You have been to the hospital for an overdose within the past six (6) months
- You have violated a pain contract or care management agreement related to pain issues
- You have asked for more than three (3) PCP changes in the past year
- Reports by the pharmacy, family, or someone else that you pay cash to get extra medications

Mercy Care ACC-RBHA will let you know in writing 30 days before you are enrolled in the exclusive prescriber program. When you are enrolled in the exclusive prescriber program, Mercy Care ACC-RBHA will assign you to 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 you will be able to fill these drugs. Mercy Care ACC-RBHA 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 your drugs to make sure you are only taking the drugs you need. This will be in effect for up to a 12-month period. We will review your records after 12 months and let you know if the program will be continued. If you do not agree with this decision, you may submit a written request for a State Fair Hearing. If you are currently receiving treatment for cancer, are in hospice care, reside in a skilled nursing facility for custodial care, or if you have Medicare, you shall not be subject to the exclusive prescriber program requirements.

**Getting covered behavioral health services**

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

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

You decide with your provider or clinical team what services you need. Your provider or clinical team can ask Mercy Care ACC-RBHA for approval of a service for you. Mercy Care ACC-RBHA may deny the request for approval. If Mercy Care ACC-RBHA denies the request for services, you can file an appeal. For more information on filing an appeal, see the section, “Grievances and appeals.”
You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, you can contact Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

**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 people who have a SMI designation can include housing support services, assistance from human rights advocates, case management, Assertive Community Treatment (ACT). The SMI diagnoses considered are:

- Psychotic disorders
- Bipolar disorders
- Obsessive-compulsive disorders
- Depressive disorder
- Mood disorders
- Anxiety disorder
- Post-traumatic stress disorder
- Personality disorders

To be eligible for SMI services, a person must have both an SMI designation and functional impairment caused by the SMI designation. 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) must be screened as part of their transition into adulthood.

Members who do not have a PCP can call Mercy Care ACC-RBHA Member Services 602-586-1841 or 1-800-564-5465 (TTY 711) 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 and do the evaluation within 24 hours.

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

**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.

Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems
1. Respect- Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts- A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from
which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports- A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure- A person in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one's choice- A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff and family members/natural supports for shared decision making with a foundation of trust- A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success- A person in recovery – by their own declaration – discovers success, in part, by quality of life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual's cultural preferences- A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery- A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

**Building a clinical team**

After you become eligible for services through Mercy Care ACC-RBHA, you will develop a “team” to help you identify your behavioral health needs and get behavioral health services. We call these clinical teams. More specifically, Child and Family Teams or Adult Recovery Teams. You can choose a behavioral health clinic. Mercy Care ACC-RBHA can also assign you to a clinic based on where you live. The clinic is where you receive your primary outpatient mental health services.
Some clinics also offer physical health care.

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

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

This allows you and your team to always review progress and needs so that you get the best care. Your treatment plan, also called an Individual Service Plan (ISP), should include all the services that you need, such as housing, support services, counseling, and transportation. The team should update the plan at least once a year, according to your needs.

**Child and family team**
The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child and his/her family and/or out-of-home caregiver, 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, representatives from religious affiliations. It can also include representatives from other service systems like the Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD).

The size, scope and intensity of involvement of the team members are determined by the objectives 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.

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

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

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

**Sharing your information with your family, team**
Your friends and family play an important role in your care. They often have important information to share with health care professionals. The treatment team should encourage input from friends and family. Providers should consult with loved ones whenever possible.
In most cases, providers need you or your guardian’s permission to share information about your health. Here are some important facts about health care privacy:

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

Multi-specialty interdisciplinary clinic (MSIC)

Mercy Care has contracted with multi specialty interdisciplinary clinics to provide the health care requirements of children with special needs who are enrolled in the Children’s Rehabilitative Services (CRS) program by offering primary and specialty care in a single location. The range of available specialties include: Family practice, physical and occupational therapy, speech, audiology, plastic surgery, orthopedics and neurology.

<table>
<thead>
<tr>
<th>Clinic name</th>
<th>Areas of specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District Medical Group (DMG) Clinic</strong></td>
<td><strong>Audiology, cardiology, endocrinology, ear, nose and throat (ENT), gastroenterology, genetics, lab and X-ray, nephrology, neurology, neurosurgery, nutrition, occupational therapy, physical therapy, speech therapy, ophthalmology, orthopedics, pediatrician (PCP), pediatric surgery, plastic surgery, psychology, psychiatry, rheumatology, scoliosis and urology</strong></td>
</tr>
<tr>
<td>3141 N. 3rd Ave. Phoenix, AZ 85013</td>
<td>602-914-1520</td>
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<tr>
<td></td>
<td>1-855-598-1871</td>
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<tr>
<td><strong>Children’s Clinics for Rehabilitative Services</strong></td>
<td><strong>Anesthesia, behavior analysis/ psychology, cardiology, dental and orthodontia, development pediatrics, endocrinology, ear, nose and throat (ENT), gastroenterology, genetics, hematology, nephrology, neurology, neurosurgery, orthopedics, ophthalmology, optometry, pediatrician (PCP), pediatric dermatology, pediatric palliative care, pediatric surgery, physical medicine, plastic surgery, pulmonology, rheumatology and urology</strong></td>
</tr>
<tr>
<td>Square &amp; Compass Building 2600 N. Wyatt Dr. Tucson, AZ 85712</td>
<td>520-324-5437</td>
</tr>
<tr>
<td></td>
<td>1-800-231-8261</td>
</tr>
<tr>
<td><strong>Yuma Regional Medical Center Children’s Rehabilitative Services</strong></td>
<td><strong>Audiology, behavioral health, cardiology, comprehensive assessments, craniofacial (cleft lip and palate), ear, nose and throat (ENT), endocrinology, gastroenterology, nephrology, neurology, nutrition, ophthalmology, orthopedic, physical therapy, psychiatry, speech therapy, urology and wheelchair services</strong></td>
</tr>
<tr>
<td>Tuscany Medical Plaza 2851 S. Avenue B Building 25 #2504 Yuma, AZ 85364</td>
<td>928-336-2777</td>
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<tr>
<td></td>
<td>1-800-837-7309</td>
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<tr>
<td><strong>Flagstaff Medical Center Children’s Health Center</strong></td>
<td><strong>Pediatrician (PCP), pediatric endocrinology, pediatric gastroenterology, pediatric nephrology, pediatric orthopedics, physical therapy, speech therapy, pediatric urology and wheelchair/seating</strong></td>
</tr>
<tr>
<td>1200 N. Beaver St. Flagstaff, AZ 86001</td>
<td>928-773-2054</td>
</tr>
<tr>
<td></td>
<td>1-800-232-1018</td>
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</tbody>
</table>
You will receive a welcome call from a Care Management team member to tell you more about Children’s Rehabilitative Services (CRS) benefits and help you schedule your first CRS appointment. You can schedule or cancel appointments by calling the multi-specialty interdisciplinary clinic (MSIC).

Information for our Children’s Rehabilitation Services (CRS) members

The Children’s Rehabilitative Services program has been serving children with special health care needs since 1929. This program provides health care and support services to individuals who have certain chronic or disabling conditions. Members have access to a statewide network of providers in several settings. Members can get care and services in a clinic or in a clinic-like setting such as a field clinic or through telemedicine. In a field clinic, a provider travels to an identified area of the state to provide services. Providers can also use telemedicine equipment to provide care by video to rural areas. Pharmacies, labs and diagnostic services are available to members in clinics or close to their own communities.

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 and are able to get care in the community, or in clinics called multi-specialty interdisciplinary clinics (MSIC). MSICs bring many specialty providers together in one location. Your health plan will assist a member with a CRS designation with closer care coordination and monitoring to make sure special health care needs are met.

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

Who is eligible for a CRS designation?
AHCCCS members may be eligible for a CRS designation when they are:
- Under age 21; and
- Have a qualifying CRS medical condition.

The medical condition must:
- Require active treatment; and
- Be found by AHCCCS DMS to meet criteria as specified in R9-22-1301-1305.

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

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

Who is eligible for CRS?
To be eligible for CRS services, you must:
- Have a CRS eligible diagnosis
- Be a U.S. citizen or qualified resident
- Live in Arizona
- Be enrolled in AHCCCS
- Be under the age of 21 at the time of initial enrollment, and
- Require multi-specialty physician services

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
What happens if you have a CRS diagnosis?

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

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

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

CRS care team

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

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

Medical specialists:
- Cardiologists
- Neurologists
- Rheumatologists
- General pediatricians
- Geneticists
- Urologists
- Primary care providers

Behavioral health care providers and services:
- Psychiatrists
- Psychologists
- Residential care facilities
- Peer support
- Crisis services
- Inpatient services
- Counseling (individual, couples, family, group)
- Child and family team
- Behavioral health day program
- Community mental health centers
- Substance use (assessment, counseling, medication therapy)
Dental providers:
- Dentists
- Orthodontists
- Dental hygienists

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

**Can I stay in CRS after age 21?**
Enrolled CRS members will lose their CRS designation the month of their 21st birthday. However, your providers and care will not change. Mercy Care will continue to be your AHCCCS Plan for all of your health care needs. If you have questions about your CRS benefits or services, you can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

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

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

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

If you’re interested in serving on a Mercy Care council or committee, 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
Important information

Prior Authorizations: approval and denial process

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

Some services need to be approved before you can get them. Some examples include:

- Non-emergency hospital admission
- Behavioral health inpatient facility
- Behavioral health residential facility
- Home Care Training to Home Care Clients (HCTC)
- Non-emergency out-of-network requests
- Some physical health services

Your provider or clinical team must ask for approval of these services through Mercy Care ACC-RBHA’s Prior Authorization Team. If Mercy Care ACC-RBHA denies, reduces or terminates a Title 19/21-covered service in your service plan, you’ll receive notice and have the right to file an appeal. We describe the process for filing an appeal in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members.”

Only a physician trained to treat your condition can deny a service that your provider or clinical team want approved.

Not all services are available to all members. Your provider needs to submit their request for approval for certain services. If they are unsure how to do that, they can call our Provider Relations Department at 1-866-796-5598 for assistance.

If a Title 19/21 covered service included in your service plan is denied, reduced or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members.”

How do we make our decision about your request?
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 uses to make these decisions. You have the right to review this list to see how we make our decisions.

Title 19/21 eligible persons
Mercy Care ACC-RBHA will send you a written notice telling you if they did not approve the services your provider or clinical team requested. If the request is approved, we will let your provider or clinical team know. If your request is denied, you’ll get this notice within 14 calendar days for a standard authorization request and no later than 72 hours following the receipt of an expedited authorization request. Expedited means that a decision is needed sooner due to your behavioral health needs.

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
You, Mercy Care ACC-RBHA, your provider or your clinical team can ask for more time to make a decision on your authorization. If more time is requested, then you will get a written notice called a Notice of Extension of Timeframe. This notice will tell you why it will take longer and what information we need from your provider in order to review the request. The timeframe can be extended for up to 14 calendar days. This means that a decision may take up to 28 calendar days for the standard authorization process and no more than 17 calendar days for the expedited authorization process.

If you disagree with the extension, you can file a complaint with Mercy Care ACC-RBHA by calling Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). If Mercy Care ACC-RBHA doesn’t make a decision about your requested services within the maximum allowable time, including extensions, the authorization shall be considered denied on the date the timeframe expires.

If Mercy Care ACC-RBHA decides to deny, terminate, suspend or reduce your behavioral health services, you’ll get a Notice of Adverse Benefit Determination. The Notice of Adverse Benefit Determination is a written document that will tell you:

- What service(s) will be denied, reduced, suspended or terminated
- The reason the service(s) will be denied, reduced, suspended or terminated
- The legal basis for the action
- The effective date of the service(s) that will be reduced, suspended or terminated
- About your right to file an appeal
- How to exercise your right to file an appeal
- When and how you can ask for an expedited decision if you file an appeal
- How to ask that your services continue during the appeal process
- A listing of legal aid resources

If Mercy Care ACC-RBHA is reducing, suspending or terminating services that you are currently receiving, you will get the Notice of Adverse Benefit Determination 10 calendar days before the effective date.

Exceptions to the 10-day Notice of Adverse Benefit Determination requirement:

- If non-emergency inpatient services are terminated before the end of the original authorized period because of the denial of a continued stay request, you’ll be sent a Notice of Adverse Benefit Determination in 2 days.
- If non-emergency inpatient services are terminated at the end of the original authorized period because of the denial of a continued stay request, you’ll be sent a Notice of Adverse Benefit Determination on the last covered day of service.
- You told your provider on paper that you no longer want services
- Your mail is returned, and the provider doesn’t know where you are
- You enter a facility that makes you ineligible for services
- You move and get Medicaid services outside of Arizona
- Your physician prescribes a change in the level of your behavioral health care

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, about your legal rights and about the fact that discrimination isn’t allowed.

You can contact Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) with questions about the authorization decision and your notification rights.

If the Notice of Adverse Benefit Determination doesn’t tell you what you asked for, what was decided and why the decision was made in language you can understand, you can call Mercy Care ACC-RBHA Member Services at www.MercyCareAZ.org Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week.
If the Notice of Adverse Benefit Determination is incorrect or needs an adjustment, then Mercy Care ACC-RBHA will issue new Notice of Adverse Benefit Determination. If the new Notice of Adverse Benefit Determination does not give you enough information or address your concerns and Mercy Care ACC-RBHA doesn’t resolve the issue, then you can call AHCCCS Medical Management at 602-417-7000 (or 1-800-654-8713 outside of Maricopa County) to make your complaint. You can also email them at MedicalManagement@azahcccs.gov.

Behavioral health “best practices”

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

You can find links to Clinical Practice Guidelines and Clinical Practice Protocols online at https://www.azahcccs.gov/plansproviders/guidesmanualspolicies/guidesandmanuals.html.

Mercy Care ACC-RBHA’s website also includes clinical guidelines for the treatment of children and adults at www.MercyCareAZ.org.

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

How to get services: Consent to treatment

You have the right to accept or refuse behavioral health services offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a “Consent to Treatment” form. This form gives you or your legal guardian’s permission for you to get behavioral health services. When you sign a “Consent to Treatment” form, you’re also giving AHCCCS permission to get your records.

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

This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications; and getting documented authorization, or approval for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure from the patient or the patient’s representative.

An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or don’t understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.
Restrictions on freedom of choice among providers

Although Mercy Care RBHA assigns you to a behavioral health provider, you have the freedom to choose your own provider. You may have to pay for services provided by a provider outside of Mercy Care RBHA’s network. And, you may have to pay for non-covered services. Examples of non-covered services may include:

1. A service that your provider did not set up or approve
2. A service that is not listed on the Available Services Matrix
3. A service that you receive from a provider outside of the provider network without a referral or approval from Mercy Care.

Copayments

You are exempt from Medicaid copayments.

What to do if you’re billed for a service?

AHCCCS-eligible persons cannot be billed for covered behavioral health services. If you ask for a service that isn’t a covered benefit and sign a statement agreeing to pay the bill, then you will have to pay the bill. If you receive a bill for a covered behavioral health service, you should immediately call the provider who sent you the bill and give them the Mercy Care ACC-RBHA billing address:

Mercy Care ACC-RBHA
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Can I be billed for services?

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

If you still get bills after giving the provider your health care information, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) for help.

Do not pay the bill yourself.

Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Care ACC-RBHA and then to pay you back. If they will not, Mercy Care ACC-RBHA may be able to help you. You can send your paid receipts to Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care ACC-RBHA within 150 days from the date you received the service.

You should not pay for covered services or medicines after you have joined Mercy Care ACC-RBHA. We cannot pay you back. You can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) at any time if you need help with billing issues.

The Low Income Subsidy (LIS) program

The Social Security Administration (SSA) has a Low Income Subsidy (LIS) Program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as “extra help,” will pay all or part of the monthly premium, annual deductible and coinsurance. However, the “extra help” does not pay the copayments for Medicare Part D prescription drugs.
If you have both AHCCCS and Medicare, you do not have to apply for the “extra help.” You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the “extra help” and you do not have to apply.

If you are in a Medicare Savings Program (MSP), you do not have to apply for the “extra help.” MSPs include the following:

- QMB Only (Qualified Medicare Beneficiary)
- SLMB Only (Specified Low Income Medicare Beneficiary)
- QI-1 (Qualified Individual)
- Qualified Disabled and Working Individuals (QDWI)

You will also get a notice from CMS telling you that you get the “extra help” and you do not have to apply.

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the “extra help.” You can apply a few ways. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY: 1-800-325-0778). Finally, you can apply on-line on the SSA Web site: www.ssa.gov. Online applications are available in 14 languages. If you need help applying for the “extra help,” you can contact Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711).

If you have other health insurance
Call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) to provide Mercy Care ACC-RBHA with the name, address and phone number of your primary insurance provider. You should also give pharmacies, doctors and hospitals your other health insurance information and your Mercy Care ACC-RBHA information. Your health care expenses are FIRST paid by your other health insurance. After they pay, Mercy Care ACC-RBHA will pay its part.

Medicare and health insurance through the Federal Health Insurance Marketplace
You must report any health insurance that you have, other than AHCCCS, to Mercy Care ACC-RBHA or your provider. This includes Medicare and health insurance obtained using the Federal Health Insurance Marketplace. Persons with health insurance must use the benefits of that health insurance before Mercy Care ACC-RBHA will pay for services. At times, Mercy Care ACC-RBHA may pay for the cost of copayments for you, while the cost of the covered service is paid for by your health insurance. This may occur even if you get services outside the Mercy Care ACC-RBHA network of providers.

If there are any changes to your health insurance, you must report the change to Mercy Care ACC-RBHA or your provider right away. You can reach Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

Medicare and AHCCCS coverage (dual eligibility)
Some people have Medicare and AHCCCS health insurance. If you have Medicare and AHCCCS health insurance, you must tell Mercy Care ACC-RBHA or your provider. You may get some services from Medicare providers and some services from Mercy Care ACC-RBHA providers.

You may have to use Medicare for some behavioral health services before you can use your AHCCCS health insurance. If you are in a Medicare Savings Program (MSP) program, your Medicare copayments, premiums and/or deductibles may be covered for you. Mercy Care ACC-RBHA or your provider can help you find out what services Medicare will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that does not work with Mercy Care ACC-RBHA.
This is called getting services outside the Mercy Care ACC-RBHA network of providers. If you choose to get services from a provider outside the Mercy Care ACC-RBHA network, you may have to pay for your Medicare copayment, premium and/or deductible. This does not apply to emergency or other prescribed services. Call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711) for more information on out-of-network providers.

AHCCCS does not pay for prescription drugs available with Medicare Part D for persons who have AHCCCS and Medicare. Medicare eligible persons must get their prescription drugs through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD). These plans will pay for both brand name and generic drugs. If you have Medicare, but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not pay for any prescription drugs that would be paid for by Medicare Part D. You may have to pay for your prescription drugs.

If you have questions about this change, you can call 1-800-MEDICARE (TTY: 1-877-486-2048) or visit www.medicare.gov. If you want help in picking a plan, you can call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711) or visit www.MercyCareAZ.org.

Medicare Part D and AHCCCS may not pay for some prescription drugs. Mercy Care ACC-RBHA can help you get prescription drugs not covered by Medicare Part D. Contact Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711) to ask about getting help with requesting medication from your Medicare Part D plan.

AHCCCS covers drugs that are medically necessary, cost effective and allowed by State and Federal law. For AHCCCS recipients with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost sharing (coinsurance, deductibles and copayments) for these drugs. For information about copayments for drugs that AHCCCS covers, you can read the section about copayments.

**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 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 ACC-RBHA Over-the-Counter Drug List for a list of products available on our website at https://www.mercycareaz.org/members/rbha-formembers/pharmacy or call Member Services to request a printed copy.

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

**Authorizations**

**Medical referrals**
Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab or hospital, etc. Mercy Care ACC-RBHA may need to review and approve certain referrals and special services first before you can get the services. Your PCP will know when to get Mercy Care ACC-RBHA’s approval. If your referral needs to be approved by Mercy Care ACC-RBHA, your PCP will coordinate the referral and will let you know what is happening.

**Pharmacy authorizations**
If your provider makes a new request for a medication that requires prior authorization, is not on the formulary,
or has other limits, a decision will be made no later than 24 hours from when Mercy Care ACC-RBHA receives the request for prior authorization. If the request does not have enough information to make a decision for the medication, Mercy Care ACC-RBHA will send a request for additional information to your provider no later than 24 hours from when we receive the request. Mercy Care ACC-RBHA will issue a final decision no later than seven (7) working days from the initial date of the request.

**Medical authorizations**

An authorization is an approval from Mercy Care ACC-RBHA for you to get the special services your PCP has referred you to.

Mercy Care ACC-RBHA may take up to 14 calendar days to make a decision on a standard authorization request and up to 72 hours to make a decision on an expedited request. If Mercy Care ACC-RBHA needs additional information to authorize the request, a 14-day extension may be requested. If Mercy Care ACC-RBHA does not receive the information they requested from your doctor, Mercy Care ACC-RBHA must deny the request.

If you have questions about whether your service has been authorized, call your PCP. You never need approval from Mercy Care ACC-RBHA to get emergency services.

**How do we make our decision about your request?**

We provide a list of services that require prior authorization on our website [www.MercyCareAZ.org](http://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 uses to make these decisions. You have the right to review this list to see how we make our decisions. If you need help understanding any of these guidelines, you can call Mercy Care ACC-RBHA and ask to speak to a nurse who can help you. You can contact Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

**How Mercy Care ACC-RBHA 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 you within 14 calendar days if the request is denied. The notice will tell you what to do next.

**Urgent** - Your provider believes that your condition is not life-threatening, but it should be handled quickly to make sure it does not worsen. If the medical records or the requested services look urgent to the Mercy Care ACC-RBHA medical reviewer, we will expedite the process. You will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request if the request is denied. This letter will explain 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 your doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let you and your doctor know what information we need to help us decide. If we do not receive the additional information within the 14-day period, we may deny the request for prior authorization.

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

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

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)

Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Grievances and appeals

Member grievances
A member grievance is any expression of dissatisfaction related to the delivery of your health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A 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.

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 Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) if you need help filing your 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 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

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

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

If you are not satisfied with how we resolved your matter, you may contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.
Filing an appeal/complaint when services are denied, reduced, suspended or ended
You can file a complaint or an appeal over an action by Mercy Care ACC-RBHA. An action by Mercy Care ACC-RBHA means:

- The denial or limited authorization of a service you or your doctor has asked for
- The denial of payment for a service, either all or part
- Failure to provide services in a timely manner
- Failure to act within certain time frames for grievances and appeals
- Denial of a rural member’s request to get services out of the network when Mercy Care ACC-RBHA is the only health plan in the area
- The reduction, suspension, or ending of an existing service

Time frames for denials, reduction, suspension or termination of services

<table>
<thead>
<tr>
<th>Denial of services</th>
<th>Reduction, suspension or termination of services</th>
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<tbody>
<tr>
<td>Mercy Care doctors must first review and approve member requests for many services.</td>
<td>If a reduction, suspension or ending of your services happens, we will write to you at least 10 days before the change to let you know.</td>
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<tr>
<td>If Mercy Care ACC-RBHA decides it cannot approve the services, we will write to you within 14 calendar days and tell you why. We’ll let you know why no later than 72 hours for an expedited or quick request. We will also let your doctor know. You can discuss it with your doctor.</td>
<td>If a reduction, suspension or ending of your services happens, we will write to you at least 10 days before the change to let you know.</td>
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Notice of Adverse Benefit Determination
Mercy Care ACC-RBHA will notify you if the requested service cannot be approved, or if a service is reduced, suspended or ended. You’ll get a “Notice of Adverse Benefit Determination” letter. The letter lets you know:

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

Complaints regarding the Notice of Adverse Benefit Determination
If you receive a Notice of Adverse Benefit Determination letter that is not clear or does not answer your request, you can call Mercy Care ACC-RBHA or file a complaint about the quality of the letter. You can call Mercy Care ACC-RBHA Grievance System Department at 602-586-1719 or 866-386-5794 (TTY 711).

We will look at the letter and, if needed, write a new letter that better explains the action. If you still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at 602-417-4000, or at 1-800-654-8713 from outside of Maricopa County.

You also have the right to contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov if you don’t believe Mercy Care ACC-RBHA has resolved your concerns about the Notice of Adverse Determination letter.

You have the right, and Mercy Care ACC-RBHA must reply within 30 calendar days, to your request for a copy of the records used to determine the decision noted in the Notice of Adverse Benefit Determination. The response
may be the copy of the record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part 164. (AMPM 930-1-4).

The criteria that decisions are based on are available upon request.

**Appeals process**

If you disagree with Mercy Care ACC-RBHA’s decision noted in the Notice of Adverse Benefit Determination, you have the right to file an appeal either in writing or over the phone. You can call Mercy Care ACC-RBHA Grievance System Department at **602-586-1719** or **1-866-386-5794**. Or you can call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). If you need an interpreter, one will be provided. Mercy Care ACC-RBHA cannot retaliate against you or your provider for filing an appeal.

You, your representative or a provider acting with your written permission may file an appeal within 60 calendar days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you can call Mercy Care ACC-RBHA Grievance System Department at **602-586-1719** or **1-866-386-5794**. Or you can call Mercy Care ACC-RBHA Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711). You can also send a letter to:

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

When Mercy Care ACC-RBHA gets your appeal, we will send you a letter within five business days. We will let you know that we have received your appeal and how you may give us more information in writing. If you wish services to continue while your appeal is reviewed, you must file your appeal no later than 10 business days from the date of Mercy Care ACC-RBHA’s Notice of Adverse Benefit letter to you.

The Appeals Department will review your appeal and send a decision in writing to you within 30 calendar days. The letter will tell you what Mercy Care ACC-RBHA’s decision and the reason for the decision. Sometimes, we might need more information to make a decision. When this occurs and we believe it is in your best interest, we will request an extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail you a written notice explaining this and tell you what information we still need. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint. If we don’t receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal. If Mercy Care ACC-RBHA denies your appeal, then you may request a fair hearing with AHCCCS by following the steps described in our decision letter to you.

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.

If you request a hearing, AHCCCS will send you information on your next steps. Mercy Care ACC-RBHA will forward its file and documentation to AHCCCS/BHGA.

After the hearing, if AHCCCS decides that Mercy Care ACC-RBHA’s decision was correct, then you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides
that Mercy Care ACC-RBHA’s decision was incorrect, then Mercy Care ACC-RBHA will approve and promptly provide the services.

**Request for expedited appeal resolution**
You may file an appeal within 60 calendar days from the date of your notification letter and request that Mercy Care ACC-RBHA review its action no later than 72 hours (expedited resolution). You may request an expedited resolution by writing or calling Mercy Care ACC-RBHA at the address and number listed under “Appeals Process.” If you file your request within 10 calendar days from receiving the letter from Mercy Care ACC-RBHA, then you may request that your services be continued during your appeal.

Developmentally disabled members should file their request for expedited resolution directly with Mercy Care ACC-RBHA. If Mercy Care ACC-RBHA decides that it’s not medically necessary to issue a decision in 72 hours from the day we receive your appeal, your appeal will be resolved within the standard 30 calendar days. We will try and call you to let you know we will follow the standard 30 calendar day process, and we will send you a written notice within 2 calendar days. If Mercy Care ACC-RBHA denies your request for services, you may request a fair hearing with AHCCCS by following the steps in your decision letter.

If after the hearing AHCCCS decides that Mercy Care ACC-RBHA’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

**Quality of Care Concerns (QOC)**
You, your 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 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

**Grievances and appeals for Title 19/21 AHCCCS-eligible members**

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

- The denial or limited approval of a service asked for by your provider or clinical team
- The reduction, suspension, or termination of a service that you were receiving
- The denial, in whole or part, of payment for a service
- The failure to provide services in a timely manner
- The failure to act within time frames for resolving an appeal or complaint
- The denial of a request for services outside of the provider network when services are not available within the provider network
What happens after I file an appeal?
As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to Mercy Care ACC-RBHA or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care ACC-RBHA. The evidence you give to Mercy Care ACC-RBHA will be used when deciding the resolution of the appeal. You can contact Mercy Care ACC-RBHA Grievance System Department at 602-586-1719 or 866-386-5794 (TTY 711).

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

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

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

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:
- How you can ask for a State Fair Hearing
- How to ask that services continue during the State Fair Hearing process, if applicable
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing

What can I do if I am not happy with my appeal results?
You can ask for a State Fair Hearing if you are not happy with the results of an appeal or the internal appeal process has been exhausted. If your appeal was expedited, you can ask for an expedited State Fair Hearing. You have the right to have a representative of your choice assist you at the State Fair Hearing.

How do I ask for a State Fair Hearing?
You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings for decisions issued by Mercy Care ACC-RBHA should be mailed to:

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

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

What is the process for my State Fair Hearing?
You will receive a Notice of State Fair Hearing at least 30 calendar days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
• The time, place and nature of the hearing
• The reason for the hearing
• The legal and jurisdictional authority that requires the hearing
• The specific laws that are related to the hearing

How is my State Fair Hearing resolved?
For standard State Fair Hearings, you will receive a written AHCCCS Director’s Decision no later than 90 days after your appeal was first filed. This 90-day period does not include:
• Any time frame extensions that you have requested
• The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS Director’s Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director’s Decision within 3 business days after the date that AHCCCS receives your case file and appeal information from Mercy Care ACC-RBHA. AHCCCS will also try to call you to notify you of the AHCCCS Director’s Decision.

Will my services continue during the Appeal/State Fair Hearing process?
You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing within 10 days of receiving the Notice of Appeal Resolution. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

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

You can file a Grievance/Request for Investigation if you feel:
• Your rights have been violated
• You have been abused or mistreated by staff of a provider
• You have been subjected to a dangerous, illegal, or inhumane treatment environment

You have 12 months from the time that the rights violation happened to file an SMI Grievance/Request for Investigation having to do with any behavioral health services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at Mercy Care ACC-RBHA and providers of behavioral health services. You may ask staff for help in filing your grievance.

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR): 602-364-4585 (Phoenix), 520-770-3100 (Tucson) or 928-214-8231 (Flagstaff). If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

Contact the following to make your oral or written Grievance/Request for Investigation:
• Mercy Care ACC-RBHA Grievance System Department, 602-586-1719 or 1-866-386-5794

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
To file a written appeal, mail the appeal to:

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

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

AHCCCS Office of Grievance and Appeals
701 Jefferson, MD 6200
Phoenix, AZ 85034

You can also call AHCCCS Office of Grievance and Appeals at 602-364-4575. Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

AHCCCS or Mercy Care ACC-RBHA will send you a letter within five (5) days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

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

Within 35 days of an investigator being assigned, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation. The written decision of the findings will tell you how to file an appeal of Mercy Care ACC-RBHA’s findings to AHCCCS. This is called an administrative appeal.

AHCCCS will send you a letter regarding their findings. If you disagree with AHCCCS’ findings regarding Mercy Care ACC-RBHA’s SMI Investigation, you may request an administrative hearing. AHCCCS’ decision letter will tell you how to request an administrative hearing.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer. Mercy Care ACC-RBHA’s providers are prohibited from any acts of retaliation as a result of you filing a request for SMI Investigation.

**Appeals for members with an SMI designation**

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that’s severe and persistent. Solari Crisis and Human Services is the AHCCCS Determining Entity. Solari will make a determination of serious mental illness upon referral or request.

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

Solari will send you a letter by mail to let you know what the final decision on your SMI designation is. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. To file an appeal, you can call Solari at 1-855-832-2866.
Only persons with an SMI designation can use the SMI appeals process. Issues that may be appealed are, but not limited to:

- Sufficiency or appropriateness of the assessment.
- Long-term view, service goals, objectives or timelines stated in the Individual Service Plan (ISP) or Inpatient Treatment and Discharge Plan (ITDP).
- Recommended services identified in the assessment report, SP or ITDP.
- Actual services to be provided, as described in the ISP, plan for interim services or ITDP.
- Access to or prompt provision of services.
- Findings of the clinical team with regard to the person’s competency, capacity to make decisions, need for guardianship or other protective services or need for Special Assistance.
- Denial of a request for a review of, the outcome of, a modification to or failure to modify, or termination of an SP, ITDP or portion of an ISP or ITDP.
- Application of the procedures and time frames for developing the ISP or ITDP.
- Implementation of the ISP or ITDP.
- Decision to provide service planning, including the provision of assessment or case management services to a person who is refusing such services, or a decision not to provide such services to the person.
- Decisions regarding a person’s fee assessment or the denial of a request for a waiver of fees.
- Denial of payment of a claim.
- Failure of the ACC-RBHA or AHCCCS to act within the time frames regarding an appeal.
- A PASRR determination, in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

**What happens after I file a SMI appeal?**

If you file an appeal, you will get written notice that your appeal was received within 5 business days of Mercy Care ACC-RBHA’s receipt. You will have an informal conference with the ACC-RBHA within 7 business days of filing the appeal.

The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within one (1) business day of Mercy Care ACC-RBHA’s receipt, and the informal conference must occur within two (2) business days of filing the appeal.

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

If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to an administrative hearing, however. If you waive the second level informal conference with AHCCCS, Mercy Care ACC-RBHA will assist you in filing a request for administrative hearing at the conclusion of the Mercy Care ACC-RBHA informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get an administrative hearing. The Office of Grievance and Appeals at AHCCCS handles requests for administrative hearing upon the conclusion of second level informal conferences.
Will my services continue during the appeal process?
If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing, terminating services is best for you, or you agree in writing to reducing or terminating services.

**FOOTNOTE**
1 Persons with an SMI designation cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.

**Filing complaints for Non-Title 19/21 and members without a SMI designation**
If you are Non-Title 19/21 (AHCCCS) eligible and do not have an SMI designation, you may file a complaint related to decisions about behavioral health services you need that are available through Mercy Care ACC-RBHA.

**Appeals for members who do not have a SMI designation and aren’t Title 19/21 eligible**
If you are Non-Title 19/21 (AHCCCS) eligible and do not have an SMI designation, you may appeal actions or decisions related to decisions about behavioral health services you need that are available through Mercy Care ACC-RBHA.

**What happens after I file an appeal?**
As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to Mercy Care ACC-RBHA in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Care ACC-RBHA. The evidence you give to the Mercy Care ACC-RBHA will be used when deciding the resolution of the appeal. You can contact Mercy Care ACC-RBHA Grievance System Department at 602-586-1719 or 1-866-386-5794 (TTY 711).

**How is my appeal resolved?**
Mercy Care ACC-RBHA must give you a Notice of Appeal Resolution by certified mail within 30 calendar days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

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

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

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:
- How you can request a State Fair Hearing
- The reason why your appeal was denied and the legal basis for that decision

**What can I do if I am not happy with my appeal results?**
You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

**How do I ask for a State Fair Hearing?**
You must ask for a State Fair Hearing in writing within 90 calendar days of getting the Notice of Appeal Resolution.
Resolution. Requests for State Fair Hearings should be mailed to:

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

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

**What is the process for my State Fair Hearing?**

You will receive a Notice of State Fair Hearing at least 30 calendar days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing
- The reason for the hearing
- The legal and jurisdictional authority that requires the hearing
- The specific laws that are related to the hearing

**How is my State Fair Hearing resolved?**

For standard State Fair Hearings, you will receive a written decision from the AHCCCS director’s decision no later than 90 days after your appeal was originally filed. This 90-day period does not include:

- Any timeframe extensions that you have requested
- The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS director’s decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

**Opt-out process**

Members who are determined to have a Serious Mental Illness and who are enrolled in one plan for both physical health and behavioral health services may request a different plan for their physical health services. This is called an opt-out request. An opt-out will only be approved if the member or their designee is able to show harm or unfair treatment in:

1. Getting healthcare,
2. Receiving quality healthcare,
3. Protecting member privacy and rights, or
4. Choosing a provider.

If you would like to ask for an opt-out, contact member services at **602-586-1841 or 1-800-564-5465** (TTY 711).

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

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

The privacy of our members’ medical information is very important to us. We want to keep member information private and confidential. Mercy Care has policies in place to ensure Mercy Care employees protect member information.

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

There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission. There may be times 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, you can contact Member Services at 602-263-3000 or 1-800-624-3879 (TTY 711).

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

We protect your health information with specific procedures, such as:

- **Administrative.** We have rules that tell us how to use your health information no matter what form it is in – written, oral or electronic.
- **Physical.** Your 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 your health information is “role-based.” This allows only those who need to do their job and give care to you to have access.

Mercy Care provides a notice of members’ rights and responsibilities on the use, disclosure and access to PHI. It is called the “Notice of Privacy Practices” (NPP). The NPP is sent to all new members with their member ID card. You can also view the NPP on our website at www.MercyCareAZ.org under “privacy.”

Your rights and responsibilities

As a Mercy Care ACC-RBHA member you have certain rights and responsibilities. Below is a list of those rights and responsibilities. It’s important that you understand each one. If you would like to talk to someone about these rights and responsibilities, you can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

You have the right to:

- Exercise his or her rights and that the exercise of those rights shall not adversely affect service delivery to the member [42 CFR 438.100(c)]
- File a complaint, grievance or appeal about AHCCCS, Mercy Care ACC-RBHA and/or Mercy Care ACC-RBHA’s providers without penalty. You can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711). You can also call the Mercy Care ACC-RBHA Grievance System Department at 602-586-1719 or 1-866-386-5794 (TTY 711).
- Request information about the structure and operation of Mercy Care ACC-RBHA or its providers.
- Request information on whether or not we use physician incentive plans (PIP), including the plan’s effect...
on the use of referral services, the types of compensation arrangements the plan uses, whether stop-loss insurance is required and a summary of the member survey results, in accordance with PIP regulation.

- Be treated fairly and with respect regardless of your race, ethnicity, national origin, religion, mental or physical abilities, gender, sex, age, sexual orientation, genetic information, ability to pay or ability to speak English.
- Know about health care privacy. (See the “Health plan Notices of Privacy Practices” section.)
- 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 your care. For example, if:
  - You verbally agree to share the information.
  - You have an opportunity to object to sharing information, but don’t object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
  - It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
  - The provider believes you’re a serious and imminent threat to your health 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 your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
  - Physicians and other agencies providing health, social, or welfare services
  - Your medical primary care provider
  - Certain state agencies and schools following the law, involved in your care and treatment, as needed
  - Members of the clinical team involved in your care
- You have the right to get a second opinion from a qualified health care professional within the network or have a second opinion arranged outside of the network at no cost to you if there are no other in-network options. For more information, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).
- You have the right to receive information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.
- You have the right to be informed about advance directives.
- You have the right to prepare an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.

More about advance directives
An advance directive tells a person’s wishes about what kind of care he or she does or does not want to get
when the person cannot make decisions because of his or her illness.

A medical advance directive tells the doctor a person’s wishes if the person cannot state his/her wishes because of a medical problem.

A mental health advance directive tells the behavioral health provider a person’s wishes if the person cannot state his/ her wishes because of a mental illness.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person, not under legal guardianship, the right to name another adult person to have the ability to make behavioral health care treatment decisions on his or her behalf.

The person named is called the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions.

The designee, however, must not be a provider, directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.

The designee may act in the “designee” capacity until his or her authority is revoked by the adult person, a legal guardian, or by court order.

The designee has the same right as the adult person to get information, to review the adult person’s medical records about possible behavioral health treatment, and to give consent to share the medical records.

The designee must follow the wishes of the adult person, or a legal guardian, as stated in the Mental Health Care Power of Attorney. If, however, the adult person’s wishes are not stated in a Mental Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person’s best interest. The designee may consent to admitting the adult person to a behavioral health inpatient facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not want to do what your advance directive says. This might be because it bothers their conscience. If your behavioral health provider doesn’t uphold advance directives as a matter of conscience, they must give you written policies that:

- State institution-wide conscience objections and those of individual physicians
- Identify the law that permits such objections
- Describe the range of medical conditions or procedures affected by the conscience objection

Your provider cannot discriminate against you because of your decision to make or not make an advance directive.

If you want to find out whether or not a provider in the Mercy Care ACC-RBHA network doesn’t uphold aspects of advance directives, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:

- All providers caring for you, including your primary care provider (PCP)
- People you have named as a Medical or Mental Health Care Power of Attorney
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it
Contact Mercy Care ACC-RBHA Member Services to ask more about advance directives or for help with making one. You can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

Your rights to your health records
You have the right to see the information in your medical record. You can request and receive a copy of your record annually at no cost to you. You can also inspect your health record at no cost.

Contact your provider or Mercy Care ACC-RBHA to ask to see or get a copy of your medical record. You can call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711).

You must receive a response to your request for your medical records within 30 days. If you receive a written denial to your request, you’ll be provided with information about why your request to obtain your medical record was denied. You’ll also be told how you can seek a review of that denial.

You can also request changes to the record if you don’t agree with its contents. You can reach Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711) for help.

You have the right to:
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Receive information on beneficiary and plan information
- Be treated with respect and with due consideration for his or her dignity and privacy
- Participate in decisions regarding his or her health care, including the right to refuse treatment
- Know about providers who speak languages other than English
- Use any hospital or other setting for emergency care

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

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

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

www.MercyCareAZ.org
85 Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
How can I designate a representative?
If you have questions about designated representatives, or if you would like to designate a representative, you can call Mercy Care ACC-RBHA Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711), or the AHCCCS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

Physician Incentive Plans

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

Fraud, waste and abuse

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

Committing fraud or abuse is against the law. Your health benefits are given to you based on your health and financial status. You should not share your benefits with anyone. If you misuse your benefits, you could lose your AHCCCS benefits. AHCCCS may also take legal action against you. If you think a person, member or provider is misusing the program, you should call Mercy Care ACC-RBHA Member Services or AHCCCS.

Examples of member fraud are:
- Letting someone else use your Mercy Care ACC-RBHA ID card
- Getting prescriptions with the idea of abusing or selling drugs
- Changing information on your Mercy Care ACC-RBHA 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 can mean providers that 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 cost to AHCCCS.

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

Reporting
If you think a person, member or provider is misusing the program, please let us know. You can report to Mercy Care or to AHCCCS. You can fill out a form at www.MercyCareAZ.org. Select “Fraud & Abuse” in the Members’ section of the website. You can also call the Mercy Care Fraud Hotline at 1-800-810-6544.
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 1-888-ITS-NOT-OK or 1-888-487-6686 if you are outside of Arizona.

**Quitting tobacco**

Do you use tobacco? Quitting tobacco is one of the best things that you can do for your health. If you get medication and coaching, you can double your chance for successfully quitting tobacco. You can get help or coaching through group education, over-the-phone, and text messaging. You can get medication from your PCP. Your PCP can also refer you to the Arizona Smokers Helpline (ASHLine) for coaching and resources to help quit tobacco. You do not need a referral to the ASHLine. The ASHLine also offers information to help protect you and your loved ones from secondhand smoke. Many people have quit smoking and stopped tobacco use through programs offered by the ASHLine. If you want more information to help you or someone you know quit tobacco, you have choices, you can:

1. Call Member Services at 602-586-1841 or 1-800-564-5465 (TTY 711)
2. If you are part of Mercy Care’s Care Management program, talk to your Case Manager
3. Talk to your PCP
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 you. For more information on quitting tobacco, go to Tobacco Free Arizona at http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.

**Resources**

**Community resources**

There are local and national organizations that provide resources for persons with behavioral health needs, family members and caretakers of persons with behavioral health needs. Some of these are:

**Arizona Health Care Cost Containment System (AHCCCS)**

The Arizona Health Care Cost Containment System is Arizona’s Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs.

**AHCCCS**

801 E. Jefferson St.
Phoenix, AZ 85034
Phone: 602-417-4000
https://azahcccs.gov

**Health-e-Arizona PLUS**

Health-e-Arizona is a secure and easy to use website open 24 hours a day, 7 days a week. It allows you to apply for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES. You can also use the website to find the location of Community Assistors (people who are trained to help you apply for benefits) and state offices.

1-855-432-7587
www.healthearizonaplus.gov
2-1-1 Arizona
Community Information and Referral Services transforms lives by linking individuals and families to vital community services throughout Arizona.
Dial 2-1-1
https://211arizona.org

Alzheimer’s Association – Desert Southwest Chapter
The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Resources include: care finder, help line, library, workshops and support groups, and tips for caregivers.
https://www.alz.org/dsw
Helpline (24 hour, 7 days a week): 1-800-272-3900

1028 E. McDowell Rd.
Phoenix, AZ 85006
602-528-0545 or 1-800-272-3900

Area Agency on Aging

Maricopa County – Region One
1366 E. Thomas Rd., Suite 108
Phoenix, AZ 85014
602-264-2255 or 1-888-783-7500
www.aaaphx.org

Pima County – Region Two
8467 E. Broadway Blvd.
Tucson, AZ 85710
http://www.pcoa.org/
520-790-7262

Coconino, Apache Counties – Region 3
323 N San Francisco Ste. 200
Flagstaff, AZ 86001
https://nacog.org/index.cfm
928-774-1895

La Paz, Yuma Counties – Region Four
1235 S. Redondo Center Dr.
Yuma, AZ 85365
https://www.wacog.com/
928-782-1886

Mohave – Region Four
208 N. 4th St.
Kingman, AZ 86401
https://www.wacog.com/
928-753-6247
Pinal and Gila Counties – Region Five  
1-800-293-9393

Cochise, Graham, Greenlee, Santa Cruz Counties – Region Six  
300 Collins Rd.  
Bisbee, AZ 85603  
https://www.seago.org/  
520-432-2528

Navajo Nation – Region Seven  
1800 W. Deuce of Clubs Suite 220  
Show Low, AZ 85901  
https://nacog.org/index.cfm  
928-774-1895

Yavapai  
544 S. 6th St. Suite 104  
Cottonwood, AZ 86326  
https://nacog.org/index.cfm  
928-774-1895

Yavapai  
3130 Robert Rd. Suite 1  
Prescott Valley, AZ 86314  
https://nacog.org/index.cfm  
928-774-1895  
1-800-552-9257

Inter-Tribal Council of Arizona – Region Eight  
http://itcaonline.com/?page_id=793

Arizona and Drug Information Center  
No-cost, confidential, 24 hours a day, 7 days a week  
1-800-222-1222  
http://www.azpoison.com

Arizona Department of Health Services  
150 N. 18th Ave., Suite 310  
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
Arizona Disability Benefits 101
Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits, and employment.
1-866-304-WORK (9675)
www.az.db101.org

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

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

Arizona Early Intervention Program (AZEIP)
The Arizona Early Intervention Program (AZEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. To get help or learn more about AZEIP resources, call Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465; (TTY 711) and ask for the Mercy Care ACC-RBHA AZEIP coordinator.

1789 W Jefferson St., Mail Drop 2HP1
Phoenix, AZ 85007
602-532-9960
www.azdes.gov/azeip

Arizona Family Health Partnership
This federally funded program offers family planning, women’s health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.
602-258-5777
www.arizonafamilyhealth.org

Arizona Head Start
Head Start is a program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you.
602-338-0449
www.azheadstart.org

Phoenix: 602-262-4040 or 602-506-5911
Maricopa County (East Valley): 602-372-3700
Maricopa County (West Valley): 623-486-9868
Other areas within Maricopa County or if you have questions: 602-262-4040 or 602-506-5911
Arizona Opioid Assistance & Referral (OAR) Line
A no-cost, confidential hotline offers opioid advice, resources and referrals 24 hours a day, 7 days a week. This Hotline is staffed with local medical experts at the Arizona and Banner Poison & Drug Information Centers who offer patients, family members or providers valuable opioid information.
1-888-688-4222
https://www.azdhs.gov/oarline

Arizona Postpartum Warm Line
www.psiarizona.org
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.
1-888-434-MOMS or 1-888-434-6667

Arizona Self Help
Online access to 40 different health and human services programs
www.arizonaselfhelp.org

Arizona Suicide Prevention Coalition
Survivors, professionals, supporters, and anyone who is interested in the issues surrounding suicide can go to our site for additional information. Coalition meetings are held the second Tuesday of every month.
602-248-8337
www.azspc.org

Arizona Workforce Connection
Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services
602-542-2460
https://www.azjobconnection.gov

AZ Links
www.azlinks.gov
AZ Links is the website of Arizona’s Aging and Disability Resource Consortium (ADRC). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

Community Information and Referral
Community Information and Referral is a call center that can help you find many community services, including: Food banks, clothes, shelters, help to pay rent and utilities, health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems, financial help, job training, transportation, education programs, adult day care, meals on wheels, respite care, home health care, transportation, homemaker services, child care, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.
Phone: 2-1-1
https://211arizona.org

Child and Family Resources
www.childfamilyresources.org

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Child Care Resource and Referral
Statewide program that helps families find childcare
1-800-308-9000
https://www.azccrr.com

Coordinated Entry Access Points
Coordinated Entry is a Housing and Urban Development (HUD) mandated process to connect individuals and families experiencing homelessness with community housing and service resources at the locations listed below, individuals or families can be triaged, assessed, and placed on a list for possible referral to one of these community housing resources based on priority and availability. Note, processes and resources may differ based upon region of access.

Gila County

Gila County Community Action Program
928- 425-7631
5515 S. Apache Avenue, Suite 200, Globe, AZ 85501
514 S. Beeline Hwy., Payson, AZ 85541

Maricopa County

Brian Garcia Welcome Center on the Human Services Campus (Singles)
602-229-5155
206 S. 12th Ave., Phoenix, AZ 85007

Youth Resources (age 18-24)
602-271-9904
215 E University Dr. Tempe, AZ 85281

Family Housing Hub (Families only)
602-595-8700
3307 E. Van Buren Street #108, Phoenix, AZ 85008

VA Community Resource and Referral Center (CRRC) Veterans
602-248-6040
1500 East Thomas Rd., Suite 106
Phoenix, AZ 85014

Pinal County

Community Action Human Resources Agency
520-466-1112
109 N Sunshine Blvd., Eloy, AZ 85131

National Community Health Partners (NCHP)
520-876-0699

CG Helps
520-483-0010
350 E. 6th St., Casa Grande, AZ 85122

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Division of Licensing Services
The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

150 N. 18th Ave.
Phoenix, AZ 85007
602-364-2536
www.azdhs.gov/als/index.htm

Tucson Office
400 W. Congress, Suite 100
Tucson, AZ 85701
520-628-6965
www.azdhs.gov/als/index.htm

Dump the Drugs AZ
https://azdhs.gov/gis/dump-the-drugs-az/
General and public information: 602-542-1025
Find drop box locations to dispose unused or unwanted prescription drugs. This application displays all drop off locations in Arizona and enables the user to enter their address to get directions to the location closest to them.

Emergency shelter

Contact 211 Arizona for Shelter Resources
2-1-1
https://211arizona.org/

Food and clothing resources

Andre House
Emergency food boxes and other supports.
213 S. 11th Ave.
Phoenix, AZ 85007
Phone: 602-252-9023

Chicanos Por La Causa Senior Center
Hot meals for older adults, delivered for homebound
1617 N. 45th Ave.
Phoenix, AZ 85035
602-272-0054

Cultural Cup Food Bank
No-cost emergency food boxes, sack lunches and more
342 E. Osborn Rd.
Phoenix, AZ 85012
602 266-8370
www.culturalcup.com
First Pentecostal Church Community Center
Canned foods, meals and more
2709 E. Marguerite Ave.
Phoenix, AZ 85040
602-276-2126

Highways and Hedges Ministries
Monday-Friday 9:30 a.m.-5:00 p.m.
2515 E. Thomas Rd.
Phoenix, AZ 85016
602-212-0850

ICM Food and Clothing Bank
Monday-Saturday, 9-11 a.m.
501 S. 9th Ave.
Phoenix, AZ 85007
602-254-7450

St. Mary's Food Bank
Collects and distributes food throughout the state, provides emergency food boxes, mobile pantry, child nutrition programs and a community kitchen.
2831 N. 31st Ave.
Phoenix AZ 85009
602-242-3663

United Food Bank
245 S. Nina Dr.
Mesa, AZ 85210
480-926-4897

Foothills Food Bank and Resource Center
6038 E. Hidden Valley Dr.
Cave Creek, AZ 85331
Call for eligibility: 480-488-1145

St. Vincent de Paul dining rooms - 602-266-4673

Phoenix Family Dining Room
420 W. Watkins Road
Phoenix, AZ 85003

Sunnyslope
9227 N. 10th Ave.
Phoenix, AZ 85021

Mesa
67 W. Broadway Road
Mesa, AZ 85210

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Human Services
Human Services Campus
1075 W. Jackson St.
Phoenix, AZ 85007

El Mirage
14016 N. Verbena St.
El Mirage, AZ 85335

Head Start and Child Services

Pinal Gila Community Child Services, Inc. (PGCCS)
227 W. Pinkley Ave.
Coolidge, AZ 85128
520-723-4951
www.pgccs.org

Crisis Nursery
402 N. 24th St.
Phoenix, AZ 85008
602-889-6165

City of Phoenix Human Services Head Start
200 W. Washington, St., 17th Floor
Phoenix, AZ 85003
602-262-4040
https://www.phoenix.gov/humanservices/programs/head-start

Maricopa County Head Start Zero- Five Program
234 N. Central Ave.
Phoenix, AZ 85004
480-464-9669
www.hsd.maricopa.gov/headstart

Southwest Human Development Head Start
2850 N. 24th St.
Phoenix, AZ 85008
602-266-5976
www.swhd.org

Alhambra School District Head Start
4510 N. 37th Ave.
Phoenix, AZ 85019
602-246-5155
www.alhambraesd.org
Booker T. Washington Child Development Center
1519 E. Adams
Phoenix, AZ 85034
602-252-4743
www.btwchild.org

Catholic Charities Westside Head Start
7400 W. Olive, Ste. 10
Peoria, AZ 85345
623-486-9868
www.catholiccharitiesaz.org

Deer Valley Head Start
20402 N. 15th Ave.
Phoenix, AZ 85027
623-445-4991
www.dvusd.org

Fowler Head Start
6250 W. Durango
Phoenix, AZ 85043
623-474-7260
www.fesd.org

Greater Phoenix Urban League Head Start
PO Box 45483
Phoenix, AZ 85064
602-276-9305
www.gphxul.org

Murphy Head Start
2615 W. Buckeye Rd.
Phoenix, AZ 85009
602-353-5181
www.msdaz.org

Roosevelt School District Head Start
4615 S. 22nd St.
Phoenix, AZ 85040
602-232-4915
www.rsd.k12.az.us

Washington Elementary School District
8430 N. 39th Ave.
Phoenix, AZ 85051
602-347-2206
www.wesdschools.org

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Healthy Families Arizona
This program helps mothers have a healthy pregnancy. Healthy Families helps with child development, nutrition, safety and other things. A community health worker sets an appointment with pregnant member to come to the member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant and can continue through the time that the baby is 2 years old.
https://strongfamiliesaz.com/program/healthy-families-arizona

Home visiting resources

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

How to sign up:
1. Enter your zip code to see what no-cost home visiting programs are available in your area.
2. Click on the contact us tab at the top right of the screen, fill out your information and a program representative will contact you.

Arizona Health Start
For women who are pregnant or have a child under 2 years old
If you are pregnant or a mother facing challenges, it’s important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you’re going through, because we’ve helped families just like yours.
https://strongfamiliesaz.com/program/arizona-health-start

Early Head Start
For families with children under 5 years old
Head Start (for children 3-5) and Early Head Start (pregnant women and children 0-3) has a variety of program and service delivery options including Center Base, Home-Base, Combination (Home & Center) or Family Child Care. Each program incorporates an individualized approach to high-quality services for low-income pregnant women and children age birth to five. Families receive support and guidance from Head Start staff to become self-sufficient.
https://strongfamiliesaz.com/program/early-head-start
Family Spirit
For Native American families with children under 3 years old
The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help.
https://strongfamiliesaz.com/program/family-spirit-home-visiting-program

Healthy Families Arizona
For families with an infant under 3 months old
Everyone who is having a baby can feel overwhelmed. It’s important to know that it’s ok to ask for help, especially if you’re experiencing a number of challenges. Healthy Families Arizona is a no-cost program that helps mothers and fathers become the best parents they can be. A Home Visitor will get to know you, and connect you with services based on your specific situation. To initiate services, please directly contact any of the service providers serving the area where you reside.
https://strongfamiliesaz.com/program/healthy-families-arizona

High Risk Perinatal/Newborn Intensive Care Program
For families with newborns who have been in intensive care. The High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/ NICP) is a comprehensive, statewide system of services dedicated to reducing maternal and infant mortality. The program provides a safety net for Arizona families, to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child’s developmental needs.
https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program

Nurse-Family Partnership
For first-time mothers less than 28 weeks pregnant
Children don’t come with an instructional guide. It’s normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community health care program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.
602-224-1740
https://strongfamiliesaz.com/program/nurse-family-partnership

Parents as Teachers
For families with a child on the way or under 5 years old
Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That’s because most brain development occurs in the first few years of life, and you can make a difference. Parents as Teachers will show you how. Our Home Visitors will provide you with resources appropriate for your child’s stage of development. Through Parents as Teachers, you’ll develop a stronger relationship with your child and help prepare them for academic success.
https://strongfamiliesaz.com/program/parents-as-teachers

SafeCare
For families with a child under 5 years old. Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas: parent-child interaction, health and home safety. In each focus area or module, you will build on and strengthen your skills through a variety of interactive sessions.
https://strongfamiliesaz.com/program/safecare

Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Home Visiting Programs – Additional Resources

**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

**Community Education and Outreach**
602-525-3162
https://www.maricopa.gov/1853/Lead-Poisoning-Prevention
- Education regarding lead hazards and lead poisoning prevention to target populations (pregnant women, households with children under six) within Lead Safe Phoenix eligible zip codes
- Education to home visiting program staff working within the Lead Safe Phoenix target zip codes
- Home visitation:
  - Lead blood testing for children under 6 years of age
  - Environmental assessment of the home to enhance the health and safety of the children in the home
  - Education on the prevention of lead poisoning
  - Screening and referral to community resources as needed

**First Things First**
Partners with families and communities to help our state’s young children be ready for success in kindergarten and beyond.

602-771-5100 or 1-877-803-7234
https://www.firstthingsfirst.org

**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

**CHEEERS Recovery Center**
CHEEERS Recovery Center is a non-profit community service agency serving adults with behavioral health challenges. They provide Recover Support Services through classes, groups, events, and on-on-one support,
by state-certified CHEEERS Peer Support Specialists. Their primary focus is empowerment, education, and employment.

602-246-7607
https://www.cheeers.org/

Jacob’s Hope
Jacob’s Hope is a clinic for newborns who are suffering with withdrawals from prenatal exposure to drugs. Their medically nurturing facility cares for these infants in a home-like environment until they are ready for discharge.
480-398-7373
https://jacobshopeaz.org/

Maricopa County Lead Safe Phoenix Partnership
Provides the following services to families enrolled in the Lead Safe Phoenix program:
- Home visitation
  - Lead blood testing for children under 6 years of age
  - Environmental assessment of the home to enhance the health and safety of the children in the home
  - Education on the prevention of lead poisoning
  - Screening and referral to community resources as needed

Office of Children’s Health
150 N. 18th Ave.
Phoenix AZ 85007
602-542-1025

Parents Partners Plus
Partners with trusted, established nonprofit and advocacy organizations to help give your child his or her best possible chance at a happy, healthy future. If you have questions, concerns or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, our representatives can connect you with critical resources.
602-633-0732
https://www.parentpartnersplus.com

Southwest Human Development
Works with families from pregnancy through the first 5 years of life to help you become the best parent you can be.
602-266-5976
https://www.swhd.org/programs/health-and-development/healthy-families

WIC
Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you’ll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet or computer with a webcam to participate.
602-506-9333
https://www.maricopa.gov/1491/Women-Infants-Children-WIC

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
La Frontera - EMPACT
Behavioral health services to children, adults and families. Outpatient and inpatient services are available, including counseling, psychiatric services, substance use treatment, trauma healing, crisis intervention, supportive services, and services for adults with a SMI designation.
www.lafrontera-empact.org

Glendale: 4425 W. Olive Rd., Ste., 194, Glendale, AZ 85302; 480-784-1514
Maricopa: 21476 N. John Wayne Parkway, Ste. C101, Maricopa, AZ 85139; 480-784-1514 or 520-316-6068
Tempe: 618 S. Madison Dr., Tempe, AZ 85281; 480-784-1514

If you would like to know more about these resources including all residential placement options within the ACC-RBHA Geographic Service Area (GSA) that are available in your community, you can contact Mercy Care ACC-RBHA at 602-586-1841 or 1-800-564-5465 (TTY 711).

Mentally Ill Kids In Distress (MIKID)
MIKID provides support and help to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children’s issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.
602-253-1240 (Maricopa); 520-882-0142 (Pima); 928-753-4354 (Mohave); 928-344-1983 (Yuma); 520-509-6669 (Pinal)
http://www.mikid.org

Migrant and seasonal program services

Chicanos Por La Causa Early Childhood Development
1402 S. Central Ave
Phoenix, AZ 85004
602-716-0156
www.cplc.org

Tribal program services
Gila River Head Start
P.O. Box 97
Sacaton, AZ 85147
520-562-3423
www.gilariver.org

Salt River Pima-Maricopa Indian Community Early Childhood Education Center
4826 N Center St.
Scottsdale, AZ 85256
480-362-2200
https://ecec.srpmic-ed.org/

My Family Benefits
Information about medical, cash and nutrition assistance
1-855-432-7587 or 1-855-heaplus
www.azdes.gov/myfamilybenefits
NAMI Arizona (National Alliance on Mental Illness)
NAMI Arizona has a helpline for information on mental illness, referrals to treatment and community services, an information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages affected by mental illness.
480-994-4407
www.namiarizona.org

National Hope Line Network
No-cost 24-hour hotline for anyone in crisis
1-800-442-4673

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

Nurse-Family Partnership
For first-time mothers less than 28 weeks pregnant. Children don’t come with an instructional guide. It’s normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community healthcare program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.
www.nursefamilypartnership.org

Nurse-Family Partnership/North and West Phoenix
2850 N. 24th St.
Phoenix, AZ 85008
602-224-1740

Phoenix South
4041 N. Central Ave.
Phoenix, AZ 85012
602-224-1740

Phoenix East
4041 N. Central Ave, Suite 700
Phoenix, AZ 85012
602-224-1740

Opioid Assistance 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
https://www.azdhs.gov/oarline

Poison Control
Call 911 right away if the individual collapses, has a seizure, has trouble breathing, or can’t be awakened. For immediate 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://tria.ge.webpoisoncontrol.org/#/exclusions
https://www.poison.org

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
National crisis line text HOME to 741741 anywhere in the USA, anytime.
https://www.postpartum.net

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

Raising Special Kids
Raising Special Kids exists to improve the lives of children with the full range of disabilities, from birth to age 26, by providing support, training, information, and individual assistance so families can become effective advocates for their children.
1-800-237-3007
https://raisingspecialkids.org

Social Security and Disability Resource Center
Provides information on the federal disability benefit programs, SSD (social security disability, mandated under Title II of the Social Security Act) and SSI (supplemental security income, mandated under Title 16), in addition to answering questions about Social Security retirement benefits and providing resource links on Medicare and other topics.
www.ssdrc.com

Arizona Youth Partnership
Starting Out Right provides health education and supportive services to pregnant and parenting adolescents ages 21 and younger, regardless of their financial situation.
https://azyp.org/program/starting-out-right/
1-877-882-2881

Teen Lifeline
Peer counseling suicide hotline from 3-9 p.m. daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.
602-248-8336 or 1-800-248-8336
www.teenlifeline.org

Trans Lifeline
A peer-support crisis hotline in which all operators are transgender
1-877-565-8860
www.translifeline.org

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www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Vocational Rehabilitation Program
The Vocational Rehabilitation program provides services and supports in order to assist persons with disabilities to meet their employment goals.
https://des.az.gov/vr

Women Infants and Children (WIC)
WIC provides food, breastfeeding education and information on healthy diet to women who are pregnant, infants, and children under five years old.
www.azdhs.gov/azwic/

To find a clinic near you or get information on other resources for women and children, visit clinicsearch.azbnp.gov/
150 N. 18th Ave.
Phoenix, AZ 85007
1-800-252-5942

Resources if you lose AHCCCS eligibility
We also want you to be able to get health care if you lose your AHCCCS eligibility. Below is a list of clinics that offer low-cost or no-cost medical care. Call the clinics to find out about services and costs. If you have questions or need help call Mercy Care ACC-RBHA Member Services.

Low Cost/Sliding Scale Health Care Providers in Maricopa County

Circle the City Health Care
3522 N. 3rd Avenue, Phoenix AZ 85013
602-776-0776
Circlethecity.org

Adelante Healthcare
1-877-809-5092
www.adelantehealthcare.com

Avondale
3400 Dysart Rd., Ste. F-21
Avondale, AZ 85392

Buckeye
306 E. Monroe Ave.
Buckeye, AZ 85326

Gila Bend
100 N. Gila Blvd.
Gila Bend, AZ 85337

Mesa
1705 W. Main St.
Mesa, AZ 85201

Phoenix
7725 N. 43rd Ave., Ste. 510
Phoenix, AZ 85201

Surprise
15351 W. Bell Rd.
Surprise, AZ 85374

Wickenburg
811 N. Tegner St., Ste. 113
Wickenburg, AZ 85390

John C. Lincoln Community Health Center
9201 N. 5th St.
Phoenix, AZ 85020
602-331-5779
www.desertmission.com
Valleywise Health Centers
https://valleywisehealth.org

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
West Valley

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

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

Glendale Family Health Center
5141 W. Lamar St.
Glendale, AZ 85301
623-344-6700

Maryvale Family Healthcare
4011 N. 51st Ave.
Phoenix, AZ 85031
623-344-6900

East Valley

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

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

Guadalupe Family Health Center
5825 Calle Guadalupe
Guadalupe, AZ 85283
480-344-6000

Central Valley

McDowell Healthcare Center
1144 E. McDowell Rd.
Phoenix, AZ 85006
602-344-6550

Sunnyslope Family Health Center
934 W. Hatcher Rd.
Phoenix, AZ 85021
602-344-6300

Comprehensive Healthcare Center
2525 E. Roosevelt St.
Phoenix, AZ 85008
602-344-1015

South Central Family Health Center
33 W. Tamarisk St.
Phoenix, AZ 85041
602-344-6400

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

7th Avenue Walk-In Clinic
1201 S. 7th Ave.
Phoenix, AZ 85007
602-344-6655

Mountain Park Health Centers

www.mountainparkhealth.org

Baseline
635 E. Baseline Rd.
Phoenix, AZ 85042
602-243-7277

Tempe
1492 S. Mill Ave., 312
Tempe, AZ 85281
602-243-7277

Goodyear
140 N. Litchfield Rd.
Goodyear, AZ 85338
602-243-7277

East Phoenix/Gateway
690 N. Cofco Center Ct., Ste. 230
Phoenix, AZ 85008
602-243-7277

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
**Maryvale**  
6601 W. Thomas Rd.  
Phoenix, AZ 85033  
602-243-7277

**Native American Community Health Center**  
4041 N. Central Ave., Bldg. C  
Phoenix, AZ 85012  
Phone: 602-279-5262  
www.nativehealthphoenix.org

**Armadillo Pediatric**  
515 W. Buckeye Rd.  
Phoenix, AZ 85003  
602-257-9229

**OSO Medical**  
378 N. Litchfield Rd.  
Goodyear, AZ 85338  
623-925-2622

**St. Vincent De Paul Medical Clinic**  
420 W. Watkins Rd.  
Phoenix, AZ 85003  
602-261-6868  
www.stvincentdepaul.net/programs/medical-clinic

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**No cost immunization/vaccination clinics**

Sometimes you may not be able to get your child in to see their PCP for vaccinations. You can go to the following clinics for your child’s vaccinations. (Listed by county name)

**APACHE**

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint John’s Immunization Clinic</td>
<td>928-333-2415 x6509</td>
<td><a href="https://www.co.apache.az.us/health/clinical-services">https://www.co.apache.az.us/health/clinical-services</a></td>
</tr>
<tr>
<td>Springerville Immunization Clinic</td>
<td>928-333-2415 x6509</td>
<td><a href="https://www.co.apache.az.us/health/clinical-services">https://www.co.apache.az.us/health/clinical-services</a></td>
</tr>
</tbody>
</table>

**COCONINO**

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coconino County Immunization Clinic</td>
<td>928-679-7222</td>
<td><a href="http://www.coconino.az.gov/health">http://www.coconino.az.gov/health</a></td>
</tr>
<tr>
<td>Lake Powel Medical Center</td>
<td>928-645-8123</td>
<td><a href="http://www.canyonlanschc.org">http://www.canyonlanschc.org</a></td>
</tr>
<tr>
<td>NACA Family Health &amp; Wellness Center</td>
<td>928-773-1245</td>
<td><a href="http://www.nacainc.org">http://www.nacainc.org</a></td>
</tr>
<tr>
<td>North Country HealthCare - Flagstaff Clinic University Ave</td>
<td>928-522-1300</td>
<td><a href="http://www.northcountryhealthcare.org">http://www.northcountryhealthcare.org</a></td>
</tr>
</tbody>
</table>

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**COCHISE**

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiricahua Sierra Vista Pediatrics Clinic</td>
<td>520-459-0203</td>
<td><a href="http://www.cchci.org">http://www.cchci.org</a></td>
</tr>
<tr>
<td>Chiricahua Pediatric Center of Excellence</td>
<td>520-364-5437</td>
<td><a href="http://www.cchci.org">http://www.cchci.org</a></td>
</tr>
</tbody>
</table>

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www.MercyCareAZ.org  
Member Services **602-586-1841** or **1-800-564-5465 (TTY/TDD 711)** 24 hours a day, 7 days a week
North Country HealthCare - Williams Clinic
928-635-4441
http://www.northcountryhealthcare.org

GILA

Canyonlands Healthcare - Globe
928-402-0491
http://www.canyonlandschc.org

Gila County Public Health Services Division - Globe
928-425-3189 x8811
https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

Gila County Public Health Services Division - Payson
928-474-1210
https://www.gilacountyaz.gov/government/health_and_emergency_services/health_services/index.php

North Country HealthCare - Payson Clinic
928-468-8610
http://www.northcountryhealthcare.org

GRAHAM

Canyonlands Healthcare - Safford
928-428-1500
http://www.canyonlandschc.org

Graham County Health Department Public Health Services
928-428-1962
http://www.graham.az.gov/254/health

GREENLEE

Canyonlands Healthcare - Clifton
928-865-2500
http://www.canyonlandschc.org

Canyonlands Healthcare - Duncan
928-359-1380
http://www.canyonlandschc.org

Greenlee County Public Health and Community Nursing - Clifton
928-865-2601
http://www.co.greenlee.az.us

Greenlee County Public Health and Community Nursing - Parker
928-359-2866
http://www.co.greenlee.az.us

LA PAZ

La Paz County Health Department
928-669-1100
http://www.lpchd.com

MARICOPA

Chandler Regional Medical Center Community Wellness Immunization Clinic
480-728-2004
http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics

East-Mesa clinic
602-506-2660
http://www.maricopa.gov/3849/public-health

Mesa Immunization Clinic
602-506-2660
http://www.maricopa.gov/3849/public-health

NHW Community Health Center
602-279-5351
http://nativehealthphoenix.org

Roosevelt Immunization Clinic
602-506-8815
http://www.maricopa.gov/3849/public-health

West Immunization Clinic
602-506-5888
http://www.maricopa.gov/3849/public-health

MOHAVE

Canyonlands Healthcare - Beaver Dam
928-347-5971
http://www.canyonlandschc.org

North Country HealthCare - Bullhead City Clinic
928-704-1221
http://www.northcountryhealthcare.org
North Country HealthCare - Kingman Clinic
928-753-1177
http://www.northcountryhealthcare.org

North Country HealthCare - Lake Havasu City Clinic
928-854-1800
http://www.northcountryhealthcare.org

North Country HealthCare - Holbrook Clinic
928-524-2851
http://www.northcountryhealthcare.org

North Country HealthCare - Show Low Clinic
928-537-4300
http://www.northcountryhealthcare.org

North Country HealthCare - Winslow Clinic
928-289-2000
http://www.northcountryhealthcare.org

Canyonlands Healthcare - Chilchinbeto
928-697-8154
http://www.canyonlandschc.org

Holbrook Immunization Clinic
928-524-4750
http://www.navajocountyaz.gov/departments/public-health-services

North Country HealthCare - Holbrook Clinic
928-524-2851
http://www.northcountryhealthcare.org

North Country HealthCare - Show Low Clinic
928-537-4300
http://www.northcountryhealthcare.org

North Country HealthCare - Winslow Clinic
928-289-2000
http://www.northcountryhealthcare.org

Show Low Immunization Clinic
928-532-6050
http://www.navajocountyaz.gov/Departments/Public-Health-Services

Taylor/Snowflake Immunization Clinic
928-532-6050
http://www.navajocountyaz.gov/departments/public-health-services

Desert Senita Community Health Center-Ajo
520-387-5651
http://www.desertsenita.org

El Rio No-Cost Immunization Clinic
520-670-3909
http://www.elrio.org

La Canada Pediatrics Clinic
520-407-5800
http://www.uchcaz.org

Pima County Health Department Clinic - Tucson East
520-724-9650
http://www.webcms.pima.gov/health

Pima County Health Department Clinic - Tucson North
520-724-2880
http://www.webcms.pima.gov/health

Pima County Health Department Clinic - Tucson Southwest
520-724-7900
http://www.webcms.pima.gov/health

UA Mobile Health Program
520-349-6594
http://www.fcm.arizona.edu/outreach/mobile-health-program

United Community Health Center Arivaca Clinic
520-407-5500
http://www.uchcaz.org

United Community Health Center at Green Valley Hospital Clinic
520-407-5400
http://www.uchcaz.org

United Community health Center at Old Vail Middle School
520-762-5200
http://www.uchcaz.org

United Community Health Center at Sahuarita Heights
520-576-5770
http://www.uchcaz.org

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
United Community Health Center at Three Points Clinic
520-407-5700
http://www.uchcaz.org

PINAL

Apache Junction Clinic
866-960-0633
http://www.pinalcountyaz.gov

Casa Grande Clinic
866-960-0633
http://www.pinalcountyaz.gov

Desert Senita Community Health Center - Arizona City
520-466-5774
http://www.desertsenita.org

Eloy Clinic
866-960-0633
http://www.pinalcountyaz.gov

Kearny Clinic
866-960-0633
http://www.pinalcountyaz.gov

Mammoth Clinic
866-960-0633
http://www.pinalcountyaz.gov

Maricopa Clinic
866-960-0633
http://www.pinalcountyaz.gov

SANTA CRUZ

Mariposa Community Health Center - Nogales
520-281-1550
http://www.mariposachc.net

United Community Health Center Amado Clinic
520-407-5510
http://www.uchcaz.org

YAVAPAI

North Country HealthCare - Ash Fork Clinic
928-637-2305
http://www.northcountryhealthcare.org

North Country HealthCare - Seligman Clinic
928-422-4017
http://www.northcountryhealthcare.org

Yavapai County Community Health Services Community Health Center - Cottonwood
928-639-8132
http://www.chcy.info

Yavapai County Community Health Services Community Health Center - Prescott
928-583-1000
http://www.chcy.info

Yavapai County Community Health Services Community Health Center - Prescott Valley
928-583-1000
http://www.chcy.info

YUMA

Horizon Health and Wellness Primary Care - Yuma
833-431-4449
http://www.hhwaz.org

San Luis Walk-In Clinic - San Luis Center
928-722-6112
http://www.slwic.org

San Luis Walk-In Clinic - Somerton Center
928-236-8001
http://www.slwic.org

Yuma County Public Health Nursing Division
928-317-4559
http://www.yumacountyaz.gov
Low-fee dental services in Maricopa County

Mountain Park Health Center
Provides dental services to established patients at the Baseline and Maryvale clinics.
www.mountainparkhealth.org/our-services/dental/

Baseline Clinic
635 E. Baseline Rd.
Phoenix, AZ 85042
602-243-7277
www.mountainparkhealth.org/locations/baseline/

Bob and Renee Parsons Dental Clinic
Low cost dental care for children ages 5-18 who do not qualify for AHCCCS or private insurance. Open Tuesday through Friday. Parents must bring proof of income.

1601 W. Sherman St.
Phoenix, AZ 85007
602-271-9961
www.bgcmp.org/dental.htm

Carrington College Dental Clinic
Offering no-cost dental care to children ages 12-17, conducted by supervised students in the college’s dental-hygiene program, including X-rays, cleaning and polishing.

1300 S. Country Club Dr.
Mesa, AZ 85210
480-717-3510

Chandler Care Center
Provides no-cost medical, dental, counseling and social services for children through the Chandler Unified School District.
777 E. Galveston Rd.
Chandler, AZ 85225
480-812-7900
www.mychandlerschools.org

First Teeth First - Maricopa County Office of Oral Health
First Teeth First provides dental screenings, parent education, fluoride varnish and referrals to children under 6 years old in Maricopa County.
602-506-6842
www.firstteethfirst.org

Maryvale Clinic
6601 W. Thomas Rd.
Phoenix, AZ 85033
602-243-7277
http://mountainparkhealth.org/locations/maryvale/
Native American Community Health Centers
Provider provides holistic, patient-centered, culturally sensitive health and wellness services, including dental and behavioral health care, health promotion and disease prevention.

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

West
2423 W. Dunlap Ave., Ste. 140
Phoenix, AZ 85021
602-279-5351

Phoenix College Dental Hygiene Clinic
Offers preventive and therapeutic dental services to qualified patients, performed by students under the supervision of instructors.

1202 W. Thomas Rd., Bldg. R
Phoenix, AZ 85013
602-285-7323
www.pc.maricopa.edu

St. Vincent de Paul
No-cost medical and dental clinic based on need and availability. Medical equipment loan program for low income individuals. By appointment.

420 W. Watkins
Phoenix, AZ 85003
602-261-6868
www.stvincentdepaul.net

Advocacy agencies

Arizona Center for Disability Law - Mental Health
The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.
602-274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix).
www.acdl.com/mentalhealth.html

Arizona Coalition Against Sexual and Domestic Violence
Hotline and legal hotline, providing education and training, technical assistance, advocacy and legal advocacy.
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org
Arizona Department of Child Safety (DCS)
The Arizona Department of Child Safety receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

P.O. Box 44240
Phoenix, AZ 85064-4240
1-888-SOS-CHILD (1-888-767-2445); 602-530-1831 (TTY)
www.dcs.az.gov

Caregiver Resource Line
1-888-737-7494
www.azcaregiver.org

Center for Independent Living
602-262-2900
www.azsilc.org/independent-living/

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

- Mental Health America of Arizona: 602-576-4828
- National Domestic Violence Hotline: 1-800-799-7233
- Arizona Coalition to End Sexual & Domestic Violence: 602-279-2900 or 1-800-782-6400
- Childhelp National Child Abuse Hotline: 1-800-422-4453

NAMI Arizona (National Alliance on Mental Illness)
www.namiarizona.org
NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.

- National Alliance on Mental Illness (NAMI): 602-244-8166
- National Alliance on Mental Illness of Southern Arizona: 520-622-5582

NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)
NAZCARE is a peer-orientated agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to assist you on your journey to better wellness.
www.nazcare.org/
- Phone: 928-224-4506 (Winslow); 928-213-0742 (Flagstaff); 928-793-4514 (Globe);
  520-876-0004 (Casa Grande); 928-532-3108 (Show Low); 928-783-4253 (Yuma); 928-758-3665 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928-634-1168 (Cottonwood); 520-586-8567 (Benson).

Office of Human Rights*:
The Office of Human Rights (OHR) provides advocacy to individuals with a serious mental illness (SMI) determination. OHR provides support to individuals by helping them understand, protect and exercise their rights.

www.MercyCareAZ.org
Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
• Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124; Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma or La Paz County: 520-770-3100 or 1-877-524-6882; Mohave, Coconino, Yavapai, Navajo or Apache County: 928-214-8231 or 1-877-744-2250
• Human Rights Committee Coordinator: 602-364-4577 or 1-800-421-2124

*NOTE: Tribal members should contact the Office of Human Rights location that provides services to the county they live in.

Special Assistance:
Special Assistance and resources are available for members with a SMI determination. Special Assistance is the support provided to adult members who are unable, due to a specific condition, to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process. If you have questions, you can contact:

Special Assistance Coordinator
Mercy Care Grievance System Department
MCSpecialAssistance@mercycareaz.org

Office of Human Rights (AHCCCS)
Office: 602-364-4585 (Main office line)
Fax: 602-364-4590

Wellness Connections
Based in Southeast Arizona, Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.
520-452-0080
wellness-connections.org

Domestic violence resources

Arizona Coalition Against Sexual and Domestic Violence
Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline
602-279-2900; 1-800-782-6400; TTY 602-279-7270
www.acesdv.org

National Domestic Violence Hotline
Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.
1-800-799-7233; TTY 1-800-787-3224
www.thehotline.org

Organization for Non-Violence Education
Provides individual and group counseling for anger management and domestic violence for $180/12 sessions, up to 52 weeks. Sessions are gender specific and court-ordered. Men’s groups on Mondays in the East Valley and Wednesdays in Glendale; women’s groups offered Thursdays in Glendale.
623-934-0696

www.MercyCareAZ.org
112 Member Services 602-586-1841 or 1-800-564-5465 (TTY/TDD 711) 24 hours a day, 7 days a week
Rape, Abuse and Incest National Network
Information, referrals and telephone or online support for victims of rape or abuse.
1-800-656-4673
www.rainn.org

Sojourner Center
Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs. Crisis hotline: 602-244-0089; 602-889-1610, 602-244-0997
www.sojournercenter.org

Definitions

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

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

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

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

5. Emergency medical transportation: See EMERGENCY AMBULANCE SERVICES
   Emergency ambulance services: Transportation by an ambulance for an emergency condition.


7. Emergency services: Services to treat an emergency condition.

8. Excluded services: See EXCLUDED
   Excluded: Services that AHCCCS does not cover. Examples are services that are:
   - Above a limit,
   - Experimental, or
   - Not medically needed.

9. Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan’s decision to deny or limit a request for services.

10. Habilitation services and devices: See HABILITATION
    Habilitation: Services that help a person get and keep skills and functioning for daily living.

11. Health insurance: Coverage of costs for health care services.
12. **Home health care**: See HOME HEALTH SERVICES  
   **Home health services**: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor’s order.

13. **Hospice Services**: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

14. **Hospital Outpatient Care**: Care in a hospital that usually does not require an overnight stay.

15. **Hospitalization**: Being admitted to or staying in a hospital.

16. **Medically Necessary**: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

17. **Network**: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

18. **Non-Participating Provider**: See OUT OF NETWORK PROVIDER  
   **Out of Network Provider**: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

19. **Participating Provider**: See IN-NETWORK PROVIDER  
   **In-Network Provider**: A health care provider that has a contract with your health plan.

20. **Physician Services**: Health care services given by a licensed physician.

21. **Plan**: See SERVICE PLAN  
   **Service Plan**: A written description of covered health services, and other supports which may include:  
   - Individual goals;  
   - Family support services;  
   - Care coordination; and  
   - Plans to help the member better their quality of life.

22. **Preauthorization**: See PRIOR AUTHORIZATION  
   **Prior Authorization**: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

23. **Premium**: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

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

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

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

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

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

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

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

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

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

### Additional definitions

**Tribal 638 Facility** means a facility owned and operated by an American Indian tribe authorized to provide health care services pursuant to Public Law 93-638, as amended.

**Advance directive** is a written instruction telling your wishes about what types of care you do or do not want.

**Appeal resolution** is the written determination by Mercy Care ACC-RBHA about an appeal.

**Authorization** is an approval from your doctor and/or health plan before getting other health care services including, but not limited to, laboratory and radiology tests and visits to specialists and other health care providers (see referral).

**Approval of services** is the process used when certain non-emergency services require approval before you can get them.

**Arizona Health Care Cost Containment System (AHCCCS)** is the state agency that oversees the use of federal and state funds to provide behavioral health services, Title 19 (Medicaid), Title 21 and Arizona Long Term Care Services (ALTCS) programs.

**Auricular acupuncture** is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance use or chemical dependency.

**Behavioral health provider** is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

**Clinical team** is a Child and Family Team or Adult Recovery Team.

**Complaint** is the expression of dissatisfaction with any aspect of your care that isn’t an action you can appeal.

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www.MercyCareAZ.org
Member Services **602-586-1841** or **1-800-564-5465** (TTY/TDD **711**) 24 hours a day, 7 days a week
Consent to treatment is giving your permission to get services.

Cost sharing refers to a ACC-RBHA’s responsibility for payment of applicable premiums, deductibles and copayments.

Emergency is a medical situation that could cause serious health problems or even death if not treated immediately.

Enrolled is the process of becoming eligible to receive public behavioral health services.

Expedited appeal is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person’s life, health or ability to attain, maintain or regain maximum functioning.

Grievance system is a system that includes a process for member grievances, member appeals, provider claim disputes and access to the State Fair Hearing system.

Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to American Indians enrolled in a federally recognized tribe according to various treaty obligations.

Member is a person enrolled with a ACC-RBHA to get behavioral health services.

Notice of Adverse Benefit Determination is the notice you get of an intended action or adverse decision made by the ACC-RBHA or a provider regarding services.

Prescription is an order from your doctor for medicine. The prescription may be called in over the telephone or can be written down.

Primary care provider (PCP) is the doctor who provides or authorizes all your health care needs. Your PCP refers you to a specialist if you need special health care services.

Participating provider is a person or entity who participates in the contractors’ network.

Power of Attorney is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider fraud and abuse
- Falsifying claims/encounters that include the following items:
- Alteration of a claim
- Incorrect coding
- Double billing
- False data submitted
- Administrative/financial actions that include the following items:
- Kickbacks
- Falsifying credentials
- Fraudulent enrollment practices
- Fraudulent Third Party Liability (TPL) Reporting
- Fraudulent Recoupment Practices
- Falsifying services that include the following items:
  - Billing for Services/Supplies Not Provided,
- Misrepresentation of Services/Supplies
- Substitution of Services

Provider preventable conditions are complications or mistakes caused by hospital conditions, hospital staff or a medical professional that negatively affect the health of a member. These conditions are listed in the AHCCCS Medical Policy and Manual, Chapter 1000.

Qualified Medicare Beneficiaries (QMB) is for members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

Referral is the process (oral, written, faxed or electronic request) by which your provider will “refer” you to a provider for specialized care. A referral is when the PCP sends you to a specialist for a specific, usually complex, problem.

Regional Behavioral Health Authority (ACC-RBHA) is the behavioral health administrator contracted with the Arizona Health Care Cost Containment System (AHCCCS) to deliver behavioral health services to eligible individuals in a certain area of the state.

Restraint means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for restricting the free movement of a behavioral health recipient’s body. Mechanical restraint is any device, article or garment attached or adjacent to a behavioral health recipient’s body that the person cannot easily remove and that restricts the person’s freedom of movement or normal access to the person’s body. Drug restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient’s medical condition or behavioral health issue and is administered to manage the behavioral health recipient’s behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient’s freedom of movement.

Seclusion is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person reasonably believes prevents him/her from leaving.

Serious mental illness (SMI) is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Service prioritization is the process by which the ACC-RBHAs must determine how available state funds are used.

Specialty physician is a physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems, or certain types of diseases. Title 19 (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

Title 21 (may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title 19 (Medicaid).
Traditional Healing Services for mental health or substance use problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person’s functional ability.

Tribal Regional Behavioral Health Authority (T/RBHA) is an American Indian tribe which has an inter-governmental agreement with the State of Arizona to deliver or arrange for Medicaid covered behavioral health services for eligible persons who are residents of that federally recognized Tribal Nation and reside within those tribal lands.

Maternity care services definitions

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

Family planning is education and treatment services for a member who voluntarily chooses to delay or prevent pregnancy.

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 – 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:

1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers.
2. Physician Assistants.
4. Certified Nurse Midwives, and
5. Licensed Midwives.

Medically necessary transportation takes you to and from required medical services.

Obstetrician/Gynecologist (OB/GYN) is a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

OB case management is an obstetrical case manager link for expectant mothers with appropriate community resources. These may include:
- Women, Infants and Children’s (WIC) nutritional program
- Parenting classes
- Smoking cessation
- Teen pregnancy case management
- Shelters and substance use counseling

They provide support, promote compliance with prenatal appointments and prescribe medical treatment plans.

Perinatal services – Medical services for the treatment and management of obstetrical patients and neonates (A.A.C. R9-10-201).

Postpartum – The period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may utilize different criteria for the postpartum period.

Postpartum care – 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 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 – 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 – 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.