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Prevention and Wellness Provider Outreach Manual

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Early and Periodic Screening, Diagnostic and Treatment Program

Early And Periodic Screening, Diagnostic and Treatment (EPSDT) Services Description

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is comprised of screening, diagnostic, and treatment services and provides comprehensive health care through prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members under the age of 21 as described in 42 USC 1396d (a) and (r). The EPSDT Program covers services that correct or ameliorate physical and behavioral conditions and illnesses discovered by the screening process for EPSDT members, when those services fall within one of the optional and mandatory categories of "Medical Assistance", as defined in the Medicaid Act.

The EPSDT services include, but are not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, LTSS, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, vision services, hearing services, eyeglasses, transportation, family planning services and supplies, women's preventive care services, and maternity services when applicable, as specified in AMPM Chapter 400. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program covers all medically necessary, mandatory, and optional treatments and services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral illnesses and conditions whether or not the services are covered under the AHCCCS State Plan, Rules, or Policies for AHCCCS members less than 21 years of age. The purpose of EPSDT is to ensure the availability and accessibility of health care resources and to assist members and their parents, guardians, or caregivers in effectively using these resources.

The EPSDT program provides comprehensive health care through primary prevention, early intervention, diagnosis, screening, rehabilitative services, medically necessary treatment, and follow-up care of physical and behavioral health conditions. Examples of services that are included in the EPSDT program are inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, health screenings, vision and hearing screenings, preventative care, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, family planning services and supplies, well woman preventive care services, and maternity care services when applicable. EPSDT does not include services that are experimental, that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions. Additional details can be found in the AHCCCS EPSDT Periodicity Schedule (Policy 430, Attachment A) and AHCCCS Dental Periodicity Schedule (Policy 431, Attachment A).

The EPSDT services do not include services that are experimental, that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions or treatments.

The Centers for Medicare and Medicaid Services (CMS) requires AHCCCS to provide specified services to our EPSDT population. Therefore, AHCCCS redesigned the age specific EPSDT Clinical Sample Templates (EPSDT Forms) to assist providers to ensure that the required services are performed at a specific age and during their specific well visit. This will ensure that our members are provided an opportunity to receive preventive care with a more targeted approach. The most recent EPSDT Forms are effective 10/01/2024.

The *most up to date EPSDT Clinical Sample Template Forms* are located on the AHCCCS website. This document contains age specific EPSDT Forms for members from 3-5 days old to 20 years of age. Mercy Care also accepts

the members electronic medical record (EMR) as long as the *equivalent age-specific information* is included. Mercy Care will also continue to provide *two-part carbonless EPSDT Forms* to providers. The *EPSDT Supply Order Form* can be used to request EPSDT Forms for each specific age. These documents can be found here: AMPM 430 - Attachment E EPSDT Clinical Sample Template Forms and the Mercy Care Provider Website - Under Forms.

EPSDT Provider Requirements

PCPs are required to comply with regulatory requirements as well as Mercy Care preventative requirements which include:

- Providers caring for EPSDT members are required to employ a sufficient number of appropriately qualified local personnel in order to meet the health care needs of members and fulfill Federal and State EPSDT requirements, as well as achieve contractual compliance.
- Providers must also have a documented process for ensuring all applicable staff and subcontractors are appropriately trained and kept up to date with the EPSDT program and AHCCCS policies relevant to EPSDT members.
- Using the most up to date AHCCCS EPSDT Clinical Sample Template Forms (or electronic equivalent) to document all well visit required screenings, treatments, and services provided and ensure they are in compliance with AHCCCS standards.
- Forms should be submitted within 30 days of the well visit. If possible, well visit claims should also be submitted within 30 days to ensure appropriate scoring on EPSDT provider documentation audits.

- **Faxing the EPSDT Forms to Mercy Care is the preferred delivery method.**
  EPSDT Form Fax #: 602-431-7157
- If mailing the forms, send to:
  Mercy Care
  Attn: Medical Management EPSDT Dept
  4750 S. 44th Place, Ste. 150, Phoenix, AZ 85040

  - **Do not send hard copies of EPSDT forms to the Prior Authorization (PA) fax line or the AHCCCS office. They must be submitted to the Mercy Care EPSDT Department by using the above fax number or mailing address.**
  - Using all clinical encounters to assess the need for an EPSDT screening and/or service.
  - Reporting all EPSDT encounters on required claim forms, using the EPSDT Preventive Medicine Codes with the appropriate modifiers.
  - Document in the medical record of the member's decision not to participate in the EPSDT program or their decision not to receive immunizations.
  - Documenting immunizations **within 30 days** of administration into Arizona State Immunization Information System (ASIIS) and **enroll every year in the Vaccine for Children (VFC) Program**.
  - Provide all appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP) Recommended Schedule as specified in the Centers for Disease Control and Prevention (CDC) Immunization Schedules, AMPM Policy 310-M, and the ADHS Arizona Immunization Program requirements.
  - Provide health counseling and/or education at initial and follow-up visits.
  - Ensuring all infants receive both the first and second newborn screening tests. Specimens for the second test may be drawn at the PCP's office and mailed directly to the Arizona State Laboratory, or the member may be referred to a Mercy Care contracted laboratory for the draw.
  - Ensure that families receive evidence-based breastfeeding information and support including information on breast pumps, if appropriate.
  - Scheduling the next appointment at the time of the current office visit particularly for children 30

months of age and younger.

- Education about the dangers of blood lead poisoning, blood lead screening, blood lead testing for high-risk members through age six, and testing members at their 12 month and 24 months well visits.
- Providing all physical and behavioral health screenings and treatments according to the AHCCCS EPSDT Periodicity Schedule and community standards of practice.
- Providing a nutritional screening to assess the need for metabolic medical foods, nutritional therapy, and/or nutrition referrals.
- Providers shall refer any physical and behavioral screenings with positive results to the appropriate provider for follow-up, diagnosis, and treatment. Referrals must occur in a timely manner and treatment is to be initiated within 60 days of the screening services and/or referral request.
- Mercy Care requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.
- Using the appropriate clinical guidelines, assessment tools, and algorithms to aid in treatment decisions when treating behavioral health conditions that are within your scope of practice.
- Initiating and coordinating referrals to specialists and behavioral health providers if necessary.
- Referring members as soon as possible to behavioral health crisis services per instructions in the provider manual, when appropriate. Do not wait. Member safety is the number one priority.
- Referring members to community resources such as WIC, Raising Special Kids, ADHS Breastfeeding Hotline, Home Visiting Programs, Early Head Start/Head Start, and the Birth to Five Helpline as appropriate.
- Refer and coordinate care with AzEIP to identify members from ages birth up to two years and 10 months of age with developmental disabilities that need services, family education, and family support. AzEIP services must begin within 30 days of the members acceptance into the AzEIP program.
- Referring members to Children's Rehabilitative Services (CRS) when they have conditions covered by the CRS program. For details on the CRS requirements, see section, *Children's Rehabilitative Services (CRS).*
- Discuss family planning services and supplies with any members that are of reproductive age or members that are sexually active. This includes discussing safe sex, contraception, and testing for sexually transmitted infections (STIs).
- Utilizing current validated screening tools to assess for developmental assessments, behavioral health needs, Social Determinants of Health (SDOH), and trauma. These screenings should occur at every well visit.
- Address any SDOH and barriers to care the member may be experiencing, including referrals when appropriate. Providers should also share this information with Mercy Care so we can provide additional outreach.

A well visit includes the following basic elements:

- Comprehensive health and developmental history, including growth and development screening (includes physical, nutritional, and behavioral health assessments).
- Comprehensive unclothed physical examination.
- Appropriate immunization education/counseling and administration according to age and health history.
- Laboratory tests appropriate to age and risk, which includes testing for the following: blood lead,

anemia, sickle cell trait, and tuberculosis skin testing.

- Blood lead testing must occur when the member is **12 months and 24 months old**. Additional testing requirements are listed in the *Blood Lead Screening and Testing* section.
- Health education and counseling about child development, healthy lifestyles, reducing risky behaviors such as safe sex, not smoking, drinking alcohol, or doing illegal drugs, as well as accident and disease prevention.
- Oral health screening at every well visit and referral to a dentist when appropriate. Members should be encouraged to see a dentist by one years old and earlier if teeth are visible.
- Fluoride varnish application in the PCP office **once every three months** for children who have reached **six months of age** with at least one tooth erupted, with recurrent applications **up to five years of age**.
- Appropriate vision and hearing/speech screenings according to the AHCCCS EPSDT Periodicity Schedule.
- Screening for age-appropriate weight gain. Providers should use:
    - CDC growth charts and BMI percentile for **children 24 months and older**.
    - World Health Organization (WHO) weight to length growth charts for **children under 24 months**.
    - There are also growth charts available for members with certain medical conditions.
- Anticipatory guidance should be provided during very well visit so parents, guardians, and caregivers know what to expect in terms of the child's developmental milestones.
- Health education, counseling, and chronic disease self-management.
- Providing the following behavioral health screenings according to the members specific ages. Below are the minimum age/well visit requirements. Additional screening may occur per provider discretion:
    - General Developmental screening for members **aged 9, 18 and 30 months**.
    - Autism Specific developmental screening for members **aged 18 and 24 months**.
    - Maternal/Parent postpartum mood disorder screening (which includes screening for depression and anxiety) during the child's **1-month, 2-month, 4-month, and 6-month well visits**.
    - Screening adolescents for suicide and depression **annually starting at 10 years old**.
    - Screening adolescents for a substance use disorder (SUD) **annually starting at 12 years old**.
- Providers must be trained in the use of the behavioral health screening tools, use validated/approved behavioral health screening tools, providing timely referrals for members with positive results, and saving the screening tools (with their results) to the members medical records.
- Annual testing for syphilis **starting at 15 years old**. Testing may be performed for members under the age of 15 at the discretion of the provider and should be based on risk.
- Testing for other sexually transmitted infections (STIs) such as HIV, Chlamydia, and Gonorrhea for sexually active members.

EPSDT Periodic Screenings

The AHCCCS EPSDT Periodicity Schedule specifies the screening services to be provided at each stage of the child's development. Providers must follow the guidelines outlined in the AHCCCS EPSDT Periodicity Schedule (Policy 430, Attachment A). This schedule follows the Center for Disease Control (CDC), the Arizona Medical Association, and American Academy of Pediatrics (AAP) recommendations. The intervals outlined in the schedule are the minimum requirements. Children may receive additional inter-periodic screenings at the discretion of the provider.

In addition to the intervals outlined in the AHCCCS EPSDT Periodicity Schedule, DCS CHP members are required to receive a medical examination that meets EPSDT requirements and dental assessment **within 30 days of entering out-of-home placement** and annually after that. Also, **Mercy Care does not limit the number of well visits for EPSDT members under 21 years of age**.

Well Child Visit CPT codes – ages 0 months to 20 years of age

Claims should be billed with the below CPT/ICD-10-CM Diagnosis Codes based on age appropriateness.

Well-Visit Ages New Patients	CPT Codes	ICD-10 Codes
Infant (Younger than 1 Year)	99381	Z00.110 Z00.111 Z00.121 Z00129
1-4 Years	99382	Z00.121 Z00.129
5-11 Years	99383	Z00.121 Z00.129
12-17 Years	99384	Z00.121 Z00.129
18 Years or Older	99385	Z00.00 Z00.01

Well-Visit Ages Established Patients	CPT Codes	ICD-10 Codes
Infant (Younger than 1 Year)	99391	Z00.110 Z00.111 Z00.121 Z00.129
1-4 Years	99392	Z00.121 Z00.129
5-11 Years	99393	Z00.121 Z00.129
12-17 Years	99394	Z00.121 Z00.129
18 Years or Older	99395	Z00.00 Z00.01

When submitting claims for Well Visits for EPSDT members, Mercy Care is asking that providers submit all applicable Category I CPT Codes (with the appropriate modifiers) as well as Category II CPT Codes. Category II CPT Codes are not billable codes, but rather they are supplemental tracking codes that are used for performance measurement and quality reporting. These codes may also be used to facilitate provider documentation audits. Below are a few examples of Category II CPT Codes that should be used:

Measures	CPT II Codes
Diastolic Blood Pressure	3078F, 3079F, 3080F
Systolic Blood Pressure	3074F, 3075F, 3077F
Medication Review	1160F
Medication Reconciliation Intervention	1111F
BMI recorded	3008F
Functional Status Assessment	1170F
Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
HbA1c Test Result or Finding	3044F, 3046F, 3051F, 3052F
HbA1c level less than 7.0	3044F

HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1C level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level greater than 9.0 CPT	3046F

The AHCCCS EPSDT Service Code Document (01/15/2025) also includes some of the important CPT codes (with the appropriate modifiers) that should be used during a well visit for EPSDT members. Some of the codes may not be billable, but they are just as important. All of the codes included in this document are used for payments as well as for provider audits, performance measurement tracking, and quality reporting. A few examples are: Preventative visits, sick visits, hearing screenings, vision screenings, STI testing, blood lead testing, developmental testing, additional immunizations, etc.

CPT/ICD-10 Coding Resources for EPSDT Preventative Services:

Providers are to utilize the following code and modifier resources for our EPSDT members:

- AHCCCS EPSDT Service Code Resource Document - Updated 01/15/2025 - This document can be found on the AHCCCS website under - Plans & Providers - Medical Coding Resources – Coding Related Exhibits and Policy Reference.
- AAP Bright Futures Coding for Pediatric Preventative Care 2025 - This document can be found on the AAP website – under Preventative Care/Periodicity Schedule.
- Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) – January 2025 - This document can be found on the Medicaid website and CMS website.

More information on Adult Core Set and Child Core Set annual updates and provider reporting requirements is available on Medicaid.gov – under Adult and Child Health Care Quality Measures.

Note: The Adult Core Set has requirements for the EPSDT 18–20-year-old population.

Note: CMS will publish the resources for reporting the 2026 Child Core Set in early 2026.

Well visits and sports physicals

Well visits for sports and other activities should be based on the most recent well visit, as the annual well visits are comprehensive and should include all of the services required for sports or other activities. AHCCCS does not cover sports or other physicals solely for that purpose. If it can be combined with a regularly scheduled well visit, it is covered, though no additional payment would be allowable for completing the school or other organization paperwork that would allow the child to participate in the activity.

Sick visit performed in addition to a well visit

Billing a "sick visit" (CPT Codes 99202-99215) at the same time as a well visit is a separately billable service if:

- An abnormality is encountered or a preexisting problem is addressed in the process of performing an EPSDT service and the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented evaluation and management (E/M) service.
- Do not bill an additional E/M code if the problem/abnormality is insignificant or trivial and does not require additional work.
- The "sick visit" is documented on a separate note.
- History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed

during the course of a "well visit" are not to be considered when determining the level of the additional service (CPT Code 99202-99215).

- The current status (not history) of the abnormality or preexisting condition is the basis of determining medical necessity.
    - Modifier 25 must be added to the well visit codes and sick visit codes to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.
    - *Acute diagnosis codes not applicable to the current visit should not be billed.*

Successful strategies: Reducing missed appointments

A number of studies suggest that Social Determinants of Health (SDOH) such as cultural norms or social circumstances of families may have an effect on the rate of missed appointments. Living in a deprived area has been associated with a threefold increase in the likelihood of missing an appointment. Some of the most common reasons include lack of transportation, scheduling problems, overslept or forgot, presence of a sick child or relative, and lack of child-care. Highlighted below are current best practice interventions that may help you and your office decrease missed appointments.

Patient contact

- Thank patients for keeping their appointments and arriving on time.
- Ask patients how they want to be reminded of their appointment and provide options for cell phone and home phone.
- Perform automated telephone appointment reminder calls.
- Make the reminder call at least 48 hours prior to the appointment.
- Contact patients who miss appointments and reschedule them promptly.
- Engage the patient in the relationship with the practice by making statements such as:

- "Dr. Jones was very disappointed that you didn't show up for your appointment."
- "I'll let Dr. Jones know that you wish to reschedule. What date would like to reschedule to?"

- Send correspondence about no-shows directly from the physician.
- Educate patients who have chronic conditions that their status and medications need to be monitored with regular office appointments, even if they feel fine.
- Offer the patient information on resources within the community to help such as the 2-1-1 Arizona Community Information and Referrals Helpline and the Child and Family Resources program. These resources and many more are listed in the Community Resource section of this manual.

Other practices

- Document history of patients' no-shows and identify "frequent no-show" in your practice management system alert messaging.
- Develop a protocol for how cancelled appointments will be rescheduled for other patients.
- Ease patients' ability to notify you of a cancellation by offering 24/7 cancellation line with voicemail.
- Establish a waitlist for patients who want earlier appointments for rescheduling.
- Document disconnected phone numbers in the practice management system.
- Hold a team conference before every clinic and prioritize a review of the schedule for today. Cancel patients who have been admitted to the hospital.
- Confirm that you have cancelled previously scheduled appointments in the practice management system when a patient calls for an acute appointment request.

Mercy Care Can Help Reschedule Missed Well Visits

To help address missed appointments, Mercy Care has implemented several ongoing interventions:

- Providers can notify the EPSDT/MCH Department:
  - For members **under 21 years of age** miss an EPSDT, Family Planning, or Women's Wellness appointment *OR* **any** pregnant member misses a Prenatal/Postpartum appointment.
  - Our outreach staff will contact the member by letter and/or phone to assist them in rescheduling their appointment. The member will also receive education on the importance of showing up for scheduled appointments. To notify us providers can use one of the below documents, located on the Mercy Care Provider Website – Under Provider Forms.
  - **EPSDT providers have two options and can fax the document to (860) 900-7048**:
    - Fax us an EPSDT **Clinical Sample Template Form** stating it's a missed appointment.
    - Fax us an **EPSDT/MCH Missed Appointment Log**.
  - **Maternity, Family Planning and Women's Wellness providers can fax the MCH Missed Appointment Log to (959) 282-1338**.
- For members who schedule an appointment through our outreach staff, an appointment reminder flyer is mailed to them listing the date and time of the appointment.

Vision and Hearing screenings

Eye Examinations and Prescriptive Lenses

EPSDT includes eye exams, frames, and prescriptive lenses to correct or ameliorate defects, physical illness and conditions. This includes unlimited replacement and repair of eyeglasses, when medically necessary for vision correction, for members under 21 years of age. This also includes but is not limited to, loss, breakage, or change in refraction. To receive eyeglass replacement or repair, members do not need to wait for their next scheduled well visit.

PCPs are required to perform basic eye exams during well visits and refer members to the contracted vision provider Nationwide, for further assessment. Ocular photo screening with interpretation and report, bilateral (CPT code 99177) is covered for children ages three to six as part of the well visit due to challenges with a child's ability to cooperate with traditional chart-based vision screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one.

Hearing/Speech Screening

Hearing evaluation consists of age-appropriate hearing screenings during well visits according to the AHCCCS EPSDT Periodicity Schedule. Audiology screenings can happen on an inpatient or outpatient basis and an evaluation consists of history, risk factors, parental questions and impedance testing. Providers must also refer members to a specialist for further assessment of any abnormal results.

- Pure-tone testing should be performed when medically necessary.
- Speech screenings shall be performed to assess the language development of the member at each well visit.
- Medically necessary audiology services to evaluate hearing loss for all EPSDT members shall be provided on both an inpatient and outpatient basis.
- Newborn hearing screening shall be performed using a physiological hearing screening method prior to initial hospital discharge.
  - Infants should be re-screened on an outpatient basis if their initial hearing screening was missed or if they are referred from the initial screening.

    - Infants should be screened on an outpatient basis if they are referred from the initial screening. The outpatient re-screening shall be scheduled at the time of the initial discharge and completed between **two and six weeks of age**.
- For infants that may have hearing loss or a congenital disorder, the PCP must do an appropriate assessment and provide care coordination and referral(s) when necessary. If these are discovered while in the hospital, then the family must be referred to the infants PCP for an assessment.
- All infants with confirmed hearing loss should receive services **before turning six months of age**.
- Hearing aids are covered only for members **under the age of 21** receiving EPSDT services.
- Cochlear implants are covered for EPSDT members when medically necessary criteria is met. Criteria can be found in the AHCCCS AMPM 430 EPSDT Policy.
- Hearing screenings and follow up are handled by the ADHS Arizona Early Hearing Detection and Intervention Program (EHDI) under the Office of Newborn Screening and The EAR Foundation of AZ. For questions, contact the Office of Newborn Screening via phone (602) 364-1409 or outside Phoenix metro (800) 548-8381 or fax (602) 364-1495. You can also visit the ADHS website – under Newborn Hearing Screening EHDI 101 – Providers.

You can find additional details on AHCCCS well visit, vision, hearing, and speech CPT code requirements in the AHCCCS document: EPSDT Service Code Resource - Updated 01/15/2025. This document can be found on the AHCCCS website under - Plans & Providers - Medical Coding Resources – Coding Related Exhibits and Policy Reference.

Oral Health Screenings During the Well Visit

As part of the physical examination, an oral health screening must be part of a well visit conducted by a physician, physician's assistant, or nurse practitioner. The oral health screening must be done at each visit to identify those members that will require a dental referral for an evaluation and treatment. An oral health screening is intended to identify gross dental or oral lesions. However, it does not substitute for examination through a direct referral to a dentist.

PCPs shall refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule and the AHCCCS Dental Periodicity Schedule. The physician may also refer EPSDT members for a dental assessment at an earlier age if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional. PCPs must refer members to a dentist by at least one year of age. Evidence of this referral must be documented on your submitted EPSDT Form and in the member's medical record. Be sure to address any barriers to care the member may be experiencing. Providers can also share this information with Mercy Care so we can provide additional outreach.

Dental Visit Timeframes

Per AHCCCS AMPM Policy 431- Dental Periodicity Schedule and AHCCCS AMPM Policy 430- EPSDT Periodicity Schedule, PCPs should be encouraging members to have their first dental appointment by age one and every six months thereafter. EPSDT members can also self-refer to an AHCCCS registered dentist.

Per ACOM 417, dental appointment timeframes:

- **Urgent** - As expeditiously as the member's health condition requires but no later than three business days from the request.
- **Routine** - Within 45 calendar days of the request.

- Routine for DCS CHP - Within 30 calendar days of the request. The member's parent, guardian, or caregiver may also self-refer and schedule dental appointments for the member with any Mercy Care contracted general dentist. They may go directly to the dentist without seeing the PCP first and no prior authorization is required.

Dental Home

Mercy Care will assign the member to a dental home on enrollment or by 6 months of age, whichever comes first. Here are some important notes about dental homes:

- Mercy Care supports the American Association of Pediatric Dentistry (AAPD) recommendations and requires that all PCPs refer members to a dentist and encourage a dental home is assigned by 6 months of age. (Mercy Care assigns member to their dental home on enrollment.)
- The AHCCCS Dental Periodicity schedule (AMPM 431-Attachment A) must be followed and recommends that members make their first dental appointment by age one and every six months thereafter.
- The dental home should provide:

- Comprehensive oral health care including acute care, preventative care, and a comprehensive assessment for oral diseases and conditions.
- Individualized preventive dental health program based upon a caries-risk assessment and a periodontal disease risk assessment.
- Anticipatory guidance about growth and development issues (i.e., teething, digit, or pacifier habits) as well as dietary counseling.
- Information about proper care of teeth and gums, including the prevention, diagnosis, treatment for disease of the supporting and surrounding tissues; and the maintenance of health, function and esthetics of those structures and tissues.
- Plan for acute dental trauma and referrals to dental specialists when care cannot directly be provided within the dental home.

Fluoride Varnish Application by PCP

According to the ADHS 2019-2022 State Oral Health Plan, only 57.8% of Arizonans receive the optimal amount of fluoride through drinking water, compared to the United States average which is 74.7%. In efforts to improve these numbers and to decrease the rate of children with cavities, ADHS and AHCCCS are encouraging PCPs to apply fluoride varnish to children's teeth during their well visit. Application of the fluoride varnish done during a well visit, does not take place of the two fluoride varnish applications done by the dentist during their bi-annual dental visits.

PCPs can apply fluoride varnish for a member as early as 6 months of age, with at least 1 tooth eruption, and can be applied every 3 months (4 times a year) after that. These applications can occur up to the members 5th birthday. The additional visits will also be reimbursed according to the AHCCCS-approved fee schedules.

Fluoride varnish training

AHCCCS recommended training for fluoride varnish application. Refer to the training that covers caries-risk assessment, fluoride varnish, and counseling. The trainings can be found on here:
AAP website: https://www.aap. org/en/patient-care/oral-health/oral-health-education-and-training
Smiles for Life: https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling/

Per the AMPM 431 Dental Policy, upon completion of the required training, providers should submit a copy of their training completion document to Mercy Care, as this this is required prior to issuing payment for PCP applied fluoride varnish. This document may be used in the credentialing process to verify completion of training necessary for reimbursement. Mercy Care also uses this document for EPSDT Provider audits.

Fluoride varnish coding and claims

You can find fluoride varnish CPT/ICD-10 Codes in the AHCCCS document: EPSDT Service Code Resource - Updated 01/15/2025. This document can be found on the AHCCCS website under - Plans & Providers - Medical Coding Resources – Coding Related Exhibits and Policy Reference. Another resource is the AAP CPT/ICD-10 coding document: AAP Bright Futures Coding for Pediatric Preventative Care 2025.

CPT: 99188 application of topical fluoride varnish by a physician or other qualified health care professional

Routine Encounter/Screening

Z00.121 Encounter for routine child health examination with abnormal findings (Use additional code to identify abnormal findings, such as dental caries)

Dental Caries Risk (Z91.84 an Z91.849 for use with CPT 99188 only)

Z91.84- Risk for dental caries, low, moderate, or high 6th digit required
Z91.849 Unspecified risk for dental caries
Z00.129 Encounter for routine child health examination without abnormal findings
Z13.84 Encounter for screening for dental disorders
Z29.3 Encounter for prophylactic fluoride administration (fluoride varnish)

Reduced Fee and Community Dental Clinics in Arizona

If a member loses AHCCCS eligibility, providers can redirect them to the available reduced fee and community dental clinic list provided by the Arizona Dental Association (AzDA) and Arizona Department of Health Services (ADHS). These dental providers often offer free or reduced dental care.

You can find the most up-to-date list on the ADHS website and here: https://www.azdhs.gov/documents/prevention/womens-childrens-health/oral-health/reduced-fee-dental-clinics.pdf

Dental/Oral Health Resources

- **ADHS 2019-2022 State Oral Health Plan**
- **National Maternal and Child Oral Health Resources Center**
- **AMPM 431 - EPSDT Dental Policy**
- **AMPM 431 - EPSDT Dental Periodicity Schedule**
- **DentaQuest (Mercy Care's Delegated Dental Vendor)**

AHCCCS Dental Periodicity Schedule

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS MEDICAL POLICY MANUAL
POLICY 431 – ATTACHMENT A – AHCCCS DENTAL PERIODICITY SCHEDULE

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE*				
These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.				
AGE	**12-24 MONTHS***	**2-6 YEARS**	**6-12 YEARS**	**12 YEARS AND OLDER**
CLINICAL ORAL EXAMINATION INCLUDING BUT NOT LIMITED TO THE FOLLOWING:	X	X	X	X
➢ ASSESS ORAL GROWTH AND DEVELOPMENT	X	X	X	X
➢ CARIES-RISK ASSESSMENT	X	X	X	X
➢ ASSESSMENT FOR NEED FOR FLUORIDE SUPPLEMENTATION	X	X	X	X
➢ ANTICIPATORY GUIDANCE/COUNSELING	X	X	X	X
➢ ORAL HYGIENE COUNSELING	X	X	X	X
➢ DIETARY COUNSELING	X	X	X	X
➢ INJURY PREVENTION COUNSELING	X	X	X	X
➢ COUNSELING FOR NONNUTRITIVE HABITS	X	X	X	X
➢ SUBSTANCE USE COUNSELING			X	X
➢ COUNSELING FOR INTRAORAL/PERIORAL PIERCING			X	X
➢ ASSESSMENT FOR PIT AND FISSURE SEALANTS		X	X	X
RADIOGRAPHIC ASSESSMENT	X	X	X	X
PROPHYLAXIS AND TOPICAL FLUORIDE	X	X	X	X

* Those elements of the oral examination deemed appropriate by the provider may be performed as early as six months of age.

NOTE: Health Care Decision Maker (HCDM), Designated Representative (DR) should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

NOTE: As in all medical care, dental care must be based on the individual needs of the member and the professional judgement of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule.

Effective Dates: 10/01/18, 10/01/19, 02/01/21, 10/01/22, 10/01/23, 05/20/24
Approval Dates: 06/07/18, 05/30/19, 11/06/20, 04/21/22, 06/13/23, 04/18/24

Source: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/431_AttachmentA.pdf

Monitoring Weight Gain and BMI Percentiles

Body Mass Index (BMI) is used to monitor adequate weight gain relative to a person's height. It is used to assess if someone is underweight, overweight, obese, or at risk for becoming overweight or obese. BMI can also be used to monitor a person's risk for developing a health problem related their weight. BMI does not measure the differences between a person's race, or their fat, muscle, and bone mass. It also does not measure fat distribution, or the type of fat people carry. BMI percentiles are a generalization for appropriate weight gain for the entire population and currently, it is the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States.

Children's body size changes over the years as they grow and their body fat distribution can differ as they mature. For that reason, BMI percentile is measured by age and gender. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have growth charts available for providers and their links can be found below. Visit the CDC website, for more information on BMI, BMI calculators, growth charts, and recommendations by the American Academy of Pediatrics (AAP) *Bright Futures*.

PCPs are required to calculate a child's weight gain at every well visit. PCPs shall evaluate:

- BMI percentiles beginning at age 24 months and up through 20 years of age. Providers can use the growth charts available on the CDC website. The 2022 versions of the growth charts now have the extended BMI showing the 97th percentile and above.
- For members under 24 months old, providers should monitor the child's growth by utilizing the World Health Organization (WHO) weight-for-length growth charts.
- There are also growth charts available for members with certain medical conditions.

BMI percentile cutoff points	
Underweight	BMI for age < 5th percentile
Healthy weight	BMI for age 5th percentile to < 85th percentile
Overweight	BMI for age 85th percentile to < 95th percentile
Obese	BMI for age >95th percentile
Severe Obesity (Class 1)	BMI is 120% of the 95th percentile (or ≥ 35 kg/m2)
Severe Obesity (Class 2)	BMI is 140% of the 95th percentile (or ≥ 40 kg/m2)

** The CDC updated the BMI categories to include additional details for BMI above the 95th percentile.*

If a child is determined to be below the 5th percentile, or above the 85th percentile, the PCP should:

- Educate the member and/or their member's parent, guardian, or caregiver on:
  - Healthy eating
  - Participating in physical activity for at least 30-60 minutes every day.
  - The importance of living a healthy lifestyle.
  - Growth and development issues that may arise when a person is underweight or overweight.
- Provide the member and/or their member's parent, guardian, or caregiver with:
  - Resources on healthy eating and physical activity. A few are listed below.
  - A referral to a dietician or nutritionist, if necessary.
  - A referral to the Special Supplementary Nutrition Program for Women, Infants, and Children (WIC) program, if appropriate.
- Notate all nutrition education, counseling, and referrals in the members medical records and on their submitted EPSDT Forms.

Provider Documentation Requirements

For every well visit, EPSDT providers must notate in the members medical records and on all EPSDT Forms (or electronic equivalent) that providers submit to Mercy Care:

- The members weight, height, and BMI percentile (or weight to length if under 24 months of age).
- Discussions encouraging daily physical activity and the importance of living a healthy lifestyle.
- The nutritional assessment, nutritional education, and any referrals that have taken place. All referrals require follow up to ensure treatment has taken place.
    - Treatment is to be initiated within 60 days of the nutrition assessment and/or referral request.
    - Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.
- If the member has been referred to WIC or if they are already receiving WIC services.
- If the member needs nutrition therapy, providers must follow the steps outlined in the next section.

This information is used for our member mailings, regulator reports, and provider documentation audits.

Appropriate Weight Gain and Nutrition Resources

Websites/Documents/Resources that can be helpful and educational:

- Growth Chart Information: https://www.cdc.gov/growthcharts/index.htm
- WHO Growth Chart – Ages 0-2yo: https://www.cdc.gov/growthcharts/who_charts.htm
- CDC Growth Chart – Ages 2-20yo: https://www.cdc.gov/growthcharts/cdc-charts.htm
- Arizona's WIC Program: https://www.azdhs.gov/prevention/azwic/
- National My Plate Website: ChooseMyPlate.gov
- National Nutrition Website: Nutrition.gov
- Family & Children Information: AZ Health Zone
- Family & Children Information: Resource for Supporting Children with Life-Threatening Food Allergies
- Family & Children Information: HealthyChildren.org
- Family & Children Information: Healthy Eating and Physical Activity
- Family & Children Information: KidsHealth.org
- ADHS: https://www.azdhs.gov/prevention/nutrition-physical-activity/index.php
- AAP Institute for Healthy Childhood Weight: https://ihcw.aap.org/Pages/default.aspx
- AAP 2023 Article : Clinical Practice Guideline for Obesity
- AAP 2015 Article: The Role of the Pediatrician in Primary Prevention of Obesity

Nutritional Assessment and Nutritional Therapy

Mercy Care covers nutritional assessment and nutritional therapy for EPSDT members on an enteral, parenteral, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake.

The following requirements apply:

- Nutrition and the member's weight must be assessed at each well visit. Providers can also assess these on an inter-periodic basis if the provider feels it is necessary.
- The PCP or specialty provider must attempt to identify any possible causes of the members growth and development issues and document this in the members medical records. If the issues cause the member to be underweight or overweight, then the provider must address these concerns with the member,

guardian, or caregiver.

- Any members in need of infant formula that are not required due to a medical condition or if they are WIC-exempt, then they should be referred to WIC.
- Members in need of nutritional therapy should be referred to a specialist, registered dietician or nutritionist in Mercy Care's network (including our overweight and underweight members).
- Members in need of medically necessary nutritional therapy due to a medical condition (and the formula is exempt from WIC), shall be referred to Aveanna Healthcare. Aveanna Healthcare is Mercy Care's contracted DME provider for nutritional therapy. Their contact information is listed below.
- In order to determine medical necessity, providers must submit the following:
    - A completed AHCCCS AMPM Policy 430-Attachment B, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements Form.
    - Clinical notes and supporting documentation that demonstrates that the member meets all of the required criteria and meets medical necessity on an individual basis.
    - Initial requests require documentation to show the following: nutritional counseling has taken place, visit notes are within three months of the request, all previous and current measurements and BMI percentiles (or weight-for-length), and any alternative treatments that have been tried and failed.
    - Ongoing requests require documentation to show the following: visit notes within three months of the request, noting any recent hospitalizations, the members current measurements and BMI percentiles (or weight-for-length), their overall response to their current nutritional therapy regime, including any adherence/tolerance, and justification for continued use of nutritional therapy.
- For members receiving nutritional therapy,
    - The member must by physically assessed at least annually by the PCP, specialty provider, or registered dietician.
    - Their documentation should include provider encouragement in attempting to wean the member off nutritional therapy, if appropriate.
    - For both initial and ongoing therapy, if the member's guardian or caregiver decides to prepare the members food, then they must be educated on how to prepare the food, proper sanitation, and proper temperatures to avoid contamination of foods that are blended or specially prepared for the member.

Certificate of Medical Necessity

The AHCCCS AMPM Policy 430-Attachment B, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements Form must indicate one of the two criteria listed below have been met when assessing the medical necessity of providing commercial oral nutritional supplements:

1. The member has been diagnosed with a chronic disease or condition, is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the American Academy of Pediatrics (AAP), and there are no alternatives for adequate nutrition.

OR:

2. The member is able to consume/eat **no more than 25%** of his/her nutritional requirements from age-appropriate food sources **AND at least two** of the following criteria have been met for the basis of establishing medical necessity:
    - The member is at or below the 10th percentile for weight-for- length or BMI on the appropriate growth chart for age and gender, as recommended by the CDC, for **three months or more.**

- The member has reached a plateau in growth and/or nutritional status for **more than six months,** or **more than three months** if the infant is **less than one year of age**.
- The member has already demonstrated a medically significant decline in weight within the **three-month period** prior to the assessment.

Additionally, ALL of the following requirements must be met:

- The member has been evaluated and treated for medical conditions that may cause problems with growth (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc.).
- The member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period **no less than 30 days in duration OR** clinical documentation and other supporting evidence demonstrates that a trial of higher caloric foods would be *detrimental* to the member's overall health, then the provider may submit a nutritional therapy request to be reviewed for medical necessity.

Aveanna Healthcare is Mercy Care's vendor for all nutritional supplements.
All nutritional therapy requests are to be sent directly to Aveanna Healthcare and they will contact Mercy Care to request a prior authorization (PA).

Phone: **480-883-1188**
Toll free: **1-866-883-1188**
Fax: **844-754-1345**

For detailed information regarding the criteria for Nutritional Assessments and Nutritional Therapy, please refer to the AMPM 430-EPSDT Policy. Criteria is also noted on the AHCCCS AMPM Policy 430-Attachment B, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements Form.

Metabolic medical foods
EPSDT members who have been diagnosed with a genetic metabolic condition and who need metabolic medical foods may receive services through their genetics provider. MC covers metabolic formulas and medical foods as specified in A.R.S. §20-2327. If an EPSDT member has a congenital metabolic disorder identified through the Bloodspot Newborn Screening Panel refer to the requirements and limitations outlined in the AHCCCS AMPM – 310-GG Nutritional Therapy, Metabolic Foods, and Total Parenteral Nutrition Policy.

Pasteurized Human Donor Milk

MC also covers Pasteurized Human Donor Milk for babies and infants who cannot tolerate breastfeeding or formula, or they have a medical condition that does not allow them to have formula. In order for babies and infants to receive this type of milk they have to meet the criteria listed in AHCCCS AMPM - 430 EPSDT Policy. Any requests for Pasteurized Human Donor Milk must follow our Mercy Care Prior Authorization (PA) process.

TB Monitoring & Testing Requirements

- Providers must have a process to encourage their patients to return for a timely reading of their Tuberculin (TB) skin test. This is to ensure their patients receive timely care if it is needed.
- Providers should coordinate care with Mercy Care as well as any servicing facility that the member may utilize for testing and treatment.
- If the member does not return for their results and/or treatments, then providers should follow up with the member to assess any barriers to care. If possible, providers should address any the barriers

to care. Providers should also notify Mercy Care if the member is experiencing any barriers to care so we can help coordinate care for the member.

- TB skin testing should be performed as appropriate to age and risk, for members between 12 months old and up to 21 years old. Members at increased risk of tuberculosis (TB) include those who have contact with persons:

- Confirmed or suspected of having TB.
- In jail during the last five years.
- Living in a household with an HIV-infected person or the child is infected with HIV.
- Traveling/immigrating from, or having significant contact with persons indigenous to, endemic countries.

Care Coordination for TB Testing

Providers must notate the TB testing in the members medical record (EMR) and/or on the EPSDT Form providers submit to Mercy Care. Once received, Mercy Care sends the member a letter reminding them to return to their provider to get their results. Mercy Care also sends the provider a TB Questionnaire Form requesting the results of the TB test.

- The questionnaire (TB test results) should be faxed to our EPSDT Department at 860-900-7048.
- *If the questionnaire was sent to the wrong provider,* notate this on the questionnaire and fax it back to the EPSDT Department. We will make a note in our records, and we will re-send the questionnaire to the correct provider.
- *If the TB Test results are positive*, our EPSDT Department will provide care coordination with the provider, the member, and/or the TB clinic to ensure the member is receiving the appropriate care and that treatment is occurring in a timely manner.
- Our communication with the provider, member, and/or TB clinic may be through phone calls, faxes, and/or mailings.

Blood Lead Screening and Testing

Lead poisoning continues to affect children in Arizona and according to the ADHS Childhood Lead Poisoning Prevention Program (AzCLPPP) 2022 surveillance data, only 6.1% of Arizona children are being tested at 12 months and 24 months. We are asking our providers to help us improve the health of our members by providing verbal lead screenings and blood lead testing at the required timeframes listed below. They must be completed as appropriate to age and risk.

Screening and Testing Requirements

- Blood lead testing is required for all children ages 12 and 24 months of age.
- Children between the ages of 24 months and 72 months (or 6 years) who have not been previously tested, or who missed either the 12 month or 24 months test, must have a blood lead test.
- Lead levels may be measured at times other than the times listed above if:
  - The provider determines the testing is medically necessary.
  - The testing is in response to a positive verbal lead screening.
  - In response to the parent/guardian/caregiver concern.
- All children 6 months to 6 years old must receive anticipatory guidance on lead safe environments during every well visit. This discussion is considered a verbal lead screening.
- Additional blood lead testing for members up through six years of age shall be provided utilizing the Arizona Department of Health Services (ADHS) Parent Questionnaire to determine the member's risk by either the members residential zip code or the presence of other known risk-factors.

Some sources of lead:

- Homes built before 1978, old furniture, paint, dust, and soil.
- Certain foods, medicines, spices, and drinking water.
- Job such as mining, construction, and pluming.
- Hobbies such as paining, fishing, or refinishing old furniture.
- Imported goods from other countries such as certain candies and spices, toys, pottery, and cooking utensils.

Blood Lead Testing Recommended Schedule

Since 2021, the CDC uses a blood lead reference value (BLRV) of **3.5 micrograms per deciliter (µg/dL)** to identify children with blood lead levels that are higher than most children's levels. There are 2 types of tests given:

- A finger-prick or heel-prick (capillary) sample- This is usually the first step to determine if a child has lead in their blood.
- A venous blood draw – This is usually done to confirm the blood lead level seen in a previous test. The table below shows when a child with lead in their blood should receive a venous blood draw to confirm their blood lead level.

Recommended Schedule for Obtaining a Confirmatory Venous Sample

Capillary Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥ 3.5-9	Within 3 months
10-19	Within 1 month
20-44	Within 2 weeks
≥ 45	Within 48 hours

Provider Requirements for Elevated Blood Lead Levels (EBLL)

- According to A.A.C. R9-4-302, providers must report all blood lead level results to the Arizona Department of Health Services (ADHS) to ensure timely follow-up and retesting.
- Providers must use the Provider Report Form on the ADHS website to submit the test results. The completed form is sent to ADHS via fax at **602-364-3146**.
- Providers must report blood lead levels to ADHS according to these timeframes:
  - < 10 µg/dL within a month
  - Between 10-45 µg/dL within 5 days
  - Over 45 µg/dL within 1 day
- For children that had a previous EBLL, provider must report their non-elevated test results to ADHS to assist with the follow-up process.
- Providers should assist in coordinating care for any members with EBLL to ensure timely follow-up, treatment, and retesting.
- In the event a member with EBLL loses AHCCCS eligibility or is transferred from one plan to another, providers should provide care coordination and help the member's family navigate the healthcare system by referring them to low-cost or no-cost follow-up testing and treatment center.

Blood Lead Level Testing Resources

- CDC: Blood Lead Surveillance Data
- CDC: Testing for Lead Poisoning
- CDC: Recommended Actions Based on Blood Lead Level

- CDC: Childhood Lead Poisoning Prevention
- CDC: Recommendations on Blood Lead Testing for Refugees
- ADHS: Parent Questionnaire – Childhood Lead Poisoning Prevention
- ADHS: 2018 List of High-Risk Zip Codes
- ADHS: Find My Zip Code on a Map
- ADHS Lead Poisoning

AzEIP

The Arizona Early Intervention Program (AzEIP) is an early intervention program that offers a statewide system of support and services for infants and toddlers between birth through 36 months old (three years of age) who have a significant developmental delay (at least two standard deviations, approximately 50%, below the mean) in one or more areas of development or has been diagnosed with a condition that has a high probability of resulting in a developmental delay. This program was jointly developed and implemented by AHCCCS and the Arizona Early Intervention Program (AzEIP) to ensure the coordination and provision of EPSDT and early intervention services. Such services include physical therapy, occupational therapy, speech/language therapy and care coordination under Sec. 1905 [42 U.S.C 1396d].

Mercy Care may receive notice of concerns about a child's development that is initially identified by the child's PCP, Parent, Guardian, Caregiver, Care Manager, Case Manager, or by AzEIP. Mercy Care then coordinates with AzEIP to ensure that members receive medically necessary EPSDT services in a timely manner to promote optimum child health and development. For additional information, please contact the Mercy Care AzEIP Coordinator through fax # 959-900-6387 or via email MCAzEIP@mercycareaz.org.

AzEIP Coordination of Care Process

AHCCCS and AzEIP jointly developed this process to ensure the coordination and provision of EPSDT and early intervention services. This process describes the process taken by the child's Primary Care Provider, and by AzEIP, when concerns about a child's development are initially identified. The care coordination also involves case management, care management and/or parents, guardians or caregivers, when appropriate. We have outlined the AzEIP Coordination process to help ensure it is completed accurately and within a timely manner.

Important Notes:

- PCP's must submit an AzEIP referral within 7 calendar days of identification of a child with suspected developmental delay or disability that results in a delay.
- PCPs must return the signed AMSR form (AMPM 430 - Attachment D) to the Mercy Care AzEIP Coordinator within 10 business days to ensure there is no delay in care for the member.
- Providers (PCPs or servicing providers) MUST communicate to the plan the results of any AzEIP assessments and/or therapies provided to AzEIP enrollees within 30 days of the therapy date listed in the Individual Family Service Plan (IFSP).
- IFSPs can be noted as an initial referral or a redetermination. Redeterminations can be done at different intervals such as every 3 months, 6 months, or annually. For DD and ALTCS members, the IFSP is to be reviewed every 90 days. IFSPs are also reviewed and resubmitted if any changes are made to the service request. Any changes to services must be reviewed by the PCP for medical necessity.
- All AzEIP IFSP requests must be reviewed by the PCP for medical necessity prior to approving the prior authorization and providing service provider reimbursement.

- If the member is already getting services through a non-contracted AzEIP provider, Mercy Care will continue to approve those services if they are medically necessary and should not deny the services based on network status.
- AzEIP therapy services will continue to be provided until the PCP or servicing provider determines the services to be no longer medically necessary.
- Members that have aged out of AzEIP **(ages above 2 years-9 months old)** and have not initiated services yet, Mercy Care may assign them to a contracted provider to maintain continuity of care while AzEIP begins the aging out process.
- Members that are already enrolled in AzEIP and they are aging out should be enrolled in their Public Education Agency (PEA) or school program. This process is initiated by the AzEIP Service Coordinator. The provider can also request additional therapy services through the regular prior authorization process if they deem it to be medically necessary. (Note: Currently, no PA is needed for **non-AzEIP** therapy visits.)
- If the CM/ICM department meets with the parents and they express any concerns about the child's development, and those concerns meet AzEIP requirements, then the CM/ICM Department forwards the AzEIP referral to the MC AzEIP Department. The AzEIP Coordinator coordinates with the CM/ICM Department to ensure they have all required information for an AzEIP evaluation and then begins the Referral Initiation Process outlined in the section, ***Processing the AzEIP Referral***.

AzEIP PCP Initiated Service Requests

- During the members well visit, the PCP will determine the child's developmental status through a completed developmental screening and discussion with the family/parents/guardian/caregiver.
- If the PCP identifies a child with a significant developmental delay or the child has been diagnosed with a condition that has a high probability of resulting in a developmental delay and the PCP believes the member will benefit from receiving therapies, then the PCP will request an AzEIP evaluation (referral).
- **PCP's must submit an AzEIP referral within 7 calendar days** of identification of a child with suspected developmental delay or disability that results in a delay.
- **Mercy Care asks that providers continue to request AzEIP therapy referrals, even if the therapy CPT Codes are NO PA. This helps us be able to coordinate care for the member.**
- PCP's have three options: They can refer a member to AzEIP by
  1. Submitting the application in the AzEIP Online Portal.
  2. Submitting the referral on the EPSDT Form (or electronic equivalent-EMR).
  3. Faxing it directly to the MC AzEIP Department through the AzEIP Fax line.
- *Faxing the AzEIP referral to Mercy Care (preferred)*
  - **Mercy Care prefers that PCPs fax the referral directly to the Mercy Care AzEIP Department through the MC AzEIP Fax line as it helps us be able to coordinate care for the member.**
  - **Referrals received through the MC AzEIP Fax # 959-900-6387 will be processed as soon as possible.**
- *Submitting through EPSDT Forms*
  - It is important for providers to notate the AzEIP referral when submitting the EPSDT form (or electronic equivalent - EMR), as these details are used for reporting and it also triggers a letter to the member informing them about the program.
    - If the member is already enrolled in AzEIP, there is no need to notate the referral again.

- Submitting the members EPSDT Form (or electronic equivalent - EMR) in a timely manner helps to avoid any delay in care.

Processing the AzEIP Referral

- Once referral is received by Mercy Care, the MC AzEIP coordinator will:
  - Research to see if the member has a case manager/care manager or is ALTCS or DCS CHP. If they do, then the MC AzEIP Coordinator will involve them to help coordinate care.
  - Submit the AzEIP referral through the AzEIP Online Portal.
- Once referral is received by AzEIP, the AzEIP Service Coordinator will:

- Review the submitted documentation following the timelines outlined in the AzEIP Policy and Procedure Manuals and AMPM 430 - Attachment C to determine AzEIP eligibility.
- *If the referral is appropriate*, then they send an email to the MC AzEIP Coordinator informing them of the members assigned AzEIP region.
  - AzEIP then follows the IPP and IFSP process outlined in the AzEIP Policy and Procedure Manuals. Details on this process can be found in section, ***AzEIP Initiated Service Requests***.
  - The MC AzEIP Coordinator will monitor communications to see if the IFSP and AMSR Form are received from AzEIP. If the IFSP is not completed within 45 days, then the request will be considered closed.
- *If the member is not eligible,* then they send an email to the MC AzEIP Coordinator informing as such. The MC AzEIP Coordinator will then coordinate with the PCP, the care manager/case manager, and/or the parents/guardians/caregivers to assist members in finding a therapist that can help their child and help in setting appointments. (Note: Currently, no PA is needed for **non-AzEIP** therapy visits.)

PCP Prior Authorization (PA) or Service Authorization

- If the provider requests a prior authorization (PA) at the same time as the AzEIP referral, then the PA will follow the normal PA timelines.
  - In order for the PA to be created, the provider must provide the appropriate PA details including the type of therapy needed, the frequency and duration needed, and the diagnosis.

- *Mercy Care will not delay or postpone the initiation of medically necessary EPSDT services while waiting on AzEIP eligibility determination or the IFSP process.*
- *If the PCP refers a member that is 2 years and 9 months of age or older and they have not initiated AzEIP services yet*, then Mercy Care may assign them to a contracted provider to maintain continuity of care as the member ages out of the AzEIP program. The MC AzEIP Coordinator may reach out to the PCP to request details on the type of therapy needed so a PA can be created.
- *Mercy Care may do an extension or a denial of* the PA request if there will be a delay in completing the AzEIP evaluation, if the PCP needs more time to schedule additional visits with the child to evaluate medical necessity, or if the plan requires additional documentation in order to approve the request.
- *If Mercy Care denies the request,* then the denial steps listed below will be followed and if needed, the AzEIP referral can be resubmitted.
  - Once the PA request is approved or denied, the final decision and the completed AzEIP AMSR Form will be sent to the PCP and to AzEIP.
- *If the PA is approved,* the approval will be sent to the PCP, the AzEIP servicing provider, and the AzEIP Service Coordinator. AzEIP will continue reviewing the enrollment process (IFSP) and their process will follow the steps in the "AzEIP Initiated Service Request" section.
- *If the PA is possibly going to be denied, reduced, or suspended,* the MC AzEIP Coordinator will attempt to coordinate with Mercy Care Medical Directors, the PCP and/or the members care manager/case manager to

try and get the request approved. The goal for Mercy Care is to approve these therapy services whenever possible.

- *If the PA is denied, reduced, or suspended,* the MC AzEIP Coordinator will inform the AzEIP Service Coordinator, the AzEIP servicing facility, and the PCP. The MC AzEIP Coordinator will then contact the PCP, the care manager/ case manager, and/or the parents/guardians/caregivers to assist members in finding a therapist that can help their child and help in setting appointments. (Note: Currently, no PA is needed for non-AzEIP therapy visits.)

AzEIP Initiated Service Requests

Once an EPSDT child is referred to AzEIP, AzEIP screens all documentation and meets with the family, guardians, and/or caregivers. AzEIP will obtain parental consent to request and release records to/from the child's PCP. AzEIP will then conduct an evaluation to determine the child's eligibility for AzEIP and if appropriate, they will complete an Individual Family Service Plan (IFSP). The AzEIP Service Coordinator then sends the completed IFSP, the completed AzEIP AHCCCS Member Service Request (AMSR) Form (AMPM 430-Attachment D), and any evaluations or assessments to the MC AzEIP Coordinator. For more details on the process within AzEIP and their required timelines, refer to the AHCCCS AMPM 430 – Attachment C – Procedures for Coordination of Services Under AzEIP as well as the AzEIP Policy and Procedure Manuals.

Note: Per the Mercy Care contract, AzEIP does NOT need to have parental consent in order to release records and coordinate care with Mercy Care.

Mercy Care's Process

MC AzEIP Coordinator

- Once the MC AzEIP Coordinator receives the request from AzEIP, the MC AzEIP Coordinator will:
  - Research to see if the member has a case manager/care manager or is ALTCS or DCS CHP. If they do, then the MC AzEIP Coordinator will involve them to help coordinate care.
  - Fax all documentation (IFSP, AMSR form, and any evaluations or assessments for that member) to the PCP to review for medically necessity.

PCP

- The PCP then reviews the documents the assess for medically necessity.
- The PCP indicates on the AMSR form (AMPM 430-Attachment D) that the services are medically necessary, adds the diagnosis if it was not supplied, signs and dates the form.
- The PCP then faxes the signed AMSR form back to the MC AzEIP Coordinator within 10 calendar days of receiving it. The MC AzEIP Fax # 959-900-6387.
- The PCP does not need to send all documents back to Mercy Care. Only the signed AMSR is needed.

MC AzEIP Coordinator

- Once the MC AzEIP Coordinator receives the signed AMSR form from the PCP, they will complete the request based on the PCP's response:

- *If the PCP approves the request*
  - The MC AzEIP Coordinator will approve the PA for the requested therapy services.
  - The PA approval is faxed to the PCP, servicing facility, and the AzEIP Service Coordinator.
  - The MC AzEIP Coordinator then completes the Mercy Care portion of the AMSR form (AMPM 430-Attachment D) and faxes it back to the PCP, the servicing facility, and the AzEIP Service Coordinator.
- *If the PCP decides that the services are not medically necessary, or if the PCP wants to examine the member*

to determine medical necessity

- The MC AzEIP Coordinator will extend or deny the PA therapy request per the PCP decision.
- If the PA is extended to give the PCP additional time to review the documentation or to do an additional evaluation, then a Notice of Extension (NOE) will be sent.
- If the PA is denied, then a Notice of Adverse Benefit Determination (NOA) will be sent.
- Both the NOE and NOA will follow the timelines outlines in AHCCCS ACOM 414.
- The NOE and/or NOA will be sent to the parent/guardian/caregiver, the PCP, the servicing facility, and the AzEIP Service Coordinator.
- The MC AzEIP Coordinator completes the Mercy Care portion of the AMSR form (AMPM 430-Attachment D) notating the final decision and faxes the completed AMSR form back to the PCP and AzEIP Service Coordinator.
- The MC AzEIP Coordinator will then contact the PCP, the case manager/care manager, and/ or the parents/guardians/caregivers to assist members in setting appointments or in finding a way to get the member the services they need. (Note: Currently, no PA is needed for **non-AzEIP** therapy visits.)

Questions about timelines or the AzEIP process, you can find it on the AHCCCS website or on the DES website:

- AMPM Policy 430 – Attachment C: AzEIP Procedures and Coordination
- AMPM Policy 430 – Attachment D: AzEIP Member Service Request Form
- AzEIP Policies and Procedures

AzEIP and the Mercy Care AzEIP Department Contacts

- Mercy Care AzEIP Department Email: MCAzEIP@mercycareaz.org
- Mercy Care AzEIP Department Fax (*Preferred Contact*): (959) 900-6387
- AzEIP - Referral Portal
- AzEIP - Refer by Phone: (888) 592-0140
- AzEIP - Refer by Fax: (602) 357-1978
- AzEIP - Refer by Email: AzEIP.Info@raisingspecialkids.org
- Referral Status Check Email: AzEIP@azdes.gov
- Referral Status Check Phone: (602) 532-9960

Additional AzEIP Resources

Pamphlets and Flyers

You can find multiple flyers and pamphlets that can be printed out and handed to members. You can find them on the DES website, in the document center, under Flyers and Pamphlets.

Early Childhood Programs, Parent Support, Training, and Information Centers

- Arizona State Schools for the Deaf and the Blind
- AZ Find Info for Families, ADE
- Early Childhood Special Education, ADE
- Early Head Start and Head Start
- First Things First, Home Visiting Program Locator
- Strong Families Arizona, Home Visiting Program Locator
- Raising Special Kids
- Pilot Parents of Southern Arizona (Pima, La Paz, Yuma, Gila, Pinal, Cochise, Gila, Graham, Greenlee, and Santa Cruz counties)

- Center for Parent Information and Resources (CPIR)

Developmental Surveillance

Developmental surveillance must be conducted at every well visit, and if concerns are noted, further screenings and/or referrals would be indicated. The sooner a delay or disability is identified, the sooner a child can relate to services and support that make a real difference. Be sure to monitor the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) as they regularly update and revise development milestones through the "Learning the Signs. Act Early." program. Providers must utilize the most up to date developmental milestone tools available.

If treatment is needed it must be initiated within 60 days of the screening services and/or referral request. Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.

Developmental Screening

Required Screening Ages

Providers are also required to perform developmental screenings during specific well visits (dates listed below). The specific well visit dates are also listed in the AHCCCS EPSDT Periodicity Schedule. Developmental screenings can also be done during *any* well visit at the providers discretion.

Screenings must be done on these specific dates:

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

Required Screening Tools

EPSDT providers must use the most up to date developmental screening tools which can be found on the American Academy of Pediatrics (AAP) Bright Futures website. Providers shall be trained in the use and scoring of these tools, as indicated by the AAP. Accepted tools are also described in the CMS Child Core Measure, Developmental Screening in the First Three Years of Life.

Examples of accepted General Developmental Screening Tools:

- The Parents' Evaluation of Developmental Status (PEDS-R)- Age range: Birth to 8 years of age.
  - www.pedstest.com or https://pedstestonline.com/
- Ages and Stages Questionnaires™ Third Edition (ASQ-3)- Age range: Birth to 5 years of age.
  - www.agesandstages.com

Examples of accepted Autism Specific Developmental (ASD) Screening Tools:

- The Parents' Evaluation of Developmental Status (PEDS-R)- Age range: Birth to 8 years of age.
  - www.pedstest.com or https://pedstestonline.com/
- Ages and Stages Questionnaires®: Social-Emotional (ASQ:SE) is a tool which is used to identify delays or concerns for a child's social-emotional wellness. Age Range: up through 21 years old.
  - www.agesandstages.com
- Modified Checklist for Autism in Toddlers (M-CHAT-R/F) is a tool which is used to identify delays and any concerns autism. Age range: 15 to 30 months.
  - https://www.mchatscreen.com/

Note: The ASQ:SE-2 and M-CHAT-R/F screenings are domain-specific tools and are not sufficient to meet the general developmental screening requirements. These should only be used to assess for ASD.

Screening Referrals

For purposes of the EPSDT program, screenings are not synonymous with a diagnosis. If the member has an abnormal finding, or if there are any concerns, then the provider should create a referral for that member. Referrals must be done in a timely manner. After a referral is made, providers must also follow up with the member or the servicing provider to make sure the referral appointment has been set or has taken place. *Treatment is to be initiated within 60 days of the screening services and/or referral request. Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.*

Screening Documentation Requirements

Providers must document/save the completed developmental screening tool, the score that was received, if a referral was made, and if any counseling has taken place. This documentation is required:

- To be placed in the member's medical record.
- To be saved in the CAQH, which is used for credentialing and for EPSDT provider documentation audits.
- To be saved on any EPSDT Forms submitted to Mercy Care.

Developmental Screening Claims

As of January 2024, all Medicaid primary care providers are required to follow the CMS and Medicaid Core Measures as these measures are focused on improving quality care nationwide. These measures are updated annually. The CMS Child Core Set provides a description of the required visits, testing, screenings, and coding providers should be utilizing. In January 2025, AHCCCS updated their EPSDT Coding Document to align with the requirements that were being released in the 2025 CMS Core Measure- Developmental Screening in the First Three Years of Life. Links to these documents can be found below.

2025 Coding Resources

- AHCCCS EPSDT Service Code Resource - Updated 01/15/2025 - Found on the AHCCCS website under - Plans & Providers - Medical Coding Resources – Coding Related Exhibits and Policy Reference.
- 2025 CMS and Medicaid Child Core Set – Found on Medicaid.gov
- American Academy of Pediatrics (AAP) Bright Futures Coding for Pediatric Preventative Care 2025

Claim Requirements:

- The provider must complete the required training for the developmental screening tool being utilized prior to the well visit.
- Copies of the completed training documents must be retained in the member's medical record.
- Copies of the completed training documents must be saved into the CAQH. *Note: CAQH is not only used for claims/credentialing, but it's also used by the EPSDT Coordinators for our provider documentation audits.*
- *For the General Developmental Screening well visit*

- Well Visit: 9-, 18-, and 30-months visit
- CPT/Modifier: 96110-EP
- ICD-10: Z13.42 - Encounter for screening for global developmental delays (milestones)
    - *For the Autism Specific Developmental (ASD) Screening well visit*

- Well Visit: 18- and 24-months visit
- CPT/Modifier: 96110-EP
- ICD-10: Z13.41 - Encounter for autism screening
- Note: Z13.42 is not used for the Autism-Specific screenings.

Note: The 18-month well visit is the only visit where the 96110-EP code can be used twice in the same visit. This is because both the General and ASD Screenings are required during that visit.

Developmental Screening Resources

Additional websites/resources that can be helpful and educational:

- CDC "Act Early" Developmental Screening website
- CDC "Act Early" Brief Checklist of Developmental Milestones
- CDC "Act Early" Developmental Monitoring and Screening Fact Sheet
- CDC/AAP "Learn the Signs. Act Early."
- AAP Bright Futures
- AAP Bright Futures Toolkit – Link to Commonly Used Screening and Assessment Forms

Autism Spectrum Disorder (ASD) Resources

These are some helpful websites with resources created to help parents/guardians that have children with Special Needs and Developmental Disabilities

- http://phxautism.org
- http://www.azautism.org/
- https://www.azahcccs.gov/shared/asd.html
- https://www.autismcenter.org/
- https://www.healthychildren.org/
- http://www.raisingspecialkids.org/
- http://www.familyvoices.org/

EPSDT Provider Audits – Screenings, Trainings, and Documentation

To ensure our members are receiving the care they need, Mercy Care will be conducting quarterly provider audits on completed behavioral health screenings, developmental screenings, and fluoride varnish applications. The provider selection for the audit is random, and if selected, we will be requesting medical records. If trainings are required for any of the tools used, then we will also be reviewing the training documents you have saved in the CAQH. All EPSDT/MCH completed training tools must be saved to CAQH, regardless of the credentialing process. We will also be noting if the screening was completed at the appropriate date/time.

Developmental Screening Trainings

Per AHCCCS AMPM 430, providers that bill for behavioral health screenings must be trained in the use and scoring of those developmental screening tools as indicated by the American Academy of Pediatrics (AAP). The 2025 CMS Core Set Measures, and the AAP Bright Futures websites provide lists of some verified tools/trainings that are available to providers. To assist us with the audit process, a copy of the completed training documents must be saved in the CAQH. During the audit we will be looking for the use of a validated screening tool, if the training was completed prior to use, if the tool is saved in the members medical record, the score received, if any counseling/discussion has taken place, if a referral was needed, if the referral was appropriate and

completed in a timely manner, and if the provider followed up on that referral to ensure the visit took place.

Listed below are a few developmental screening tools that require trainings:

- Parent's Evaluation of Developmental Status-Revised (PEDS-R)
- Ages and Stages Questionnaire, Third Edition (ASQ-3)
- Ages and Stages Questionnaire, Social-Emotional (ASQ-SE)
- Modified Checklist for Autism in Toddlers, Revised with Follow Up (M-CHAT-R/F)

Fluoride Varnish Application Trainings

Per AHCCCS AMPM 431, providers are required to complete a training for applying fluoride varnish. The document showing the provider has completed the fluoride varnish training will be used in Mercy Care's credentialing process for reimbursement, as well as for our quarterly provider audits. The EPSDT/MCH Department uses the CAQH database for these audits. The screening tools that can be used can be found on the AAP Oral Health Education and Training website: https://www. aap.org/en/patient-care/oral-health/oral-health-education-and-training/

Behavioral Health Screenings

Per AHCCCS AMPM 430, in addition to the required screenings listed above, there are additional behavioral health screenings that providers must complete during certain well visits. During the audit we will be looking for the use of a validated screening tool, if the tool is saved in the members medical record, the score received, if any counseling/discussion has taken place, if a referral was needed, if the referral was appropriate and done in a timely manner, and if the provider followed up on that referral to ensure the visit took place. Listed below are a few validated screening tools that can be used:

EPSDT Behavioral Health Screenings	CPT Codes	ICD-10 Codes	Screening Tool Examples
Adolescent suicide and depression screening – Annually starting at 10yo	96127	Z13.31 Z13.39	Guidelines for Adolescent Preventive Services (GAPS) Questionnaire Columbia Suicide Severity Rating Scale (C-SSRS) Patient Health Questionnaire-9 Adolescent version + Ask Suicide-Screening Questions (PHQ-9A+ASQ)
Adolescent alcohol and/or substance use disorder (SUD) screening – Annually starting at 12yo	99408 99409	Z71.4 Z71.5 F10.1 – F16.9	Guidelines for Adolescent Preventive Services (GAPS) Questionnaire Drug Abuse Screen Test (DAST-20: Adolescent version) Alcohol Use Disorders Identification Test (AUDIT)
Patient-focused health risk assessment (e.g. BH, Social Determinants of Health (SDOH), and/or Trauma) – Every well visit	96160	Z13.39	Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE) Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences tool (PRAPARE) Guidelines for Adolescent Preventive

EPSDT Behavioral Health Screenings	CPT Codes	ICD-10 Codes	Screening Tool Examples
			Services (GAPS) Questionnaire
Maternal Perinatal Mood and Anxiety Disorder (PMAD) and/or Depression Screening - 1, 2, 4, and 6-month well visits	96161	Z00.110 Z00.111 Z00.121 Z00.129	Edinburgh Postpartum Depression Scale (EPDS) Patient Health Questionnaire Depression Scale -9 (PHQ-9) Beck's Depression Inventory Scale (BDI)
*Note: There are a few screening tools that cover multiple screening requirements by utilizing just one screening tool, such as Home, Education/Employment, Activities, Drugs, Sex, Suicide/Depression, and Safety (HEADDSS) Strengths, School, Home, Activities, Drugs/Substance Use, Emotions/Eating/Depression, Sexuality, Safety (SSHADESS) Guidelines for Adolescent Preventive Services (GAPS) Questionnaire			

Note: For more details on the well visit dates, requirements, and additional tools that are available, refer to these sections within this Provider Outreach Manual:

- AHCCCS EPSDT Periodicity Schedule
- Adolescent Suicide and Depression Screening
- Adolescent Substance Use Disorder (SUD) Screening
- Maternal/Birthing Parent Perinatal Mood and Anxiety Disorder (PMAD) Screening
- Addressing Perinatal Mood and Anxiety Disorders (PMAD)

Behavioral Health Condition Referral and Follow up Requirements

PCPs can treat Behavioral Health (BH) conditions that are within their scope of practice. When the BH condition is outside of their scope, the PCP is required to coordinate with a BH provider to ensure the member receives care. Coordination may include a referral and/or transition of care to a BH provider, which must be completed in a timely manner. PCPs must coordinate care between providers to ensure treatment is initiated within 60 days of the screening services and/or referral request. Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral within 30 days of the member receiving an initial assessment.

Behavioral health care coordination is needed for the following:

- The member presents with a behavioral health diagnosis outside of the PCP's scope of practice.
  - Examples of disorders treated by a PCP: ADHD, depression, anxiety, tobacco cessation, etc.
- The member requires services outside the PCP's scope of expertise.
- The member has been admitted to an inpatient hospital for a behavioral health diagnosis.
- The member does not respond to treatment and therefore need additional behavioral health services, such as counseling and/or more intense medication monitoring.
- The member has experienced a sentinel event, such as an attempted suicide, they are a danger to themselves, or they are a danger to others.

AHCCCS also provides tools to help Navigate the Behavioral Health System. You can find them here: https://www.azahcccs.gov/OIFATools

American Academy of Family Physicians (AAFP) also has tools and guidance on mental and behavioral health. You can find them here: https://www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-guidance-mental-and-behavioral-health.html#Treatment

PCP Responsibilities:

- Call MC member services to find a behavioral health provider for the member.
- Identify an appropriate behavioral health provider for the member. The decision should be based on finding an "in network" provider, consider the member's clinical presentation, their referred locations, and their cultural preferences.

- MC member services can also assist the member with scheduling an intake appointment with the identified BH provider if they need it.
  - Collect the members basic behavioral health information and their needs to determine the urgency of the situation and assist with the subsequent scheduling of intake session. This must be done within the required timeframes and with an appropriate provider.
  - Keep the members behavioral health information and documents confidential and protected in accordance with applicable federal and state statutes, regulations, and policies.
  - Inform the referred behavioral health organization if there are any changes to the referral, such as refusing services, change in need, etc.).
  - Inform the behavioral health providers, if known, when a member's physical health status changes, their medication changes, or any new medications have been prescribed.

Behavioral Health Serious Mental Illness (SMI) Referrals

Mercy Care ACC-RBHA covers Maricopa County, Pinal County, and Gila County for members 18 years of age or older with a serious mental illness (SMI) designation. **Don't Delay!** Act on a referral regardless of how much information you have. The Mercy Care ACC-RBHA Provider Manual lists out information that can be very helpful when making a referral. While the information listed in the manual is helpful and is useful when trying to evaluate the urgency and type of practitioner the member may need to see, timely triage and processing of referrals must not be delayed because of missing or incomplete information.

Providers can fax in a referral using any written format, or they can call:
Mercy Care ACC-RBHA Members with a SMI Designation Member Services: 602-586-1841 or 1-800-564-5465
Mercy Care ACC-RBHA with a SMI Designation Referral Fax # 844-424-3975

Mercy ACC-RBHA Crisis Intervention and Nurse Line Services - available 24/7:

- Phone line 602-222-9444
- Toll free 800-631-1314 or TTY 800-327-9254

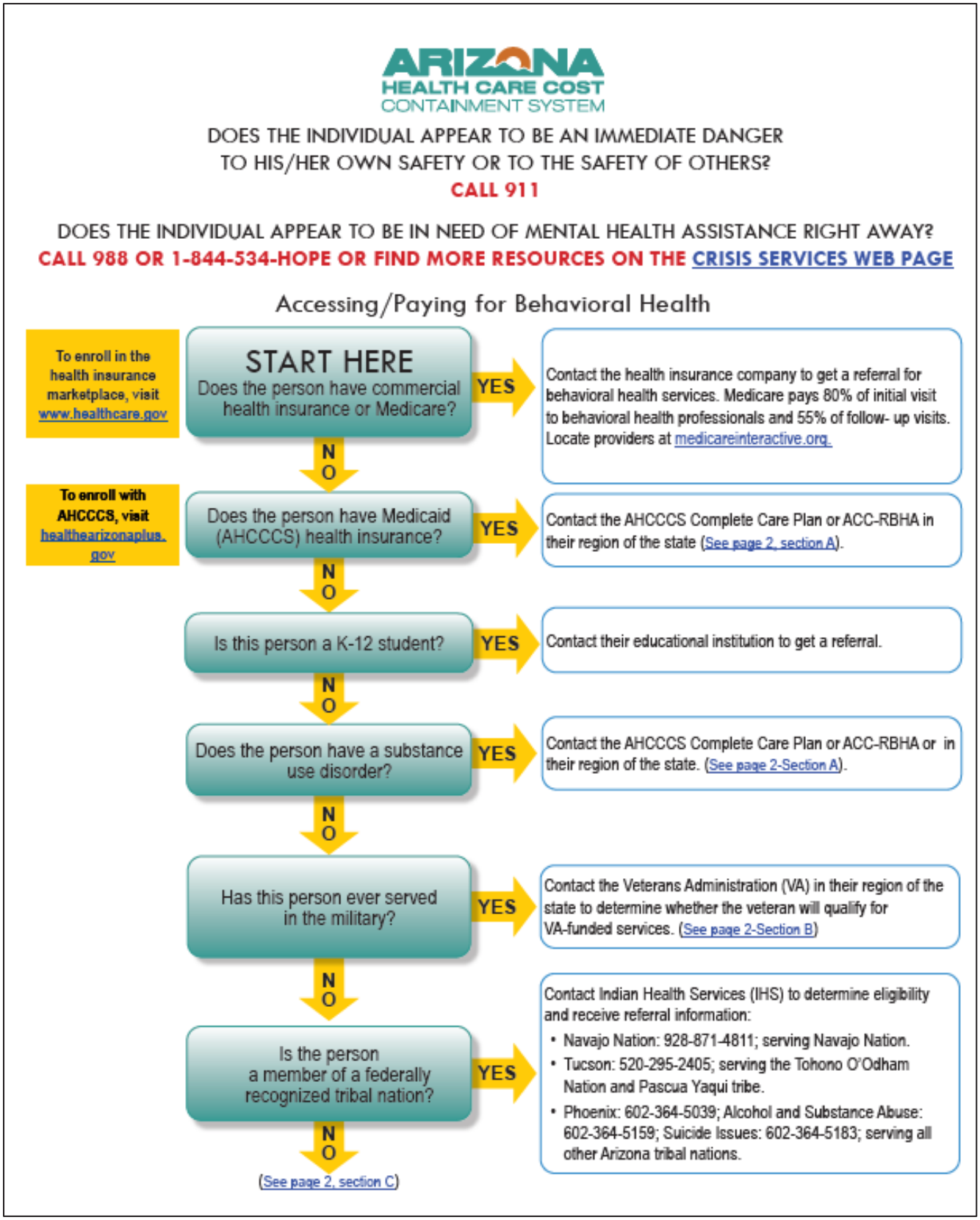
AHCCCS Suicide and Crisis Hotlines by County and Tribal Nation
https://www.azahcccs.gov/BehavioralHealth/crisis.html

Arizona Pediatric Psychiatry Access Line (Pediatric A-PAL)

The University of Arizona created a behavioral health hotline for primary care providers to help reduce mental illness and mortality in child and adolescent populations by guiding frontline health care providers in pediatric psychiatric management. *Providers have real-time access to pediatric psychiatrists via the Pediatric A-PAL Hotline. This is a free service for medical providers*. Providers can use this phone line to ask questions and review

treatment options for their child and adolescent patients with behavioral health concerns. The hours of operation are Mon-Fri 8:30 a.m.- 4:30 p.m.
Phone: 888-290-1336
Website: https://apal.arizona.edu/pediatric

AHCCCS Navigating the Behavioral Healthcare System



AHCCCS Website: https://www.azahcccs.gov/Members/BehavioralHealthServices/

Behavioral Healthcare System Resources - Section A

SECTION A

Tribal Regional Behavioral Health Authorities (TRBHAs), AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and AHCCCS Complete Care Plans By Region

Note: latest website and 24-hr line information is posted on the Available Health Plans web page.

TRBHAs and ACC-RBHAs	County or Tribal Nation Served
Arizona Complete Health-Complete Care Plan ACC-RBHA www.azcompletehealth.com/completecare, 1-888-788-4408	Apache, Coconino, Graham, Greenlee, La Paz, Mohave, Navajo, Pima, Yuma, Yavapai, and Cochise
Gila River TRBHA: www.grhc.org/bhs, 1-888-484-8526 ext. 7100	Gila River Indian Community
Mercy Care ACC-RBHA: www.mercycareaz.org, 1-800-624-3879	Gila, Maricopa, Pinal
Navajo Nation TRBHA: www.nnolemhs.org, 1-866-841-0277	Navajo Nation
Pascua-Yaqui TRBHA: www.pascuayaqui-nsn.gov/index.php/centered-spirit, 520-879-6060	Pascua Yaqui Tribe
White Mountain Apache TRBHA: www.wmabhs.org, 928-338-4811	White Mountain Apache Nation
ACC Plan	**Geographic Service Area (GSA) Served**
Health Choice Arizona: www.HealthChoiceAZ.com, 1-800-322-8670	North, Central
Molina Complete Care: www.MolinaHealthcare.com, 1-800-424-5891	Central
Mercy Care: www.mercycareaz.org, 1-800-624-3879	Central
Banner-University Family Care: www.bannerufc.com/acc, 1-800-582-8686	Central, South
UnitedHealthcare Community Plan: www.uhccommunityplan.com, 1-800-348-4058	Central, Pima County
Arizona Complete Health-Complete Care Plan: www.azcompletehealth.com/completecare, 1-888-788-4408	North, Central, South

SECTION B

Veterans Administration (VA) by Region

VA Health Care System	Counties Served
Phoenix: 602-277-5551	Gila, Maricopa
Northern Arizona: 928-445-4860	Apache, Coconino, Mojave, Navajo, Yavapai
Southern Arizona: 520-792-1450	Cochise, Graham, Gila, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma

SECTION C

Additional Resources

Some free or low-cost support services may be obtained from sliding fee scale clinics, community organizations, and/or places of worship. Some examples include:

The Arizona Department of Financial Institutions: offer free counseling service to those behind on mortgage payments or facing foreclosure, 877-448-1211. SOS Non Title 19 Resource Hotline: (602) 759-8175.

Transitional Living Centers "TLC": Helping recovering substance abusers rebuild their lives since 1992 www.transitionalliving.org.

Family Involvement Center "FIC": Select "Services" then "Classes/Support Groups" www.familyinvolvementcenter.org.

NAMI AZ: Select your local affiliate and select "Support Groups" www.namiaz.com.

MIKID AZ: Select "Programs and Services" and select "Family Support" www.mikid.org/.

Stand Together and Recover (STAR) Centers: Peer Support and Recovery Centers: www.thestarcenters.org.

Substance Use Support:

- National Drug and Alcohol Referral Routing Service: 1-800-662-HELP (4357), press "2" for Spanish or: findtreatment.samhsa.gov.
- Alcoholics Anonymous (AA) meeting locator: www.area03.org/AA-Meetings.
- Narcotics Anonymous (NA): 1-818-773-9999; online arizona-na.org.

Suicide Prevention Resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255), press "1" for veteran support; online www.suicidepreventionlifeline.org
- National Suicide Prevention Lifeline in Spanish: 1-888-628-9454.
- The Trevor Hotline (Suicide Prevention Hotline for gay and questioning youth): 1-866-488-7386; online www.thetrevorproject.org
- Teen Lifeline: 1-800-248-TEEN (8336); online teenlifeline.org.
- Low cost/no cost support groups: www.mentalhealthamerica.net/find-support-groups.

Rev 10/7/2024

AHCCCS BH PDF (rev. 10/7/24): https://www.azahcccs.gov/Members/Downloads/AccessingBHSystem.pdf

Adolescent Suicide and Depression Screening

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. In response to this concern, the Arizona Department of Health Services (ADHS) created the Arizona Suicide Prevention Action Plan 2024-2026 and a website with Arizona Real-Time Suicide Data. The data shows that in 2024, Arizona had 1,499 suicide deaths with 38 (2.5%) of those being between 0-17 years old and 168 (11%) of those being between 18-24 years old. ADHS also reported that the top three methods are firearms (61.2%), suffocation (20.9%), and poisoning (10.9%). Together we can help to prevent suicide by providing education and raising awareness on the available behavior health and crisis resources such as the AHCCCS Behavioral Health System Resource pages above, the multiple suicide prevention links provided below, as well as requesting that providers screen their adolescent patients for Suicide and Depression during their well visits.

AHCCCS requires providers to do Adolescent Suicide and Depression screenings for all individuals at each of their well visits from age 10-20 years old. Providers must use a standardized, norm-referenced screening tool specific for suicide and depression. *The screening tool must be saved to the member's medical record.* Positive results must be referred in a timely manner to an appropriate behavioral health provider for further evaluation and services. PCPs must coordinate care between providers to ensure treatment is initiated within 60 days of the screening services and/or referral request. Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment. For a list of available tools, refer to the EPSDT Provider Audits – Behavioral Health Screenings section in this manual.

Adolescent Substance Use Disorder (SUD) Screening

Per the Centers for Disease Control and Prevention (CDC) – Substance Use Among Youth, 15% of high school students have tried some type of illicit or illegal drug and 14% have misused prescription opioids. The goal for Mercy Care and our providers is to work together to prevent the youth in Arizona from engaging in these risky behaviors. Screening adolescents for substance use disorders (SUDs) helps reduce their risk for adverse outcomes such as injury, overdose, dropping out of school, or getting in trouble with the law. Screening adolescents for SUD also helps us provide support for that child if it is needed.

Providers MUST perform the AHCCCS required Adolescent Substance Use Disorder (SUD) Screening for all individuals at each of their well visits from ages 12 to 20 years old. Providers must use a standardized, norm-referenced screening tool specific to Adolescent SUD. *The screening tool must be saved to the member's medical record.* Positive results must be referred in a timely manner to an appropriate behavioral health provider for further evaluation and services. PCPs must coordinate care between providers to ensure treatment is initiated within 60 days of the screening services and/or referral request. Mercy Care also requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.

For a list of available tools, refer to:
The EPSDT Provider Audits – Behavioral Health Screenings section in this manual.
The AAP Bright Futures Toolkit website: https://publications.aap.org/toolkits/resources/15625/

Note: For EPSDT Form submissions, providers must mention the screening tool that was used (even if there is not a selection for it on the pre-printed EPSDT Forms), the score that was received, if counseling was done, and what referrals were made.

Suicide Prevention and SUD Screening Resources

You can find information, pamphlets, and display posters that can be printed out and handed to members on the ADHS website, CDC Website, and more. Use the links below:

- ADHS Arizona Suicide Prevention
- CDC Suicide Prevention Resources 2022
- Lifeline (provides, free and confidential support 24/7)
- NIH - Screening for Substance Use in the Pediatric/Adolescent Medicine Setting
- SAMHSA - Prevention of Substance Use and Mental Disorders
- SAMHSA Advisory: Screening Adolescents for SUD
- SAMHSA - Screening and Assessing Adolescents for SUD
- AAP - Preventative Care/Periodicity Schedule
- AAP - Practice Resource Toolkit 2nd Edition – Mental Health Tools for Pediatrics

Suicide Prevention Hotlines

- National Suicide Prevention Lifeline: 988
- Arizona State Crisis Line: 1-844-534-HOPE (4673) (English/Español)

Maternal/Birthing Parent Perinatal Mood and Anxiety Disorder (PMAD) Screening

Maternal mental health conditions can appear during pregnancy and the first 12 months after childbirth. They can occur in parents of every age, race, culture, and income level. There is a spectrum of conditions that are referred to as perinatal and postpartum mood and anxiety disorders. They include, pregnancy and postpartum anxiety, pregnancy and postpartum obsessive-compulsive disorder, postpartum post-traumatic stress disorder, postpartum psychosis, and the most common condition being perinatal mood and anxiety disorder.

EPSDT Providers must perform the AHCCCS required Perinatal Mood and Anxiety Disorder (PMAD) screenings of the birthing parent at the child's 1 month, 2-month, 4-month, and 6-month well visits. Providers must use a standardized, norm-referenced screening tool specifically looking for depression and anxiety. *The tool must be saved in the member's medical record.* Positive results must be referred in a timely manner to the health plan of the birthing parent and their appropriate case manager. Providers should also follow up on that referral to ensure their first visit has taken place.

Note: For more details on the screening requirements and a list of additional validated screening tools, refer to the Maternity section in this manual: *Addressing Perinatal Mood and Anxiety Disorders (PMAD).*

These requirements are outlined in AMPM 430-Attachment A: EPSDT Periodicity Schedule. You can also find it in AHCCCS EPSDT Service Code Resource - Updated 01/15/2025 - on the AHCCCS website under - Plans & Providers - Medical Coding Resources – Coding Related Exhibits and Policy Reference.

Perinatal Mood and Anxiety Disorder (PMAD) Resources

- ADHS Maternal Mental Health Prevention- Know the Signs
- Postpartum Support International (PSI): Information, education, and support for parents, support systems, and professionals.
- CDC HEAR HER Campaign: Information on Urgent Maternal Warning Signs and maternal mental health.

- Maternal Health Learning and Innovation Center: Maternal health resources and education.
- Policy Center for Maternal Mental Health: Maternal mental health information and advocacy.
- Maternal Mental Health Leadership Alliance: Information on maternal mental health conditions and advocacy to improve mental health care for mothers and childbearing people.

Mental Health Hotlines

- Maternal Mental Health Hotline: 1-833-9 HELP4MOMS (1-833-943-5746)
- Suicide Prevention and Crisis Line: 988
- Postpartum Support International Warmline: 1-800-944-4773

Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age

Psychiatric disorders presenting in young children are a public health concern, and they can negatively impact normative developmental trajectories in all spheres—social, emotional, and cognitive. One of the challenges in the field of behavioral health care for young children is the belief that young children cannot develop behavioral health disorders. Yet, these disorders if not recognized and appropriately diagnosed, may result in challenging behaviors, such as significant aggression toward others (e.g. biting, hitting, kicking) and emotional dysregulation (e.g. uncontrollable tantrums or crying). These behaviors, when not addressed can result in serious consequences such as childcare expulsion, difficulty participating in family activities, and impaired peer relationships, making early intervention extremely important for families and caregivers that have young children with behavioral challenges.

Because of the complexities in treating infants and toddlers, the field of infant behavioral health has evolved to promote recognition of the rapid developmental processes and the importance of a healthy, secure child and parent/guardian/designated representative relationship. Given the unique needs of infants and toddlers, numerous therapeutic interventions exist, that can aid in reducing potentially damaging consequences. There is robust evidence supporting the use of relationship-based interventions, which focus on the child and parent/guardian/designated representative relationship. Generally, these treatment approaches focus on improving child and family/guardian/designated representative functioning relative to the identified emotional and/or behavioral challenges and can often be successful without introduction of pharmacological intervention.

In the absence of marked or sustained improvement, it may be necessary to follow the appropriate steps toward psychotropic intervention. However, “Psychotropic medications are only one component of a comprehensive biopsychosocial treatment plan that must include other components in addition to medication,” according to American Academy of Child and Adolescent Psychiatry.

The use of medications to treat psychiatric disorders in young children raises unique developmental and ethical challenges. While considering whether medication should be introduced in treatment, the benefits of the medication must be evaluated and compared to the potential biological and psychosocial side effects. Best practice recommends at least three months of extensive assessment and psychotherapeutic intervention prior to any consideration of psychopharmacological intervention.

Arizona has recognized the need to implement revised initiatives for young children to address psychotropic medication use. As of May 2016, AHCCCS provided analysis and trending of current psychotropic prescribing practices, particularly for young children and children in the foster care system.

AHCCCS has reorganized the prevailing practice guideline into five sections that align with current process within Arizona. Additional revisions focus on updated research and findings with regard to psychotropic prescribing practices. Focus has been added to align with current Maternal Child Health/Early and Periodic Screening Diagnostic and Treatment (MCH/EPSDT) practice, and AAP Bright Futures. As such, the Guidelines within this document now comprise:

A. Assessment by Behavioral Health Professional/Provider,
B. Psychotherapeutic Interventions,
C. Psychiatric Evaluation,
D. Psychopharmacological Interventions, and
E. EPSDT: Assessing Physical and Behavioral Needs Through Developmental Surveillance, Anticipatory Guidance, and Social/Emotional Growth.

Please refer to the AHCCCS AMPM Policy Ch 581 – Working with the Birth Through Five Population for additional information on behavioral health screening, assessment, and treatment for children birth through five years of age.

AHCCCS has historically incorporated the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program to ensure that members under the age of 21 receive appropriate preventive and early intervention services for physical and behavioral health conditions (see AMPM Policy 430). Through formal policy and reporting requirements under AHCCCS guidelines, participation has been measured in part through use of forms designated as "EPSDT Clinical Sample Template" Forms (see AMPM Policy 430 Attachment E).

AHCCCS requires that providers complete these screenings and assessments during the members well visits and submit the results to Mercy Care using either the EPSDT Clinical Sample Template Form (or the electronic equivalent - EMR). If a provider is unsure about which screening tools that are available, they can find that information on the Bright Futures website.

AHCCCS EPSDT Periodicity Schedule

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

All highlighted areas are not new but they are required and are subject to audits
The new requirement for 10/1/24 is Syphilis Testing starting at 15yo

AHCCCS MEDICAL POLICY MANUAL

POLICY 430 - ATTACHMENT A – AHCCCS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PERIODICITY SCHEDULE

PROCEDURE/AGE	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Length/Height & Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Weight for Length	x	x	x	x	x	x	x	x	x	x																				
Head Circumference	x	x	x	x	x	x	x	x	x	x	x																			
Body Mass Index (BMI)											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Blood Pressure – Primary Care Physician (PCP) should assess the need for B/P measurement for children birth to 24 months		+	+	+	+	+	+	+	+	+	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision/Hearing/Speech	SEE SEPARATE SCHEDULE																													
Developmental Surveillance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
General Developmental Screening ‡							x			x		x																		
Autism-Specific Developmental Screening											x																			
Psychosocial/Behavioral Assessment (Social-Emotional Health)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Alcohol and Drug Use Assessment																					+	+	+	+	+	+	+	+	+	+
Postpartum Depression Screening for mother/parent			x	x	x	x																								
Adolescent Suicide Screening																				x	x	x	x	x	x	x	x	x	x	x
Adolescent Substance Use Disorder Screening																						x	x	x	x	x	x	x	x	x

430 - Attachment A - Page 1 of 4

Effective Dates: 03/01/19, 05/07/19, 03/01/19, 02/01/22, 10/01/22, 11/28/23, 10/01/24
Approval Dates: 10/23/06, 04/01/07, 10/1/08, 02/01/11, 04/01/14, 04/01/15, 10/18/18, 02/21/19, 04/16/20, 10/07/21, 07/14/22, 08/17/23, 08/24/24

Source: https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentA.docx

Source: https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentA.docx

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

POLICY 430 - ATTACHMENT A – AHCCCS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PERIODICITY SCHEDULE

PROCEDURE/AGE	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Physical Examination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Newborn Metabolic Screening[2]	←	x	→																											
Immunizations	SEE CENTERS FOR DISEASE CONTROL AND PREVENTION WEBSITE																													
Tuberculin Test								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin							+	x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Verbal Lead Screen						+	+	+	+	+	+	+	+	+	+	+														
Blood Lead Testing						+	+	x	+	+	x	+	+	+	+	+														
Dyslipidemia Screening											x			x+		x		x		x	x	x	x	x	x	x	x	x	x	x
Dyslipidemia Testing																				ONE TIME TESTING BETWEEN 18 AND 20 YEARS OF AGE										
STI Screening																				+	+	+	+	+	+	+	+	+	+	+
Syphilis Testing																									X	X	X	X	X	X
Cervical Dysplasia Screening																				+	+	+	+	+	+	+	+	+	+	+
Oral Health Screening by PCP[3]						x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Topical Fluoride Varnish[4]						x	→	x	→	x	→			→																
Dental Referral[5]						+	+	x	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

*** See Separate Schedules within AMPM Chapter 400 for Vision, Hearing/Speech, and Immunizations

[1] Utilization of one general developmental screening tool (e.g., ASQ and PEDS Tool) for members at 9, 18, and 30 months of age as described in AMPM Policy 430.

[2] Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate re-testing or referral done as needed.

[3] Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.

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Approval Dates: 10/23/06, 04/01/07, 10/1/08, 02/01/11, 04/01/14, 04/01/15, 10/18/18, 02/21/19, 04/16/20, 10/07/21, 07/14/22, 08/17/23, 08/24/24

[4] Fluoride varnish is limited in a primary care provider's office to once every three months, during an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to five years of age.

[5] First dental examination may be performed as early as six months of age. Repeat every six months or as indicated by child's risk status/susceptibility to disease.

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

Key:	x	=	to be completed
	+	=	to be performed for members at risk when indicated
← →	x	=	the range during which a service may be provided, with the x indicating the preferred age

NOTE: If American Academy of Pediatrics (AAP) guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered.

NOTE: The American Association of Pediatric Dentistry (AAPD) recommends that dental visits begin by age one. Referrals should be encouraged by one year of age. Parents of young children may self-refer to a dentist within the Contractor's network at any time.

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Source: https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentA.docx

Immunizations/Vaccines

Successful Strategies for Childhood Immunizations

According to recent literature, combinations of office-based systems- including chart and flagging for needed services, risk-assessment forms, flow sheets, and reminder/recall systems- can improve immunization rates. Studies have also found that providing patient and/or parent/guardian education using multiple strategies appear to be more effective than single efforts. Highlighted below are the current best practices.

Chart previewing

- Review patient records prior to the scheduled appointment to check for skipped or missed immunizations.
- Use the State or local registry to check for vaccinations that could be given at each visit.
- Review each patient's immunization status at all visits- including acute, chronic care and/or well-child appointments.

Parent communication

- Put parents at ease during children's immunizations.
- Distribute Vaccine Information Statements (VIS) prior to administering the vaccine.
- Explain the importance of immunizations to parents, be open and understanding towards parents' concerns. Use handouts to help in these discussions, and to answer further questions.
- Teach parents restraint techniques, comfort measures and aftercare.
- If parent/guardian does not wish to immunize their child/children have the parent sign the "Refusal to Immunize Form" and place in patients charts.

Office procedures

- Offer immunization-only appointments to increase accessibility.
- Take every opportunity that a patient is in the office to immunize him/her if appropriate.
- Maintain a manual list of patients whose parents/guardians are not compliant with recommended immunizations. Call the parents/guardians to have them bring their child in for an appointment.
- Give the parents/guardians an immunization schedule at their child's first visit.

Ongoing education and communication

- Produce printed labels for each of the vaccinations given to children. These labels should indicate the vaccine and lot numbers.
- When shots are administered, place a label in the progress note sections of the patient's chart, this helps reduce the amount of time spent on documenting such vaccines.
- Maintain procedures and/or proper documentation tools for all steps associated with immunizing a patient.

Childhood Immunizations: Points to Remember

1. Childhood immunizations required by 2 years of age **(children should have the following shots BEFORE their 2nd birthday):**

- 4 DTap by 18 months
- 3 IPV by 18 months
- 3 Hep B by 18 months
- 3 or 4 HIB (depending on the manufacture) by 18 months
- 2 Hep A beginning at age 12 months with a minimum interval of 6 months

- 1 MMR between 12 and 18 months
- 1 VAR between 12 and 18 months
- 4 PCV15 or PCV20 by 18 months
- 2 or 3 RV by 8 months
- 1 RSV by 6 months

2. DTaP, IPV or Hib vaccinations administered prior to 42 days after births are invalid.
3. The 4th dose of DTaP may be administered as early as 12 months of age, provided six months have elapsed since the 3rd dose. The 5th dose of DTaP is to be given between 4-6 years old.
4. The 3rd dose of HepB must be given after six months of age.
5. If PRP-OMP (Pedvax Hib or Comvax HepB-Hib) is administered at ages 2 and 4 months. A dose at age 6 months is not indicated. The 3rd dose is done between 12-15 months of age.
6. When to document contraindications in ASIIS:

- When child has had chicken pox- document HISTORY (contraindications) for the Varicella vaccine.
- If the parent/guardians refuse vaccinations for their child due to religious or philosophical beliefs- document PARENT REFUSAL (vaccine deferrals) for all vaccines refused.

7. If parent/guardian does not wish to immunize their child/children have the parent sign the "Refusal to Immunize Form" and place in patients chart.
8. The HPV vaccine can be given to members as early has 9 years old, depending on health risk and/or sexual activity. The common age range for the HPV vaccine is 11-26 years old but it can be given to members up through the age of 45. (Note: After age 15 it increases from 2 shots to 3 shots.)
9. COVID-19 and the Influenza (Flu) vaccines can begin at 6 months of age.

Immunization/Vaccine Printable Resources

ADHS, CDC, and TAPI have multiple flyers, display posters, and pamphlets that can be used and handed out to our members. Items can be found at the links below:

- CDC – Child, Adolescent, and Adult Immunization Schedules (2025 version)
- CDC - Pregnancy and Vaccines
- CDC – Communication Resources for Parents Who Question Vaccines
- CDC - Vaccine Educational Resources for Patients
- CDC - Talking to Parents About Vaccines
- ADHS - Talking to Parents About Vaccines
- TAPI - Resource Materials for Providers

Creating an Immunization Friendly Office Environment

Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth to 18 years of age using ASIIS. Per AMPM 430, Providers also need to document immunizations in ASIIS for members who are 19 and 20 years of age as well.

The Arizona State Immunization Information System (ASIIS) program offers tools and services to enhance the quality of your immunization service delivery. Entering all immunizations (including historical records) into ASIIS is not only required but will result in fewer communications from health plans. Children who are up to date on their shots in ASIIS are not included in provider outreach or requests for additional medical records during audits.

ASIIS provides training the first Tuesday of each month and advanced classes are offered quarterly. In these

trainings and classes, you will learn how to use the following features:

- **Reminder/recall postcard and labels:** Now you can send out reminders to get your patients back on time for their next series of immunizations.
- **Forecasting:** What shots does a child need next and when?
- **Access to millions of patient records and each patient's immunization history.**
- **Vaccines for Children Program vaccine accountability reports.**
- **Electronically reporting your data to ASIIS:** Reduce your office's paper load and avoid data entry.

For more information or technical assistance regarding ASIIS:
Call **1-877-491-5741**, log onto https://asiis.azdhs.gov, or email **ASIISHelpDesk@azdhs.gov.**

Other Important Immunization Phone Numbers

Arizona Immunization Program office
Office: 602-364-3630
https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#contact-us

CDC National Immunization Program
(CDC): 1-800-232-4636 (1-800-CDC-INFO)
https://www.cdc.gov/vaccines/hcp/index.html

Vaccines for Children Program
(VFC): 602-364-3642
https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-home

Arizona State Immunization Information System
(ASSIIS): 602-364-3889 or 1-877-491-5741
https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php#contact

The Arizona Partnership for Immunization
(TAPI): 602-288-7568
www.whyimmunize.org

Arizona Immunization Program Vaccines for Children (VFC) & ASIIS

Background
The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The program was officially implemented in October 1994 as part of the President's Childhood Immunization Initiative. Funding for the VFC Program allows the Centers for Disease Control and Prevention (CDC) to buy vaccines at a discount from the manufacturers and distribute them to state health departments and certain local and territorial public health agencies, which in turn distribute them at no charge to private physician offices and public health clinics registered as VFC providers.

Eligibility criteria
Children birth through 19 years of age who meet at least one of the following criteria on the day the vaccine is

administered are eligible to receive VFC vaccine:

- Medicaid eligible: In Arizona, children whose health insurance is covered by the Arizona Health Care Cost Containment System (AHCCCS)
- Un-insured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Services Act
- Under-insured*:

- A child who has commercial (private) health insurance but the coverage does not include vaccines,
- A child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only),
- A child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured and is eligible to receive VFC vaccines.

Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), County Health Departments and approved deputized providers are allowed to serve the VFC eligibility category of Underinsured. All other providers will only be allowed to serve the VFC eligibility categories of Medicaid, Un-insured, and American Indian/Alaskan Native.

Provider VFC enrollment

Please type information into the enrollment documents and print to sign. VFC enrollment documents that are missing information will be returned for completion. If you are a first time VFC applicant please call the VFC office at **602-364-3642** before completing the enrollment packet.

Providers can find the VFC enrollment application on the ADHS Arizona Immunization Program website. The application and training certificates can be emailed to arizonavfc@azdhs.gov for processing.

VFC enrollment application: https://redcapaipo.azdhs.gov/surveys/?s=KJ38PFT994EMT7EE

Vaccine storage & handling

Appropriate management of the program and components (i.e. vaccine storage and handling, eligibility screening, etc.) are critical to ensure good stewardship of the program and to ensure our children are being vaccinated effectively. Be sure to monitor the ADHS VFC Program website for any updates.

VFC & ASIIS Provider Responsibilities

Providers must coordinate with the Arizona Department of Health Services (ADHS) Arizona Immunization Program Vaccines for Children (VFC) Program in the delivery of immunization services for Mercy Care members who are 19 years of age and under. Immunizations must be up to date and provided according to the Advisory Committee on Immunization Practices (ACIP) Recommended Schedule.

- AHCCCS Providers must enroll and re-enroll ANNUALLY with the VFC program in order to see Medicaid EPSDT aged members, in accordance with AHCCCS Contract requirements.
- AHCCCS EPSDT Providers that do not participate in the VFC program will have all of their EPSDT members reassigned to another provider that does participate in the program.
- AHCCCS Providers shall not utilize AHCCCS funding to purchase vaccines covered through the VFC program for members younger than 19 years of age.
- AHCCCS Providers must document each EPSDT age member's immunizations in the Arizona State Immunization Information System (ASIIS) registry within 30 days of administration.
- AHCCCS Providers must maintain the ASIIS immunization records of each EPSDT member up through age 18 years old in ASIIS, in accordance with A.R.S. Title 36, Section 135.

- Providers must also document immunizations in ASIIS for members who are 19 and 20 years of age.
- As of October 1, 2012, federal vaccines can no longer be used to immunize privately insured children. Although a newborn may be eligible for Medicaid, hospitals cannot make an absolute determination that a newborn is not also eligible for private insurance at the time that this immunization would be administered. Because of this, the hospitals face the potential of administering VFC vaccines to newborns against the federal requirements. Since many hospitals have dis-enrolled from the VFC program due to this new policy, newborns who are delivered at the facilities may not receive the birth dose of the Hepatitis B vaccine.
- Mercy Care requests that all primary care providers and pediatricians caring for newborns, review each member's immunization records fully upon the initial visit, and subsequent follow-up visits, regardless of where the child was delivered. It is our intention to ensure that the newborns receive all required vaccines, and that those who have not received the birth dose of the Hepatitis B vaccine in the hospital be "caught up" by their primary care provider.

VFC and ASIIS Resources

The ADHS has provided some useful resources and job aides to ensure the providers are using the VFC and ASIIS systems correctly. Below is just a sample of the links providers can find on the ADHS website. For additional links on ASIIS and the VFC program, please see the ADHS VFC website.

VFC *2024 Update*

- VFC Program Summary of Policy Changes June 2024
- Arizona VFC Program Operations Guide June 2024

Incident Report *2024 Update*

- Provider Contacts the Manufacturer(s)
  - Temperature Incident Instructions & Checklist
  - Vaccine Incident - Provider Process

Required Forms *2024 Update*

- Borrowing Report and Instructions
- Temperature Logs
- Vaccine Accountability and Management Plan
- ASIIS Provider Profile Change Form
- Parent Vaccine Refusal Form (AAP)
- Immunization Form Order Request

Eligibility

- Patient Eligibility Screening Record - VFC English
- Patient Eligibility Screening Record - VFC Spanish
- VFC and Insurance Billing Guidance

Resources

- Temporary, Mobile, Off-Site, or Satellite Clinics for VFC Providers
- Hourly Vaccine Temperature Log for Outbreak Response
- Defrosting Your Manual VFC Freezer

- Emergency Transport of Refrigerated Vaccines
- Frozen Vaccine Storage Requirements
- Required Specifications for Refrigerator and Freezer
- Vaccine Storage Temperatures
- Vaccines with Diluents - How to Use Them
- Unvaccinated Patient Guide
- CDC 2024 Vaccine Storage and Handling Toolkit
- Eligible Vaccinators in Arizona

Job Aids

- 2024-2025 Pediatric Influenza Vaccines
- Deputized Provider List (Rural and County Health Dept Locations) for Underinsured Referrals
- Are You a New Primary/Backup VFC Vaccine Coordinator?
- CDC's You Call the Shots Webinar and Certificate Instructions
- Inactivation Form
- Inactivation Checklist - VFC
- Vaccine Adverse Event System (VAERS) Reporting System
- Adolescent Meningococcal Presentations
- VFC New Facility/Change in Ownership or New Electronic Medical Records Checklist

ASIIS

- How to Add-Edit Physicians and Vaccinators in ASIIS
- Ensure Your Office Submits Quality Data to ASIIS
- How to Log into ASIIS
- How to Search-Add-Edit a Patient Record in ASIIS
- How to Inactivate Patients in ASIIS
- Vaccine Returns for Wasted and Expired Doses (VOMS 2.0)

Division of Developmental Disabilities (DDD) and Children's Rehabilitative Services (CRS)

Division of Developmental Disabilities (DDD)

DDD is a part of the Arizona Department of Economic Security (DES). It helps people with developmental disabilities achieve independence. It also provides support to family members and other caregivers.

What is DDD?

DDD supports people who develop severe and/or chronic disabilities before their 18th birthday. These disabilities limit a person's ability to do the tasks related to daily living. A person may be eligible to receive developmental disability services if they have a diagnosis of:

- Cognitive/Intellectual disability
- Epilepsy
- Cerebral palsy
- Autism
- Developmental delays
- Down syndrome

Mercy Care Developmental Disabilities (DD) provides physical and behavioral health care coverage with limited long-term services and supports. We serve members of the Division of Developmental Disabilities (DDD) and Arizona Long Term Care System (ALTCS). People get long-term care and services for developmental or cognitive disabilities. Mercy Care DD provides services to DDD members statewide. In addition, children under age 3, who are suspected of having developmental delays, are also eligible for the Arizona Early Intervention Program (AzEIP). Early intervention is a process in which a group of therapists and educators works with parents and families of children with special needs to support a child's growth, development and learning.

DDD Requirements

The state's Division of Developmental Disabilities offers services to people who meet certain requirements.

To qualify for DDD, a member must:

- Be a resident of the state of Arizona
- Voluntarily apply
- Be at risk of having a developmental disability (up to age 6) OR a person aged 6 years to adulthood, have one of the following diagnoses:
    - Epilepsy
    - Cerebral palsy
    - Cognitive/intellectual
    - Autism
    - Down syndrome
- Have a disability that occurred prior to age 18
- Have substantial functional limitations in three of the seven major life areas, which include:
    - Self-care (eating, hygiene, etc.)
    - Receptive and expressive language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for independent living
    - Economy self-sufficiency

Division of Developmental Disabilities (DDD) Provider Information

Mercy Care understands that taking children to the doctor can be challenging. These challenges are greater when a child has special needs. Parents of DDD members may need to schedule and attend extra appointments with specialists as well as coordinate care. As a result, well visits and immunizations are often missed or late.

Mercy Care has implemented outreach that focuses on reminding parents, guardians, and/or caregivers of DDD members how important preventative services are. For example:

- Mercy Care is collaborating with DDD Support Coordinators when it will increase the quality of care that the member is receiving. For example, if a parent refuses to take their child in for a well visit, we will contact the DDD Support Coordinator to let them know. Discussing the issue with someone who is directly involved in their child's care may make a difference.
- Mercy Care provides specific outreach to providers that have a high number of members that are not up to date on immunization or well visits.
- The Prevention and Wellness Outreach Call Staff provides outreach calls to parents, guardians, and/or caregivers of DDD members to help them schedule their well visit and during that call they discuss the importance of good oral health and seeing a dentist twice a year for their routine preventative visits.
- The Prevention and Wellness Outreach Call Staff provides outreach calls to parents, guardians, and/or caregivers of DDD members to assist them with rescheduling any missed dental visits.

Process steps that can be helpful

- Complete a well exam and submit a completed EPSDT Form, even if the patient schedules an appointment for something else.
- Complete a Provider **Missed Appointment Log** or an **EPSDT Clinical Sample Template Form** for members that are a no show. These documents can be found on the MC Provider website – Under Provider Forms. This activates the Mercy Care EPSDT member outreach process.
- Make sure that the patient has been in recently before approving requests for DME or nutritional supplements.
- Set up an automatic reminder/recall system within your office so parents are notified by phone or mail when it's time for a well visit.

Mercy Care website: mercycareaz.org
Department of Economic Security - DDD: https://des.az.gov/services/disabilities/developmental-disabilities
Email: **DDDCustomerServiceCenter@azdes.gov**
Phone: **1-844-770-9500 (TTY 711)**
Fax: **602-542-6870**

DDD Medical Benefits

If a member is enrolled in Mercy Care's DDD Program, in addition to all of Mercy Care's regular benefits, members enrolled with DDD/ALTCS have the following additional benefits:

Augmentative and alternative communication (AAC), an AAC device gives a member added ways to tell their wants, needs and thoughts. These devices are computer tablets that assist a person with a speech or language impairment. They can communicate using images from the tablet screen.

Adaptive aids, which may include traction equipment, feeding aids (such as trays for wheelchairs), helmets, toileting aids, transfer aids and more. Once the primary care physician has determined that an adaptive aid is needed, the aids may be provided by Mercy Care. If Mercy Care denies the adaptive aid, but you still want it, you may purchase it on your own.

Incontinence briefs, including pull ups, are covered for members who are over 3 years of age to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities, when the following are met:

- The member has a disability that causes incontinence of the bowel and/or bladder.
- A prescription has been ordering the incontinence briefs.
- The request does not exceed 240 briefs per month, unless the member has chronic diarrhea or spastic bladder, and the submits evidence of medical necessity.
- The briefs are supplied by an "in-network" vendor.

The following are also covered for DD members:

- Custodial Nursing Facilities (SNFs)
- Emergency Alert Services
- Medically necessary practitioner visits to member's home
- Outpatient Speech therapy for members 21 years of age or older

Once a member has been accepted into the DDD Program, the member can learn more about these services by contacting the DDD Liaison. Members can reach the liaison by calling Mercy Care Member Services at 602-263-3000 or toll free 1-800-624-3879 (TTY 711). Mercy Care Member Services is available Monday through Friday, 7 a.m. to 6 p.m.

DDD Dental Benefits

Dental services for DD members 21 years of age or older:

- Medically necessary comprehensive and preventive dental services, including dentures, up to $1,000 per plan year (plan year is October 1-September 31).
- Emergency dental services up to $1,000 per plan year (plan year is October 1-September 31).

Dental services for DD members under the age of 21:

- Comprehensive and preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, x-rays, fillings, extractions, and other therapeutic and medically necessary procedures.
- Emergency dental services up to $1,000 per plan year.
- Members under 21 years of age do not need a referral for dental care.

These dental limits do not apply to American Indian/Alaska Native (AI/AN) members when getting dental services at an Indian Health Services (IHS/638) facility.

Reduced Fee and Community Dental Clinics in Arizona

If a member loses AHCCCS eligibility, providers can redirect them to the available reduced fee and community dental clinic list provided by the Arizona Dental Association (AzDA) and Arizona Department of Health Services (ADHS). These dental providers often offer free or reduced dental care.

You can find the most up-to-date list on the ADHS website and here: https://www.azdhs.gov/documents/prevention/womens-childrens-health/oral-health/reduced-fee-dental-clinics.pdf

Dental Directory

Providers can find the dental provider search tool on the Mercy Care Website and the DentaQuest website. The Mercy Care Website will redirect to the DentaQuest website.

Mercy Care Website: https://www.mercycareaz.org/find-a-provider

- Scroll Down to the section, Dental Care
- Select "Find a Dentist" and this will take you to the DentaQuest website
- Type in the members Location (City, State, Zip, and/or County)
- Select the members Line of Business
- Select Advanced Search
- Choose the option that best fits the member, for example:
    - Languages Spoken by Provider
    - Special Needs Experience in:
        - Children with disabilities
        - Persons with autism spectrum disorder
    - Location Americans with Disabilities Act Capabilities
    - Provider has experience and training:
        - Sedation Services for members with complex medical and behavioral conditions

Children's Rehabilitative Services (CRS)

Information for our Children's Rehabilitative Services (CRS) members

Children's Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members. They are able to get care in the community, or in clinics called Multispecialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one place. AHCCCS Division of Member Services (DMS) determines eligibility for a CRS designation.

Who Is Eligible for CRS Designation?

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

- Under age 21; and
    - Have a qualifying CRS medical condition
    - A U.S. citizen or qualified resident

The medical condition must:

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

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

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

active treatment.

Mail the documentation to:

Mercy Care
Attn: CRS Department
4750 S. 44th Place, Suite 150
Phoenix, AZ 85040

You can fax documentation to:

Mercy Care Member Services: 1-855-211-0798

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

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

Can members stay in CRS after age 21?

Enrolled CRS members will lose their CRS designation the month of their 21st birthday. However, their providers and care will not change. Mercy Care will continue to be their AHCCCS Plan for all of their healthcare needs.

CRS Multi-Specialty Interdisciplinary Clinics (MSICs)

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

CRS MSICs are at the following locations:

Central Region

DMG Children's Rehabilitative Services
3141 North 3rd Ave.
Phoenix, AZ 85013
602-914-1520 or 1-855-598-1871
https://www.dmgcrs.org/

South Region

Children's Clinics
Square & Compass Building 2600 North Wyatt Dr.
Tucson, AZ 85712
520-324-5437
1-800-231-8261
https://www.childrensclinics.org

North Region

Children's Rehabilitative Services 1200 North Beaver St.
Flagstaff, AZ 86001
928-773-2054
1-800-232-1018
https://nahealth.com/childrens-health-center/kids-special-healthcare-needs

Southwest Region
Children's Rehabilitative Services Tuscany Medical Plaza
2851 South Ave. B Building 25 #2504
Yuma, AZ 85364
928-336-7095 or 1-800-837-7309
https://www.yumaregional.org/Medical-Services/Pediatric-Care/Pediatric-Sub-Speciality-Clinic/Childrens-Rehabilitation-Services

CRS Care Team

The CRS Program uses a team approach to provide care for our members. Exactly who will be on their team depends on their special health care needs. They can get to know who is on their team by talking to their providers about their care and services. They can also add providers to their team. They would talk to their specialty clinic nurse to see how to do that. Providers can help with this by openly discussing the care that is being provided to the member. They can also encourage them to talk with each of their providers. This is a list of health providers that may be on their team:

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, Family, Group)
- Child and Family Team
- Behavioral Health Day Program
- Community Mental Health Centers
- Substance Abuse (Assessment, Counseling, Medication Therapy)

Dental providers:

- Dentists
- Orthodontists
- Dental Hygienists

AHCCCS DMS may end a member's CRS designation for one of the following reasons:

1. The member loses Title XIX/XXI enrollment,
2. The member no longer meets the medical eligibility criteria for CRS,
3. The member has completed treatment for the CRS condition(s), or
4. The Member turns 21 years of age.

If there are questions about CRS benefits or services, you can call Member Services Monday through Friday from 8 a.m. to 5 p.m. at 602-262-3000 or toll-free 1-800-624-3879 (TTY 711).

Department of Child Safety Comprehensive Health Plan (DCS-CHP)

Department of Child Safety Comprehensive Health Plan (DCS-CHP)

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

Children and youth become members of Mercy Care DCS CHP when they enter DCS care. Children and youth stop receiving Mercy Care DCS CHP benefits when: They exit care through reunification, guardianship/adoption, when they turn 18 years old, or if they enter the juvenile detention system.

DCS CHP – Providing Care

Being removed from their home and placed in foster care is a difficult and traumatic experience for a child and their family. Many children are in foster care because they've experienced some form of serious abuse or neglect. When providing care for these members please have patience and understanding for their situation and treat their situation with care. Some common issues include poor verbal skills, poor sleep habits, poor appetite, anxiety, avoidance, or being fearful or angry.

Mercy Care DCS CHP members may also be enrolled in our specialty programs such as AzEIP, DDD, ALTCS, or CRS, depending on their individual needs and eligibility. If a provider believes that a member should be enrolled in one of these programs, be sure to notate the referral and/or coordination of care needs on the submitted EPSDT Form for that well visit, as well as notating it in the member's medical record.

DCS CHP – Appointment Timeframes

DCS CHP is a sensitive population which requires confidentiality and requires timely care. Timely care and submission of documentation for our DCS CHP members is essential to their treatment plan.

DCS CHP members in process of being removed from their home must:

- Be seen by an EPSDT provider for a medical exam within 30 days of placement in out-of-home care and annually thereafter.
- Receive a dental assessment within 30 days of placement for children ages one year and older, and semi-annually thereafter.
- Receive a rapid response appointment, meaning they must be seen by a behavioral health specialist once they enter their out-of-home placement or no later than 72 hours after notification from DCS that the child has been or will be removed from the home.

Behavioral health appointments standards for DCS CHP members and adopted children:

- Rapid Response - When a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home,
- Screening and Evaluation - Within seven calendar days after the initial referral or any subsequent initial request for behavioral health services,
- Initial appointment - Within timeframes indicated by clinical need, but no later than 21 calendar days after any screening and evaluation,
- Subsequent Behavioral Health Services - Within the timeframes according to the needs of the person, but no later than 21 calendar days from any screening and assessment.

If the member has not been seen within these timeframes or they do not show up for their appointments, please be sure to inform us at Mercy Care so we can help to coordinate care.

Additional timeframe requirements can be found in the Appointment Timeframes section in this manual.

DCS CHP – Mercy Care Outreach and Coordination of Care

Mercy Care EPSDT/MCH Prevention and Wellness Outreach Coordinators or Call Staff as well as our DCS CHP Care Management Staff are here to help, and we may reach out to the providers office for assistance. Providing this outreach is a requirement for Mercy Care as it is part of our contract with DCS CHP, and providers do not need consent to share DCS CHP member information with our Mercy Care DCS CHP staff. We appreciate your assistance in helping us to coordinate care.

Mercy Care helps by contacting the providers office and/or the members caregivers to:

- Assist in setting up appointments.
- Help caregivers with transportation to their appointments.
- Confirm with providers that referral appointments are being made and the member has attended their appointments in a timely manner.
- Assist providers in contacting the caregivers when a member does not show up for their well visit.
- Assist providers in contacting the caregivers when a member does not show up for their dental visit.

DCS CHP – Claims Modifier TJ

As of 03/01/2023, Mercy Care has created a claims modifier to assist in billing for DCS CHP members. The modifier TJ is to be added when tracking our DCP CHP EPSDT members in Foster Care who require a specific visit within a specific time to meet policy requirements. This is not to be used for any other well visit. Please visit the Mercy Care Provider webpage for more information on the use of this modifier. If you have any questions, contact Mercy Care DCS CHP Member Services: Monday through Friday, 8 a.m. to 5 p.m. at 602-212-4983 or 1-833-711-0776 (TTY: 711).

DCS CHP – Resources

Below are some resources that can be utilized by providers and members/caregivers.

- AHCCCS Resources: **AHCCCS Foster and Kinship Caregivers Resources Packet**
- AHCCCS Resources: Foster/Kinship/Adoptive Families
- DCS Program Policies: **Arizona DCS Program Policy**
- DCS CHP Services: **https://dcs.az.gov/services/chp**
- DCS Office of Prevention: **https://dcs.az.gov/services/prevention**
  This site includes links, phone numbers, and documents to help coordinate member safety. It also includes programs such as:
  - **Healthy Families**
  - **Regional Child Abuse Prevention Councils**
  - **Safe Sleep**

Women's Health Reminders

Well-Woman Preventative Care Visit

An annual well-woman preventative care visit is intended for the identification of risk factors for disease, identification of existing medical/mental health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes.

As noted in the AHCCCS AMPM 411 – Women's Preventative Care Services Policy, the well-woman preventative care visit is inclusive of a minimum of the following:

1. A physical exam (well exam) that assesses overall health.
2. Clinical breast exam.
3. Pelvic exam (as necessary, according to current recommendations and best standards of practice).
4. Review and administration of immunizations, screenings and testing as appropriate for age and risk factors, as specified in AMPM Chapters 300 and 400
5. Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks, that addresses at a minimum the following:
    a. Proper nutrition
    b. Physical activity
    c. Elevated BMI indicative of obesity
    d. Tobacco/substance use, abuse, and/or dependency
    e. Depression and anxiety screening
    f. Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems
    g. Sexually transmitted infections (STI) screening, counseling, and treatment
        i. Annual syphilis testing begins at age 15 years old
    h. Human Immunodeficiency Virus (HIV) screening, counseling, and treatment
    i. Family planning services and supplies, as specified in AMPM Chapter 420
    j. Preconception counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
        i. Reproductive history and sexual practices
        ii. Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
        iii. Physical activity or exercise
        iv. Oral health care
        v. Chronic disease management
        vi. Emotional wellness
        vii. Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use
        viii. Recommended intervals between pregnancies
6. Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

*Preconception counseling does not include genetic testing.

Immunizations Provided During Well Woman Preventative Visits

- AHCCCS covers the HPV vaccine for members, as specified in AMPM Policy 310-M.
- Providers shall coordinate with the ADHS Vaccines for Children (VFC) Program if they are to deliver immunization services to EPSDT aged members less than 19 years of age. Providers shall enroll and re-enroll annually with the VFC program and immunizations shall be provided according to the Advisory Committee on Immunization Practices (ACIP) recommended schedule as specified on the CDC website https://www.cdc.gov/vaccines/schedules/index.html.
- AHCCCS funding shall not be used to purchase vaccines covered through the VFC Program for members younger than 19 years of age.

Note: If a member is not able to make it to their appointments, be sure to address any barriers to care the member may be experiencing. Providers can also share this information with Mercy Care so we can provide additional outreach.

When submitting claims for Well Woman Visits, Mercy Care is asking that providers submit all applicable CPT Category I codes (with the appropriate modifiers) as well as CPT Category II codes. CPT Category II codes are not billable codes, but rather they are supplemental tracking codes that are used for performance measurement and quality reporting. These codes may also be used to facilitate provider documentation audits. Below are a few examples of Category II CPT Codes that should be used:

Measures	CPT II Codes
Diastolic Blood Pressure	3078F, 3079F, 3080F
Systolic Blood Pressure	3074F, 3075F, 3077F
Medication Review	1160F
Medication Reconciliation Intervention	1111F
BMI recorded	3008F
Functional Status Assessment	1170F
Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
HbA1c Test Result or Finding	3044F, 3046F, 3051F, 3052F
HbA1c level less than 7.0	3044F
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1C level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level greater than 9.0 CPT	3046F

Mercy Care Can Help Reschedule Missed Women's Wellness Visits

To help address missed appointments, Mercy Care has implemented several ongoing interventions:

- For every member who schedules an appointment through our outreach staff, an appointment reminder flyer is mailed to them listing the date and time of the appointment.
- If the patient misses an appointment, notify the EPSDT/MCH Department and our outreach staff will contact the member by letter and/or phone to assist them in rescheduling their appointment. During the phone call, the member will also receive education on the importance of showing up for scheduled appointments.
    - Providers can notify the EPSDT/MCH Department by completing the **EPSDT/MCH Missed Appointment Log** and faxing it to the MCH Department at **(959) 282-1338.** The log can be found here: Mercy Care Provider Website - Under Provider Forms.

HPV Vaccine

According to the Centers for Disease Control and Prevention (CDC), HPV causes about 36,000 cases of cancer in both men and women every year and about 85% of people will be infected with HPV at some point during their lifetime. It's important that we work together to improve these numbers and decrease the spread of HPV in Arizona. The best way to do that is to provide education on HPV prevention and by offering the HPV vaccine at the appropriate ages. The HPV vaccine offers protection against multiple types of HPV and helps prevent 90% of the cancers caused by HPV. It's important to know that the vaccine does not provide complete protection against *all* cancer-causing types of HPV, so routine cervical cancer screening is still needed.

The HPV vaccine is recommended at the **age of 11-12 years old**. This is because the vaccine is most effective if given *before* a person becomes exposed to HPV, such as through sexual activity. The HPV vaccine can be given **as early as 9 years old**, depending on the person's health risk and/or sexual activity. It is also recommended that young adults **aged 13 through 26** who have not been vaccinated, or who haven't gotten all their doses, should also get the vaccine. Receiving the HPV vaccine at this age is beneficial, but it may provide less benefit than those that receive it at a younger age because most people in this age range are already sexually active and have most likely already been exposed to at least one type of HPV infection. Adults **aged 27 through 45 years old** who are at risk for getting a new HPV infection and they were not already vaccinated can speak with their doctor about the possible benefits of receiving the HPV vaccine. **At any age**, having a new sex partner puts someone at risk factor for getting a new HPV infection.

HPV Vaccine Recommendations/Requirements

- High-risk only: 9-10 years old
- Routine vaccination: 11-12 years old
- Catch-up vaccination: 13-26 years old
- Shared-clinical decision making: 27-45 years old
- If the vaccine is given prior to their 15th birthday, then they will only need 2 doses
- If the vaccine is given to anyone between 15-26 years old, then they will need 3 doses
- If the vaccine is given to anyone that is immunocompromised, then they will need 3 doses
- The vaccine should be given 6-12 months apart
- Providers that administer the HPV vaccine to anyone under 19 years old must be registered with the Vaccines for Children (VFC) program (For more information refer to the VFC & ASIIS section in this manual.)

Possible Adverse Reaction

- Fainting may occur after receiving the vaccination, therefore be sure to have the patient be seated or lying down during vaccination and remain in that position for 15 minutes after vaccination. This is to prevent any injuries that could occur from a fall during a syncopal event.
- Most common reaction noted is a local reaction at the injection site.
- Other reactions may be nausea, dizziness, myalgia, malaise, and a low-grade fever.
- No serious adverse events have been recorded.

HPV Vaccine Resources:
TAPI - HPV Vaccine Resources: https://whyimmunize.org/for-providers/hpv-vaccine-resources/
CDC - Clinical Overview of HPV: https://www.cdc.gov/hpv/hcp/clinical-overview/index.html
CDC - HPV Vaccine Recommendations: https://www.cdc.gov/hpv/hcp/vaccination-considerations/index.html
ACIP Recommendations - HPV Vaccine: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/hpv.html

Cervical Cancer Screening (CCS)

American Cancer Society Key Statistics:
The American Cancer Society estimates that in the United States in 2025:

- About 13,360 new cases of cervical cancer will be diagnosed.
- About 4,320 deaths will be due to cervical cancer.
- There's a higher incidence and mortality rate for cervical cancer for people that are Black, Hispanic, and Native American.

The American Cancer Society estimates that in Arizona in 2025:

- About 270 new cases of cervical cancer will be diagnosed.
- About 100 deaths will be due to cervical cancer.
- There's a higher incidence and mortality rate for cervical cancer for people that are Hispanic and White.

According to the American Cancer Society:

- Cervical pre-cancers are diagnosed far more often than invasive cervical cancer.
- Cervical cancer can often be found early and sometimes even prevented entirely, by having regular Pap tests. If detected early, cervical cancer is one of the most successfully treatable cancers.
- Cervical cancer tends to occur in midlife, with the average age at diagnosis being 50. It rarely develops in women younger than 20. Many older women do not realize that the risk of developing cervical cancer is still present as they age. More than 20% of cases of cervical cancer are found in women over 65.
- These cancers rarely occur in women who have been getting regular tests to screen for cervical cancer before they were 65.
- Start screening every woman at the age of 21 and continue with pap screening every 3 years until the age of 29.
- At 30 years of age, women should have a Pap test and a human papillomavirus (HPV) co-test every 5 years until the age of 65. It is also acceptable to screen every 3 years with a Pap test alone.
- Women should be reminded to continue with yearly provider visits for well woman care and reproductive health care.

American Cancer Society Report: https://www.cancer.org/content/dam/CRC/PDF/Public/8599.00.pdf

ACOG/USPSTF Cervical Cancer Screening Guidelines

Per the American College of Obstetricians and Gynecologists (ACOG), cervical cancer prevention, screening, and treatment are an important part of a women's wellness visit and should be a part of their comprehensive reproductive health care. The ACOG cervical cancer screening guidelines were updated in 2021, and they follow the recommendations from the U.S. Preventive Services Task Force (USPSTF). As of December 2024, the USPSTF is working on updating this topic.

AGOC Cervical Cancer Screening Guidelines (as of 2024):

- Younger than 21 years old — No screening.
- 21 to 29 years old— Have a Pap test alone every 3 years. If the individual is an average-risk, then hrHPV testing has been approved to start using at age 25 years old.
- 30 to 65 years old —There are three options:
  - Have a Pap test and an HPV test (co-testing) every 5 years
  - Have a Pap test alone every 3 years
  - Have an HPV test alone every 5 years
- 65 years old or older— No screening after adequate negative prior screening results
- Hysterectomy with the removal of the cervix - No screening.

Breast Cancer Screening (BCS)

Key Statistics:

According to The American Cancer Society, between 2017-2021, breast cancer in women had the highest incidence rate of cancer in the state of Arizona. It was also the second-leading cause of cancer death in Arizona. The American Cancer Society estimates that in 2025, Arizona will have 6,950 new cases of breast cancer and 990 deaths due to breast cancer in women.

The American Cancer Society estimates that in the United States for 2025:

- About 319,750 new cases of breast cancer will be diagnosed.
- About 42,680 deaths will be due to breast cancer.
- There's a higher incidence rate for breast cancer in people that are White.
- There's a higher mortality rate for breast cancer in people that are Black.

Who should be screened?

Breast cancer mainly occurs in middle-aged and older women. In April 2024, the US Prevention Services Task Force (USPSTF) and the CDC updated their recommendations to state that women who are **40-74 years old** get a mammogram every two years. Mercy Care recommends mammograms occur annually. **Mercy Care pays for annual mammograms for women aged 40 years old and older. These annual mammograms are covered at no cost to the member.**

Women who are 40 years old and older should talk to their provider about getting a mammogram. Providers should also be talking with them about the benefits and risks of these screening tests. Providers may also recommendation different screening tests for women at a higher risk.

American Cancer Society BCS Report: https://www.cancer.org/content/dam/CRC/PDF/Public/8577.00.pdf
CDC BCS Data: https://www.cdc.gov/breast-cancer/screening/
US Prevention Services Task Force (USPSTF) (2024 BCS Statement):
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening

Testing for Sexually Transmitted Infections (STIs)

Arizona has seen a rise in sexually transmitted infections (STIs) in recent years, especially with syphilis and congenital syphilis. Some groups are more susceptible to health consequences of STIs. Any sexually active person can be infected with an STI. You can help keep members healthy by providing prevention education, vaccines, and testing. To help partners get treated quickly, healthcare providers in Arizona may give infected individuals extra medicine or prescriptions to give to their sex partners. This is called expedited partner therapy or EPT. This is associated with fewer persistent or recurrent chlamydial infections and a larger number of partners getting treated. Partners should still be encouraged to seek medical evaluation.

ADHS STI testing recommendations:

- Screen all sexually active people aged 15 to 44 for syphilis annually.
- Implement opt-out screening for syphilis people of childbearing capacity/pregnant people treated in the ED, Urgent Care, and other health care and/or outreach settings. In settings where follow-up is uncertain - use a rapid/point of care test and offer same-day treatment following a positive result prior to discharge. This includes settings that help people with addiction and/or substance use disorder.
- In a correctional setting - Implement opt-out screening for people of childbearing capacity/pregnant people, and people with substance use disorder prior to discharge. Use rapid tests and treat if inmates are released prior to receiving test results and treatment. This includes settings for people with addiction and/or substance use disorder.
- Screen all pregnant women at first prenatal visit, third trimester, and delivery for STIs regardless of risk. (Per the ACOG and AMPM 410: This includes syphilis, HIV, and Hepatitis C.)
- Anyone with positive screening results must receive follow up visits and appropriate treatment. Providers unable to provide follow-ups shall refer the person to their PCP.
- Report new diagnoses of syphilis, chlamydia, HIV, and/or gonorrhea within five business days.
- Report suspected cases of syphilis for a pregnant woman within one business day.
- Encourage patients with primary, secondary, or early syphilis to notify their sex partners, and encourage those partners to seek testing and treatment.
- Follow the 2021 CDC treatment guidelines.

As of 2024, Per AMPM 411, 420, and 430 - members aged 15 and over shall receive annual syphilis testing. Testing can be done more often than annually and also at a younger age based on risk and provider discretion.

Mercy Care covers these at no cost to the member:

- Screening for chlamydia, Syphilis, Gonorrhea, HIV and other STIs (males & females).
- Cervical cytology for women aged 21-29 every 3 years.
- Cervical cytology with HPV co-testing for women aged 30-64 every 5 years.
- HPV (Human Papillomavirus) immunizations (ages 9-45 for males & females)
- Annual syphilis testing for members beginning at 15 years old. Testing can be done more often than annually and also at a younger age based on risk and provider discretion.
- Syphilis testing for pregnant women at their first prenatal visit, during the third trimester of pregnancy, and at the delivery of the baby (Per AMPM 410: Refer to A.R.S. §36-693 and A.A.C. R9-6-381 for Arizona state law regarding serologic testing for syphilis).

CDC STI screening recommendations (updated March 22, 2024):

Providers should test women over 25 years of age if they have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI. For routine office visits, providers should test anyone with signs and symptoms of infection and anyone with a partner that has recently been diagnosed.

Who should be tested for Syphilis?

Women	• Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) including sexually active women beginning at age 15. • Identifying syphilis before pregnancy can help prevent congenital syphilis. • *Note: Arizona requires providers to begin testing for syphilis at age 15.*
Pregnant Women	• All pregnant women at the first prenatal visit. Retest at 28 weeks gestation and at delivery if at increased risk due to geography or personal risk. (Arizona is listed as an at-risk state.) • *Note: Arizona requires providers to screen all pregnant women at first prenatal visit, third trimester, and delivery regardless of risk.*
Men Who Have Sex with Women	• Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, or younger than 29)
Men Who Have Sex with Men	• At least annually for sexually active MSM • Every 3 to 6 months if at increased risk • Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, or being younger than 29)
Transgender and Gender Diverse Persons	• Consider screening at least annually based on reported sexual behaviors and exposure
Person With HIV	• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology • *Arizona requires providers to screen HIV positive persons at least annually and every 3-6 months if at increased risk.*

Who should be tested for chlamydia and/or gonorrhea?

Women	• Women that are sexually active and are under 25 years of age • Women that are sexually active and are over 25 years of age if high-risk • Retest approximately 3 months after treatment • Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure (use shared clinical decision making) • Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure (use shared clinical decision making)
Pregnant Women	• All pregnant women that are under 25 years of age • All pregnant women over 25 years of age and high-risk • Retest during the 3rd trimester for women under 25 years of age or at risk • Pregnant women with a chlamydial infection should have a test of cure 4 weeks after treatment and be retested within 3 months

	• Pregnant women with gonorrhea should be retested within 3 months.
Men Who Have Sex with Women	• There is insufficient evidence for screening among heterosexual men who are at low risk for infection, however, screening young men can be considered in high prevalence clinical settings such as adolescent clinics, correctional facilities, and STI/sexual health clinics
Men Who Have Sex with Men	• At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use • Every 3 to 6 months if at increased risk (i.e., MSM on PrEP, with HIV infection, or if they or their sex partners have multiple partners)
Transgender and Gender Diverse Persons	• Screening recommendations should be adapted based on anatomy, (i.e., annual, routine screening for chlamydia in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk.) • Consider screening at the rectal site based on reported sexual behaviors and exposure (use shared clinical decision making)
Person With HIV	• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology

Who should be tested for HIV?

Women	• All women aged 13-64 years (opt-out) • All women who seek evaluation and treatment for STIs
Pregnant Women	• All pregnant women should be screened at first prenatal visit (opt out) • Retest in the 3rd trimester if at high risk (people who use drugs, have STIs during pregnancy, have multiple sex partners during pregnancy, have a new sex partner during pregnancy, live in areas with high HIV prevalence, or have partners with HIV) • Rapid testing should be performed at delivery if not previous screened during pregnancy
Men Who Have Sex with Women	• All men aged 13-64 years (opt-out) • All men who seek evaluation and treatment for STIs
Men Who Have Sex with Men	• At least annually for sexually active MSM if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since most recent HIV test • Consider the benefits of offering more frequent HIV screening (e.g., every 3–6 months) to MSM at increased risk for acquiring HIV infection.
Transgender and Gender Diverse Persons	• HIV screening should be discussed and offered to all transgender persons. Frequency of repeat screenings should be based on level of risk

STI Screening/Testing Resources

CDC Provider Resources: https://www.cdc.gov/std/treatment-guidelines/provider-resources.htm
CDC Screening Recommendations and Treatment Guidelines (Updated March 2024):
https://www.cdc.gov/std/treatment- guidelines/screening-recommendations.htm

CDC County-Level Syphilis Rates: https://www.cdc.gov/nchhstp/syphilis-county-level/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/syphilis/index.html
ADHS Resource: https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php#cs-providers

Maternity Services

Maternity Services

Mercy Care assigns newly identified pregnant members to a PCP to manage their routine non-OB care. The OB provider manages the pregnancy care for the member and is reimbursed in accordance with their contract. A referral is not required for a member to see OB/GYN. If a member chooses to have an OB as their PCP during their pregnancy, Mercy Care will assign the member to an OB PCP. If an OB provider has been assigned for OB services for a pregnant member, the member will remain with their OB PCP until after their post-partum visit when they will return to their previously assigned PCP.

Federal and state mandates govern the provision of EPSDT services for members under the age of 21 years. The PCP is responsible for providing these services to pregnant members under the age of 21, unless the member has selected an OB provider to serve as both the OB and PCP. In that instance, the OB provider must provide EPSDT services to the pregnant member.

The OB provider assignments will allow freedom of choice and will not compromise the continuity of care. Members who transition to a new AHCCCS Contractor or enroll with Mercy Care during their third trimester will be given the opportunity to complete their maternity care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care. Prenatal care, labor/delivery, and postpartum care services may be provided by a Licensed Midwife (LM) as long as it is within their scope of practice, and they are following the requirements listed out in AMPM 410.

Per AMPM 410 - Maternity Care Services: Maternity Care Services include, but are not limited to:

1. Medically necessary preconception counseling.
2. Identification of pregnancy.
3. Medically necessary education and prenatal services for the care of pregnancy.
4. The treatment of pregnancy-related conditions.
5. Labor and delivery services.
6. Postpartum Care.
7. Family Planning Services and Supplies (per AMPM 420).
8. Outreach services (per AMPM Exhibit 400-3).

We also offer other types of visits such as group prenatal care visits and visits with a Doula. Group prenatal care visits are usually done with groups of pregnant women who are at similar stages of pregnancy. A Doula is someone that is able to care for someone that is pregnant, in addition to their regular maternity care provider. A Doula is there to offer mental, physical, and emotional support throughout the pregnancy. Talk to your provider about these options to see if you are able to participate in these types of visits.

Maternity Care Provider Requirements

- Follow ACOG standards of care, including use of a standardized medical risk assessment tool and ongoing risk assessment. The comprehensive assessment tool should cover psychosocial, nutritional, medical and educational factors.
- *Member medical records are maintained and document all aspects of maternity care provided.*
- High risk members are referred to a qualified provider and are receiving appropriate care.
- Encourage members to attend all prenatal and postpartum visits according to the timeframes outlined in the AHCCCS ACOM 417 policy and according to ACOG:
    - First Trimester – within 14 calendar days of identification

  - Second Trimester – within 7 calendar days of identification
  - Third Trimester – within 3 business days of identification
  - High-Risk Condition – as expeditiously as the member's health condition requires and no later than 3 business days of identification of high-risk by Mercy Care or the maternity care provider
  - Emergency Condition – immediately upon identification
  - Return Visit Frequency:
    - Through 28 weeks – the return visit should be every 4 weeks
    - Between 29-36 weeks – the return visit should be every 2 weeks
    - After 36 weeks – the return visit should be once a week
    - High-Risk condition – the returns visits should be according to the members needs
- Schedule postpartum visits during 3rd trimester or before discharge from hospital. The members initial postpartum visit shall take place within the first 3 weeks postpartum. Any follow-up postpartum visits shall be done within the first 12 weeks of the delivery. For members that are high-risk or experienced complications, the initial visit should be completed within one week of delivery.
- Educate members on how to navigate the physical and behavioral healthcare system and address any barriers to care the member may be experiencing. Providers can also share this information with Mercy Care so we can provide additional outreach.
- Ensure all members are educated on warning signs for complications during pregnancy and postpartum, and when to call the doctor.
- Discuss the availability of women's preventive care and family planning services and supplies. Providers should deliver these services when appropriate.
- Educate members about healthy behaviors during their perinatal period including the importance of proper nutrition, dangers of lead exposure to the people who are pregnant and their developing babies, tobacco cessation, avoidance of alcohol and other harmful substances, including illegal drugs, screening for sexually transmitted infections, the physiology of pregnancy, the process of labor and delivery, breastfeeding, other infant care information, prescription opioid use, interconception health and birth spacing, family planning options, including Long-Acting Reversible Contraceptive (LARC) and Immediate Postpartum Long-Acting Reversible Contraceptive (IPLARC) options, warning signs of complications of pregnancy and postpartum, including when to contact the provider, and postpartum follow up.
- All pregnant members are required to have certain screenings and these screenings must be notated in the member's medical record. All screenings with positive results shall be referred to the appropriate provider and follow up must occur to ensure services have been rendered. Examples of these screenings are:
  - A brief verbal screening and intervention *for substance use* utilizing an evidence-based screening tool and an appropriate referral shall be made as needed.
  - Screened through the Controlled Substances Prescription Monitoring Program (CSPMP) once per trimester. For those members receiving opioids, appropriate intervention and counseling shall be provided, including referral of members for behavioral health services as indicated for substance use disorder (SUD) assessment and treatment.
  - Screening for all sexually transmitted infections (STIs) at the first prenatal visit. STI testing for syphilis, HIV, and Hepatitis C should happen at the first prenatal visit, third trimester, and at time of delivery. Member with positive results shall receive the appropriate counseling and treatment.
  - Perinatal Mood and Anxiety Disorder (PMAD) screening must be done at least once during

pregnancy and then repeated at the postpartum visit with appropriate counseling and referrals made if a positive screening is obtained.
    - Providers shall use any norm-referenced validated screening tool to assist in assessing the postpartum needs regarding depression, health care decisions and subsequent referrals for behavioral health services.
    - When possible the referral should go to a Perinatal Mental Health Certified (PMH-C) behavioral health provider.
- Screening the member using any norm-referenced validated screening tool for any medical health decisions or services that are needed. If additional care is needed, refer the member to their primary care provider and follow up to ensure the members needs are being met.

- Providers shall utilize evidence-based practices per ACOG and AAP which increase the initiation and duration of breastfeeding, to include but not limited to, provider recommendation for breastfeeding, placement of the infant in skin-to-skin contact, early initiation of breastfeeding, no food or drink other than breastmilk, unless medically necessary, rooming in, as well as information on how to obtain a breast pump.
- Refer members for support services such as WIC, other community-based resources to support healthy pregnancy outcomes, including information on the ADHS Breastfeeding Hotline, and referrals to, home visitation programs for pregnant members and their children.
- In the event where a member loses eligibility, the member shall be notified where they may obtain low-cost or no-cost maternity services. They can go to the ADHS website to search for a provider/clinic: https://www.azdhs.gov/prevention/womens-childrens-health/informed-consent/index.php
- The first and last prenatal care dates of service, as well as the number of obstetrical visits that the member had with the provider, are recorded on all claim forms submitted to Mercy Care regardless of the payment methodology used.
- Postpartum services are provided within the postpartum period and utilize a separate "zero-dollar" claim for the postpartum visit

Prenatal, Pregnancy, and Postpartum Care Improvement Plan

Mercy Care has reviewed data and found a decline in the rates of compliance with timely prenatal and postpartum care visits. Due to this decline, Mercy Care has implemented a plan of action to help improve the maternity care that our pregnant members are receiving.

Provider participation is crucial to the success of this improvement plan. Providers can help Mercy Care to monitor, evaluate, and improve patient/member outcomes by coordinating care and providing the services listed below. The items below must also be notated in the members medical records:

- Notify Mercy Care's Integrated Care Management (ICM) department when a member has tested positive for pregnancy. This will help us support the member by encouraging prenatal visit attendance and to ensure prenatal care is done in a timely manner.
- Provide postpartum care within a timely manner. The members initial postpartum visit shall take place within the first 3 weeks postpartum. Any follow-up postpartum visits shall be done within the first 12 weeks of the delivery. For members that are high-risk or experienced complications, the initial visit should be completed within one week of delivery.
- Ensure that any inductions or cesarean sections done prior to 39 weeks are only performed if medically necessary and follow the ACOG guidelines.

- Encourage healthy behaviors during pregnancy to help reduce the risk of Low Birth Weight and Very Low Birth Weight (LBW/VLBW) and maternal mortality.
- Monitor newborn weight by documenting LBW/VLBW and making a referral to an appropriate provider and to our Integrated Care Management (ICM) department.
- Provide education to members that support breastfeeding success per ACOG and AAP guidance, which includes the provision of breast pumps and accessories.
- Testing for sexually transmitted infections (STIs), including syphilis and HIV/AIDS, at the first prenatal visit, during the third trimester, and at delivery.
- During their third trimester and/or at delivery discuss and offer family planning services and supplies, such as LARC and IPLARC.
- Provide treatment and follow up for any members that have a health issue during the pregnancy, such as hypertension, gestational diabetes, obesity, etc. Provide these members with:
    - Counseling on the importance of follow up care and attending their appointments.
    - Counseling on any medication adjustments that might be needed.
    - Making referrals for any appropriate specialty care needed after delivery.
- Refer members to any appropriate community resources/programs such as WIC, Raising Special Kids, Home Visiting Programs, SNAP, etc.
- Screen members for perinatal mood and anxiety disorders (PMAD) and refer them to a BH provider if needed.
- If a member has a Substance Use Disorder (SUD), provide COC with their SUD treatment provider.
- If a member is referred to a BH provider, provide COC with the BH provider to ensure an appointment is set and the member has attended the appointment.
- If a member has a mental health diagnosis, be sure to have a treatment plan in place that monitors their medications to ensure appropriate care is completed throughout their pregnancy, after delivery, and including when they are breastfeeding.
- Have a safe plan of care in place prior to hospital discharge. This may include services such as behavioral health services, alternative infant care, and/or alternative nutritional supplementation if mother is breastfeeding.
- Monitor maternal pregnancy-related mortality and health disparities during both the prenatal and postpartum period.

When submitting claims for Prenatal and Postpartum Visits, Mercy Care is asking that providers submit all applicable CPT Category I codes (with the appropriate modifiers) as well as CPT Category II codes. It is also helpful when providers utilize gestation, screening, and testing specific diagnosis codes with their claims. CPT Category II codes are not billable codes, but rather they are supplemental tracking codes that are used for performance measurement and quality reporting. These codes may also be used to facilitate provider documentation audits. Below are a few examples of Category II CPT Codes that should be used:

Measures	CPT II Codes
Diastolic Blood Pressure	3078F, 3079F, 3080F
Systolic Blood Pressure	3074F, 3075F, 3077F
Medication Review	1160F

Medication Reconciliation Intervention	1111F
BMI recorded	3008F
Functional Status Assessment	1170F
Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
HbA1c Test Result or Finding	3044F, 3046F, 3051F, 3052F
HbA1c level less than 7.0	3044F
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1C level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level greater than 9.0 CPT	3046F
Prenatal Stand-Alone Visits	0500F-0502F

Mercy Care Can Help Reschedule Missed Prenatal and Postpartum Visits

To help address missed appointments, Mercy Care has implemented several ongoing interventions:

- When a member schedules an appointment through our outreach staff, an appointment reminder flyer is mailed to them listing the date and time of the appointment.
- If a Mercy Care member misses an appointment, providers can notify the EPSDT/MCH Department and our outreach staff will contact the member by letter and/or phone to assist them in rescheduling their appointment. During the phone call, the member will also receive education on the importance of showing up for scheduled appointments.
    - Providers can notify the EPSDT/MCH Department by completing the EPSDT/MCH **Missed Appointment Log** and faxing it to us**.** The form can be faxed to **(959) 282-1338**. The log can be found on the Mercy Care Provider Website - Under Provider Forms.

Arizona Perinatal Psychiatry Access Line (A-PAL)

The University of Arizona created a behavioral health hotline for medical providers to help reduce mental illness and mortality in pregnant and postpartum patients by guiding frontline health care providers in perinatal psychiatric management. *Providers have real-time access to perinatal psychiatrists via the Perinatal A-PAL Hotline. This is a free service for medical providers*. Providers can use this phone line to ask questions and review treatment options for their patients with perinatal psychiatric disorders and reproductive mental health concerns. The hours of operation are Mon-Fri 8:30 a.m.- 4:30 p.m.

Phone: 888-290-1336

Website: https://apal.arizona.edu/perinatal

Addressing Perinatal Mood and Anxiety Disorders (PMAD)

In February 2024, the American College of Obstetricians and Gynecologists (ACOG) released guidance explaining the importance of screening ALL perinatal women for perinatal period for mood disorders, depression, and anxiety, as well as referring them for treatment. By addressing these conditions during their visits, it will help

educate and empower your patients and their families, as well as helps to reduce the stigmas associated with mental health conditions.

According to the ACOG, signs of depression onset can be found in:

- 27% of women, prior to pregnancy
- 33% of women, during pregnancy
- 40% of women, during the postpartum period

The ACOG and the AAP suggest screening for mood disorders and anxiety at these times:

- At their 1st OB perinatal appointment
- At an OB appointment in the 3rd trimester (24-to-28-week gestation period)
- At their postpartum appointment (prior to 12 weeks or 84 days post-delivery)
- At the baby's well child visits during their 1st year (see note below for additional details)

Note: Per AHCCCS AMPM 410 and 430, OBGYN providers should screen their patients using the timelines listed above. AHCCCS also states that pediatric providers should be screening the birthing parent for perinatal mood and anxiety disorders (PMAD) at the baby's 1st, 2nd, 4th, and 6th well child visits.

Perinatal Mood and Anxiety Disorder Screening Tools

Providers must use a validated screening tool that focuses on the prenatal and postpartum needs of members regarding depression or other mood and anxiety disorders. Examples of validated tools are:

- Depression- Edinburgh Postnatal Depression Screen (EPDS), 10 questions
- Depression- Patient Health Questionnaire-9 (PHQ-9), 9 questions
- Anxiety- General Anxiety Disorder 7 Screen (GAD-7), 7 questions
- Posttraumatic Stress Disorder (PTSD)- PC-PTSD, 4 questions
- Bipolar Disorder- Mood Disorder Questionnaire (MDQ), 14 questions
- Safety/Suicide Risk- EPDS or PHQ-9 positive results – use the Patient Safety Screener
- Combined Screening Tool: EPDS, MDQ, GAD-7, PC-PTSD-5, 39 questions (2 pages)
- Combined Screening Tool: PHQ-9, MDQ, GAD-7, PC-PTSD-5, 38 questions (2 pages)

Note: Per AHCCCS AMPM 410 and 430, OBGYN and EPSDT providers must save the screening tool, along with the results, to the members medical records. If the results were positive, providers must also notate if counseling was conducted, if a referral was made, and if any follow up was completed.

Perinatal Mood and Anxiety Disorder Counseling and Referrals

Per the AMPM 410 and 430 policies, if their screening outcome is a positive result, providers should provide counseling and be available to answer any questions the member may have. The provider must also make a referral to a qualified healthcare provider in a timely manner so members can get the care they need and to keep them and the baby be safe. Once a referral is made, the provider must follow up on the referral to ensure an appointment was set and the member has gone to the appointment.

If a member has not gone to their referral appointment, providers can reach out to the member to help them, notating any barriers preventing the member from going to their appointment. Providers can also complete the **EPSDT/MCH Provider Missed Appointment Log** and send it to the MCH Coordinators via fax at **(959) 282-1338**. This missed visit log can be found on the Mercy Care Provider Website – under Forms. Once received, the MCH Coordinators will then provide additional outreach to the member.

Perinatal Mood and Anxiety Disorder Resources

- ACOG February 2024 Guidance: https://www.acog.org/programs/perinatal-mental-health/implementing-perinatal-mental-health-screening
- ACOG List of Validated Screening Tools including the combined tools listed above: https://www.acog.org/ programs/perinatal-mental-health/patient-screening

Substance Use Disorder (SUD) During Pregnancy

Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. Patterns of symptoms resulting from substance use (drugs or alcohol) can help a doctor diagnose a person with a SUD. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class. Providers must follow ACOG guidelines for pregnant members with a SUD or Medications for Opioid Use Disorder (MOUD). Their care should include:

An individualized plan of care for each identified pregnant member with SUD, including:

- Consents for Coordination of Care with patient's SUD treatment provider
- Medication dosage adjustment when needed
- Evidence-based breastfeeding recommendations and precautions
- Naloxone prescription
- A pain treatment plan for delivery and postpartum has been discussed

Screenings for additional health issues related to SUD and Social Determinants of Health (SDOH), including:

- HIV, Syphilis, STIs, Hepatitis
- Psychiatric disorders
- Medical Conditions such as hypertension, diabetes, etc.
- Trauma, Intimate partner violence
- Barriers to care

Ensure that each member has a plan of safe care in place prior to hospital discharge, including:

- Behavioral health services, appointments, and medications
- Safe plan for infant care
- Nutritional supplementation for parent and baby

Substance Use Disorder (SUD) During Pregnancy Resources

Mercy Care has created a flyer for providers called: Prenatal and Postpartum Substance Use Resources
Providers may receive this flyer during site visits or providers can reach out to our MCH Coordinators for a copy. The flyer can also be downloaded from the Mercy Care Provider Website –Provider Forms. The flyer includes:

- Residential facilities that offer help to women with substance use disorders (SUD)
- Residential facilities that also offer outpatient options for women with substance use disorders (SUD)
- Facilities that offer help to women that participate in the Medication Assisted Treatment (MAT) program
- Substance Use Treatment Locator Websites
- Behavioral Health, Substance Use, and Crisis Hotlines

These are just a few examples of what may be listed on the flyer:

- AHCCCS: https://www.azahcccs.gov/ or 602-417-4000 or 1-800-654-8713
- MCDPH: https://www.maricopa.gov/5302/Public-Health or 602-506-3011
- ADHS: https://www.azdhs.gov/ or 602-542-0883
- Hushabye Nursery (Specialty Care Nursery): https://www.hushabyenursery.org/ or 480-628-7500
- Jacob's Hope (Specialty Care Nursery): https://jacobshopeaz.org/ or 480-398-73732
- Family Support & Home Visitation: https://strongfamiliesaz.com/
- SHIFT (Safe, Healthy Infants and Families Thrive) is a collaboration of a variety of providers within Maricopa County for expectant parents affected by SUD, in a non-stigmatizing, trauma and infant mental health informed manner. www.MaricopaSHIFT.com or 602-526-6116

Maternity Provider Audits – Screenings and Documentation

To ensure our members are receiving the care they need, Mercy Care will be conducting quarterly provider audits. The provider audit selection is random, and if selected, then we will be requesting medical records. During the audit we will be looking for the use of a validated behavioral health screening tool, the score received, if any counseling has taken place, if a referral was made in a timely manner, and if there was follow up completed to ensure the member attended the referred appointment. We will also be noting if the screening was completed at the appropriate date/time. For more details on the required dates/times of the visits, the requirements, and additional tools that are available, refer to the above section, *Addressing Perinatal Mood Disorders and Anxiety.*

Breastfeeding Guidance and Education

Providers must use the evidence-based practices outlined by the ACOG and AAP. The ACOG and AAP encourage providers to educate members on the importance of breastfeeding. Provider education and recommendations should include placement of the infant in skin-to-skin contact, rooming in, how to obtain a breast pump, early initiation of breastfeeding, encouraging breastfeeding for the first couple years, if medically appropriate. The ACOG also suggests that there is no food or drink other than breastmilk for the first 6 months, if medically appropriate.

Note: While the MCH Coordinators are auditing medical records for the appropriate use of Perinatal Mood Disorders and Anxiety screening tools, they will also review the notes to ensure the above breastfeeding education is taking place and that appropriate STI testing (such as syphilis testing) has taken place.

AGOC 2021 Guidance: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/02/breastfeeding-challenges
ACOG 2023 Practice Advisory: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/02/duration-of-breastfeeding-update

Newborn Screenings

The success of the Newborn Screening program depends on the coordinated efforts of many health professionals. Practitioners, hospitals, and laboratories work together to coordinate timely collection and rapid delivery of acceptable newborn screening specimens to the Arizona Public Health Laboratory (Arizona State Laboratory).

The Office of Newborn Screening, located within the Bureau of State Laboratory Services, provides screening

and follow-up for the disorders mentioned below as well as follow-up on hearing and critical congenital heart defect screening results reported to the program. Follow-up consists of notifying the providers, parents, and specialists, if needed, to ensure that babies are retested promptly and treated if a diagnosis of a disorder is confirmed. Bloodspot Newborn Screening Panel, hearing, congenital heart defect, and, if indicated, bilirubin screening tests are conducted, including initial and secondary screenings, in accordance with 9 A.A.C. 13, Article 2 and the newborn hearing screening must be performed per state statute A.R.S. § 36-694.

Newborn Bloodspot Screening

Providers are responsible for the timely collection of properly identified and acceptable newborn screening specimens, rapid transfer of specimens to the State Lab, and follow-up on abnormal results. Some of the disorders on the bloodspot screening panel can cause irreversible damage or death within the first week of life. Specimens should be sent to the State lab

Providers are responsible for:

- Timely collection
  - First screening should be obtained at 24-36 hours of age
  - Second specimen at the first outpatient visit (5 - 10 days of age) to a healthcare provider
- Ensuring the newborn screening specimens are acceptable
- Rapid transfer of specimens to the Arizona Public Health Laboratory
  - As soon as they are dry (but no longer than 24 hours after collection)
- Perform any follow-up on abnormal results

ADHS Updates

- The newborn screening fee is increasing to a single program fee of $171 (11/1/22)
- Newborn screening went digital July 1, 2021! If you still need access to newborn screening results, complete the **Online Newborn Screening Results Access Form - Providers** and submit to **srvaccounts@azdhs.gov**
- Insurance information and paperwork is no longer needed for submission with newborn screens.
- Additional Information can be found here: **message about paperwork submissions.**

Newborn Hearing Screening & EHDI

The Arizona Early Hearing Detection and Intervention Program (EHDI) includes newborn hearing screening follow-up under the Office of Newborn Screening. The Office of Newborn Screening refers families and providers to EHDI-PALS (Early Hearing Detection & Intervention and Pediatric Audiology Links to Services), a web-based link to information, resources, and services for children with hearing loss.

Providers are responsible for:

- First Hearing Screening: Screening for hearing loss should be done while in the hospital
- Second Hearing Screening: If infants do not pass their newborn hearing screen in the hospital, it is important that the babies are screened again as soon as possible (no later than 1 month of age).
- Failed Newborn Hearing Screening: Complete diagnostic testing before three months of age
- Diagnosed with Hearing Loss: Enroll in Early Intervention services as soon as possible after diagnosis of hearing loss (prior to 6 months of age) and refer to a pediatric audiologist.

Late Onset and Progressive Hearing Loss

Between the newborn period and school age the prevalence of significant hearing loss doubles. This increase in

hearing loss is due to late onset losses, progressive losses, false negative screens, and/or missed newborn screens or loss to follow-up. The Joint Committee on Infant Hearing recommends that children that meet certain criteria receive, at minimum, a diagnostic hearing assessment by 24 to 30 months of age. For more details on risk criteria, visit the ADHS Healthcare Providers – Hearing Screening & EDHI website.

ADHS Newborn Screening Resources

- Sickle Cell Anemia Screening ACT Sheet v 2012
- Critical Congenital Heart Defects (CCHD)
- Newborn Screening- Resources to Get Started
- Bloodspot Screening Reference Range – Updated 01/17/2025
- Bloodspot/Heel Stick Screening
- Disorder Information
- Provider Education and Guidelines
- Provider Newborn Bloodspot, Hearing Screening and Audiology Forms
- Legal Requirements
- Healthcare Provider Responsibilities
- New Providers

Thrive Mobile Smartphone Program

To encourage member engagement, Mercy Care has started a unique program called The Thrive Mobile Smartphone Program. **This program is available for Mercy Care members that are currently pregnant up through the first 4 months postpartum**. Thrive Mobile utilizes T-Mobile network, with unlimited talk, text, and data at no additional cost to the member. The phone can be used the same way they would a personal device. They can even transfer their current phone number. The program helps members stay connected with their family, friends, and healthcare team. It provides easier access to information about their coverage and benefits.

To determine eligibility, our Mercy Care pregnant members will need to call **(888) 551-2186** to speak with a Thrive Assistant. To start the process they will need the Members Name, Date of Birth, Address, Phone Number, and current email address (if they have one). The Thrive Assistant will check the members zip code to ensure the member has coverage before enrolling them into the program. If eligible, the Thrive Assistant will help the member complete the enrollment process. Once enrolled, the phone will arrive between 3-5 business days.

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TM-MER-EN-104L

Family Planning

Family Planning Services and Supplies

Healthcare providers (including PCP's, Maternity Care Providers, and Pediatricians) are required to discuss the availability of family planning services and supplies annually with any members of reproductive ages regardless of gender. This can be done during their wellness visits as well as during their Prenatal and Postpartum visits.

In order to allow the member to make an informed decision about their available options, these discussions must include information on available family planning methods and prevention of sexually transmitted infections (STIs). The discussion must also:

- Be communicated in a manner that is easily understood.
- Be age-appropriate, informative and include accurate, up-to-date information.
- Be provided in a manner free from coercion or behavioral/mental pressure.
- Be provided in a manner which assures continuity and confidentiality.
- Be provided by, or under the direction of, a qualified physician or practitioner.
- Documented in the member's medical record. The documentation shall include a recorded note that each member of reproductive age was notified verbally or in writing of the availability of family planning services and supplies.

The discussion should include information on:

- Prevention of unplanned pregnancies.
- Counseling for unwanted pregnancies.
- The member's short term and long-term goals.
- Spacing of births at least 18 months apart to promote better outcomes for future pregnancies.
- Preconception counseling to assist members in deciding on the advisability and timing of pregnancy, to assess risks and to reinforce habits that promote a healthy pregnancy.
- Sexually transmitted infections (STIs), including prevention and abstinence, as well as changes in sexual behavior and lifestyle that promote the development of good health habits.
- Annual STI testing for syphilis, which begins at 15 years old.
- The availability and benefits/risks of LARC (Long-Acting Reversible Contraceptives) and IPLARC (Immediate Postpartum Long-Acting Reversible Contraceptives).
- The availability of low or no cost primary care and/or providers that offers family planning services and supplies, if needed in the event that they lost AHCCCS eligibility.
    - Additional links can be found in the Resource section of this manual.
- Any barriers to care the member may be experiencing. Providers can also share this information with Mercy Care so we can provide additional outreach.

If a member's sexual activity presents a risk or potential risk, the provider should initiate an in-depth discussion on the variety of contraceptives available and their use and effectiveness in preventing sexually transmitted infections (including syphilis, gonorrhea, chlamydia, and HIV).

Discussions with members in their third trimester of pregnancy or if they just delivered a baby

This is the perfect time for providers to talk with the member/patient about their LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives) options, such as IUD's or implants. Be sure to discuss the benefits and the risks so they are fully informed. By discussing their family planning options during the third trimester or after delivery, then the provider may be able to provide it before they leave the hospital.

Family planning services and supplies include covered medical, surgical, pharmacological, and laboratory benefits as well as contraceptive devices. These services and supplies are covered, regardless of gender, at no cost to the member:

- Natural family planning education or referral to a qualified healthcare professional
- Contraceptive counseling
- Oral contraceptives
- Injectable contraceptives
- LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives) such as subdermal implantable contraceptives (implanted under the skin) and Intrauterine devices (IUDs)
- Vaginal rings, diaphragms, and condoms
- Foams, suppositories, jellies, and creams
- Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception)
- Sterilization services when the criteria requirements outlined in the AMPM 420 policy are met (including laparoscopic and hysteroscopic tubal sterilizations and vasectomies, if available)
- Pregnancy screening
- STI screening, counseling, and treatment
- Annual syphilis testing beginning at 15 years old.
- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning
- Treatment of complications resulting from contraceptive use, including emergency treatment.
- Pharmaceuticals are covered when associated with medical conditions related to family planning or other medical conditions

LARC/IPLARC and Sterilization Procedures

Prior to the insertion of a LARC or IPLARC device, the provider must provide proper counseling to the member to increase the member's success with the device according to the member's reproductive goals.

When performing a hysteroscopic tubal sterilization procedure, be sure to remind them that these procedures are not effective immediately. During the first three months, another form of birth control must be used to prevent pregnancy. At the end of three months, it is expected that a hysterosalpingogram will be done to confirm that the person is sterile. For details on the sterilization requirements, refer to the AMPM 420 policy.

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

- Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility
- Pregnancy termination counseling
- Pregnancy terminations
    - Pregnancy terminations are only covered as specified in AMPM Policy 410.
- Hysterectomies for the purpose of sterilization

Hysterectomy requests must follow the prior authorization (PA) process. For additional details on coverage requirements, refer to the AMPM 310-L policy.

Choosing a Family Planning provider

Members may choose to obtain family planning services and supplies from any AHCCCS family planning provider regardless of whether or not the provider works Mercy Care. The services provided should be within each provider's training and scope of practice. Mercy Care does not require prior authorization for members to obtain family planning services and supplies from an out-of-network provider. Members with an existing maternity provider whose eligibility continues, may remain with their existing maternity provider or exercise their option to select another provider for family planning services and supplies.

When submitting claims for Family Planning Visits, Mercy Care is asking that providers submit all applicable Category I CPT Codes (with the appropriate modifiers) as well as Category II CPT Codes. Category II CPT Codes are not billable codes, but rather they are supplemental tracking codes that are used for performance measurement and quality reporting. These codes may also be used to facilitate provider documentation audits. Below are a few examples of Category II CPT Codes that should be used:

Measures	CPT II Codes
Diastolic Blood Pressure	3078F, 3079F, 3080F
Systolic Blood Pressure	3074F, 3075F, 3077F
Medication Review	1160F
Medication Reconciliation Intervention	1111F
BMI recorded	3008F
Functional Status Assessment	1170F
Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
HbA1c Test Result or Finding	3044F, 3046F, 3051F, 3052F
HbA1c level less than 7.0	3044F
HbA1c level greater than or equal to 7.0 and less than 8.0	3051F
HbA1C level greater than or equal to 8.0 and less than or equal to 9.0	3052F
HbA1c level greater than 9.0 CPT	3046F
Prenatal Stand-Alone Visits	0500F-0502F

STI Testing Provider Audits

To ensure our members are receiving the care they need, Mercy Care will be conducting quarterly provider audits. The provider audit selection is random, and if selected, then we will be requesting medical records. During the audit we will be looking for STI testing (syphilis specifically) to ensure the testing has been completed on an annual basis for members 15 years old and older, if any counseling has taken place, and if treatment was required and completed. The audit will include any provider offering services to members aged 15 years old and older, such as PCPs, Pediatricians, and OB/GYNs.

Tobacco Cessation

Tobacco Cessation

According to the Arizona Smokers' Helpline (ASHLine), tobacco use is the leading cause of preventable death and leads to disease and disability, harming nearly every organ of the body. Life expectancy for those who smoke is at least 10 years shorter than for non-smokers. Statistics show that 70% of all tobacco users think about quitting each year, and those that engaged in treatment did so because of the advice they received from a health care professional.

Mercy Care encourages all providers to assess for tobacco use, code and bill for services and prescribe medication and coaching to their patients. Medication and coaching can increase a person's success of quitting for good. The 'ASK, ADVISE, and REFER' model of care is an evidence-based approach to ensuring that the patients get what they need, when they need it for tobacco cessation.

The Arizona Smokers' Helpline (ASHLine) is a no cost to individual or provider, evidence-based resource to help your patients address tobacco and/or nicotine use and dependency. ASHLine helps individuals by quitting or reducing the use of smoking, chewing, and/or using other tobacco products (e.g., e-cigarettes and vaping). ASHLine can also assist you and your team in becoming more comfortable discussing tobacco use with your patients. They can assist you with developing tobacco screening and intervention policies, and help you establish a referral process to the Quitline.

For personal coaching: **1-800-QUIT-NOW (1-800-784-8669)** or **1-855-DEJELO-YA (1-855-335-3569)**
ASHLine Quit Coaching: **1-800-55-66-222**
ASHLine Online Enrollment Form: https://ashline.quitlogix.org/en-US/Health-Professionals/Make-a-Referral

Tobacco Cessation Resources

- ASHLine: https://www.azdhs.gov/ashline/
- Tobacco Free Arizona: https://www.azdhs.gov/prevention/chronic-disease/tobacco-free-az/index.php
- ADHS Tobacco, Vape & E-Cigarettes: https://www.azdhs.gov/prevention/chronic-disease/tobacco-vape-e-cigarettes/index.php
- Mercy Care Website: https://www.mercycareaz.org/wellness/community-resources
- CDC Tobacco Cessation Materials: https://www.cdc.gov/tobacco/php/tobacco-control-programs/cessation-materials.html
- CDC – How to Quit Smoking: https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html

Quitting tobacco is tough — but medical professionals can make a difference!

All patients must be asked about tobacco use and those that report using tobacco should be advised to quit and offered information on an evidence-based program such as ASHLine. A tobacco user is more successful in quitting when you offer help.

Step 1: Screen for tobacco and code appropriately. Try asking:

- "Do you smoke or use any type of tobacco?"
- "Did you know that smoking interacts with many medications? Because of this, we need to know whether our patients smoke so we can be sure they are getting the correct dosage of their medicines."
- Use clear, personalized language and be supportive.

ICD-10 Codes

F17.200 - Nicotine dependence, unspecified, uncomplicated
F17.201 - Nicotine dependence, unspecified, in remission
F17.203 - Nicotine dependence unspecified, with withdrawal
F17.208 - Nicotine dependence unspecified, with other nicotine-induced disorders
F17.209 - Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.210 - Nicotine dependence, cigarettes, uncomplicated
F17.211 - Nicotine dependence, cigarettes, in remission
F17.213 - Nicotine dependence, cigarettes, with withdrawal
F17.218 - Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219 - Nicotine dependence, cigarettes, with unspecified nicotine-induced disorder
F17.220 - Nicotine dependence, chewing tobacco, uncomplicated
F17.221 - Nicotine dependence, chewing tobacco, in remission
F17.223 - Nicotine dependence, chewing tobacco, with withdrawal
F17.228 - Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229 - Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorder
F17.290 - Nicotine dependence, other tobacco product, uncomplicated
F17.291 - Nicotine dependence, other tobacco product, in remission
F17.293 - Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299 - Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorder
O99.330 - Smoking (tobacco) complicating pregnancy, unspecified trimester
O99.331 - Smoking (tobacco) complicating pregnancy, first trimester
O99.332 - Smoking (tobacco) complicating pregnancy, second trimester
O99.333 - Smoking (tobacco) complicating pregnancy, third trimester
O99.334 - Smoking (tobacco) complicating childbirth O99.335- Smoking (tobacco) complicating the puerperium
Z72.0 - Tobacco use
Z57.31 - Occupational hazard to environmental tobacco smoke
Z77.22 - Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)
Z87.891 - Personal history of nicotine
Z71.6 - Tobacco abuse counseling (need to use an F ICD-10 code listed above along with this)

Step 2: Advise the member to quit, Try saying:

- "Quitting tobacco is the best thing you can do for your current and future health. If you are interested in quitting, you will have more success if you take medication and work with a quit coach."

Step 3: Make a recommendation, Try saying:

- "I can prescribe medication at no cost to you. I can also refer you to the ASHLine to connect with a quit coach. They can help you put together your plan to quit. After I make the referral, the ASHLine will call you."

Step 4: Prescribe medication and refer to ASHLine, Try saying:

- "I am glad that you agreed to quit tobacco. These medications are available at no cost to you. You do need a prescription, which I'll give to you. I also need your verbal consent to have an ASHLine coach call you."
- Reinforce: "You are going to have more success quitting now that you are getting both medication and coaching."

Covered Tobacco Cessation Medications (Covered for 90 days per 6-month period)

- Zyban
- Chantix
- OTC Nicotine Replacement Therapy (patch, gum, lozenge)
- Rx Nicotine Replacement Therapy (Nicotrol inhaler, Nicotrol nasal spray)

Per AHCCCS guidelines, the generic is preferred over the brand name.

Billing codes

For value-based contracting for tobacco cessation, use the billing codes below that include procedural codes (modifiers). These are considered Quality Data Codes (QDC) and are used with the CMS-1500 CLAIM FORMS. Additional requirements for the form include:

1. Claim with QDC must have one quality measure diagnosis code referenced in the diagnosis pointer column.
2. Claim with QDC must include a face-to-face visit listed with QDCs.
3. QDCs must be billed with $0.00 (If your EMR does not accept $0.00 then use $0.01. The patient must not be billed for this amount.)

Procedure Code	Description
4004F*	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both) if identified as a tobacco user
1036F*	Patient screened for tobacco use and identified as a non-user of tobacco
4004F-8P*	Tobacco screening OR tobacco cessation intervention NOT performed, reason not specified
99406	Smoking and tobacco cessation counseling visits for the asymptomatic patient, intermediate, greater than 3 minutes, up to 10 minutes
99407	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

These codes are subject to change. Always check the website below for the most recent information.

Timeframes, Transportation, Eligibility, and Referrals

Appointment Timeframes

Following the AHCCCS ACOM 417 policy, providers are required to schedule appointments for eligible members according to the timeframes listed below. Providers are subject to random audits by the Mercy Care Network Management department to ensure these timeframes are being met.

Mercy Care is also here to help. We can help members set up their appointments. They can get help from our Prevention and Wellness Outreach Department or when they call Member Services. If the member needs a listing of our Member Services phone numbers, they can be found below in the transportation section.

PCP

- Routine Care – within 21 calendar days of the request
- Urgent Care – within 2 business days of the request (or earlier if their condition requires it)
- Office Wait Time Requirements – less than 45 minutes

Specialist (including dental specialists)

- Routine Care – within 45 calendar days of the request
- Urgent Care – within 2 business days of the request (or earlier if their condition requires it)
- Office Wait Time Requirements – less than 45 minutes

Dental

- Routine Care – within 45 calendar days of the request
  - For DCS CHP – within 30 calendar days of the request
- Urgent Care – within 3 business days of the request (or earlier if their condition requires it)
- Office Wait Time Requirements – less than 45 minutes

Maternity

- 1st trimester – within 14 calendar days of the request
- 2nd trimester – within 7 calendar days of the request
- 3rd trimester – within 3 business days of the request
- High Risk – within 3 business days of identification of being high risk (or earlier if their health requires it)
- Office Wait Time Requirements – less than 45 minutes

Behavioral Health

- Initial Assessment/Screening/Evaluation – within 7 calendar days of the initial referral/request
- Initial Appointment - For 18 years old and older – within 23 calendar days of the initial assessment - For DCS CHP and 17 years old and under – within 21 calendar days of the initial assessment
- Subsequent Behavioral Health Services – within 45 calendar days from identifying the need (or earlier if their health condition requires it)
- Urgent Care – within 24 hours from identifying the need (or earlier if their health condition requires it)
- Office Wait Time Requirements – less than 45 minutes

DCS CHP members have a few specific timeframes that must followed. These timeframes are outlined in the AHCCCS ACOM 417 policy as well as in the DCS CHP Medical Treatment Policy, Chapter 3 – Section 7.1 and 7.2.

DCS CHP Specific Timeframes

Note: Mercy Care DCS CHP members have the same timeframe requirements as listed above, other than the specific timeframes listed below.

- Office Wait Time Requirements – less than 45 minutes
- Routine Dental Care Appointments – within 30 days of the request.
- Behavioral health appointments standards for DCS CHP members and adopted children:
  - Rapid Response - When a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home,
  - Screening and Evaluation - Within seven calendar days after the initial referral or any subsequent initial request for behavioral health services,
  - Initial appointment - Within timeframes indicated by clinical need, but no later than 21 calendar days after any screening and evaluation,
  - Subsequent Behavioral Health Services - Within the timeframes according to the needs of the person, but no later than 21 calendar days from any screening and assessment.
- Entering Out-of-Home Placement:
  - Wellness Exam following EPSDT standards – within 30 days after initial placement in out-of-home care and annually thereafter.
  - Dental Assessments – within 30 days of placement for children ages one year and older, and semi-annually thereafter.

For more details on the DCS EPSDT and Dental Timeframe Requirements, you can visit the DCS website – Under Medical and Behavioral Health Services Policy – Chapter 3 – Section 7.1.
For more details on the DCS Rapid Response (Behavioral Health) Requirements, you can visit ACOM 417 or DCS website – Under Medical and Behavioral Health Services Policy – Chapter 3 – Section 7.2.
For additional information on behavioral health services for persons in the legal custody of DCS and adopted children in accordance with A.R.S. § 8-512.01, refer to ACOM 449.

Transportation Services

Mercy Care can help set up transportation for members to help them get to their appointments. If a member prefers to ride the bus, then we can send them bus passes or bus tickets at no cost. If our members need a ride, providers can inform them to call Mercy Care Member Services for help.

Members should call Member Services at least three (3) days in advance to get a ride. If they need a ride on the same day as the call, we may not be able to arrange a ride in time. We may be able to set up the ride if the visit is urgent. Members can also set up multiple appointments at one time. After their appointment is over, the member calls the transportation provider to arrange a ride home. If the ride is not set up in enough time, they may have to reschedule their appointment. If their appointment is cancelled or changed, the member must call Member Services to cancel the transportation or have it changed to the new date/time.

For Non-Urgent/Non-Emergent Transportation – The wait time standard is less than one hour before or after their appointment.

Tips for Getting a ride / Things to do and Things not to do:

- DO call Mercy Care Member Services as soon as the appointment is made.
- DO call Mercy Care at least three (3) hours before an appointment for any that are made on the same day for urgent care.
- DO let us know if there are any special needs, like a wheelchair or oxygen.
- DO make sure the prescription is ready for pick up before calling for a ride.
- DON'T be late!
- DON'T forget to call Mercy Care to cancel a ride if there is another one or if the appointment changes.
- DON'T wait until the day of the appointment to call for a ride.
- If it is a medical emergency, dial 911.
- Use of emergency transportation must be for emergency services only.

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).
24-hour nurse line: 602-586-1841 or 1-800-564-5465

Mercy Care Member Services:
Monday through Friday, 7 a.m. to 6 p.m. at 602-263-3000 or 1-800-624-3879 (TTY 711).
24-hour nurse line: 602-263-3000 or 1-800-624-3879

Mercy Care DCS CHP Member Services:
Monday through Friday, 8 a.m. to 5 p.m. at 602-212-4983 or 1-833-711-0776 (TTY 711).
24-hour nurse line: 602-212-4983 or 1-833-711-0776

Loss of Eligibility

If a member loses AHCCCS eligibility, they can go to the ADHS website for lists of low cost, sliding scale, or no cost medical and dental providers. There are providers that can help with all MCH and EPSDT services such as maternity, women's health, well visits, blood lead testing and treatment, as well as family planning services and supplies. The member will have to call the clinic to find out about services and costs. The member can also refer to their member handbook, as all of the clinics are listed in there.

- ADHS Website: https://www.azdhs.gov/audiences/clinicians/index.php#patient-search
- ADHS Sliding Scale Fee Clinics: https://www.azdhs.gov/prevention/health-systems-development/sliding-fee-schedule/index.php#clinic-locations
- ADHS Reduced-Fee and Community Dental Clinics: https://www.azdhs.gov/documents/prevention/womens-childrens-health/oral-health/reduced-fee-dental-clinics.pdf
- ADHS Women's Clinics (including maternity and family planning): https://www.azdhs.gov/prevention/womens-childrens-health/informed-consent/index.php

Referrals

Healthcare Providers play an essential role in the healthcare system to prevent and manage common health conditions. They also help guide patients to make health decisions and recommend appropriate treatment. It's important for providers to refer members to specialists outside of their scope, as well as to available resources within the community. By submitting these referrals, providers can help address some of the social determinants of health (SDOH) that are affecting our members. This can also have a positive impact on health outcomes for

people with complex needs. For example, referring to any available community resources can be essential in helping members receive access to care, as well as relieve some of the barriers to care that members may be experiencing. Referrals can also empower our members and their families by educating them on how to find and get the services they need in the community.

To address some of the social determinants of health (SDOH) needs in Arizona, AHCCCS created the Whole Person Care Initiative (WPCI). AHCCCS teamed up with Contexture (Arizona's health information exchange – HIE) and collaborated with 2-1-1 Arizona and Solari Crisis & Human Services to implement a single, statewide closed-loop referral system called CommunityCares. CommunityCares is free for AHCCCS providers and community-based organizations. Health care providers that are not yet enrolled in CommunityCares must maintain a Community Resource Guide with information on local resources that provide support for Health-Related Social Needs. For more information on this program, visit: https://contexture.org/communitycares/

Referral Requirements

EPSDT focuses on continuity of care by assessing health needs, providing preventive screenings, initiating needed referrals, and completing recommended medical treatment and appropriate follow up. EPSDT providers must follow the referral requirements outlined in the AMPM 430 EPSDT Policy. These are some of the EPSDT referral requirements:

- Referrals must occur in a timely manner.
- PCPs must coordinate care between providers to ensure treatment is initiated within 60 days of the screening services and/or referral request.
- Mercy Care requires that providers, when appropriate, communicate the final disposition of each referral to the referral source within 30 days of the member receiving an initial assessment.
- Referrals must be documented in the members medical record and on any submitted EPSDT Forms.
- Providers shall document referrals made to resources within the community such as AzEIP, Early Head Start/Head Start, Home Visitation Programs, and Raising Special Kids.
- EPSDT members shall be referral to a dentist or dental home no later than one years old. The referral can happen sooner if the member has a tooth that has erupted.
- EPSDT members may be referred to a dietician or nutritionist for a nutritional assessment, including referrals and guidance for members that are overweight and underweight.
- For all EPSDT physical and behavioral screenings with positive results, providers shall refer members for follow-up, diagnosis, and treatment in a timely manner.
- For members with an elevated blood lead level that have lost AHCCCS eligibility, they must be referred to a low-cost or no-cost clinic for follow-up testing and treatment.
- Refer a member to care management when a physical or behavioral health need is identified.
- Refer appropriate members under three years of age with developmental disabilities requiring early intervention therapy services to AzEIP. AzEIP referrals must follow the criteria outlined in AMPM 430 Attachment C and Attachment D).

Some of the important referral examples, including but not limited to:

- Therapy Programs such as physical, occupational, or speech.
- Developmental Programs for Children such as CRS, DDD, ALTCS, and AzEIP.
- Specialists such as a vision, hearing, dental, developmental specialist, a nutritionist, or a dietician.
- Nutritional Supplementation Programs such as WIC and SNAP.
- Mental Health Referrals such as Behavioral Health, SUD or MOUD Treatment Specialists, or Crisis.

- High-Risk Perinatal Programs such as Hushabye Nursery, Jacob's Hope, etc.
- Community Resources such as Home Visitation Programs, Early Head Start, Head Start, Raising Special Kids, Birth to Five/Fussy Baby, the ADHS Breastfeeding Hotline, and First Things First.

Referral Requirements

As noted in AMPM Ch 410, 411, and 420 policies, providers can help support member continuity of care by referring members to qualified specialists and when appropriate, our care management department.

MCH providers:

- Refer members to their PCP when they have a newly discovered medical condition.
- Refer members to a qualified specialist for evaluation, follow-up, and treatment if they have a BH screenings with positive results and you are unable to provide the appropriate treatment.
- Refer members with a high-risk pregnancy to a qualified specialist and care management.
- Refer any newborns that are born with low birth weight/very low birth weight (LBW/VLBW) to care management and to a qualified specialist for evaluation, diagnosis, and treatment.
- Refer members to available community resources when appropriate. (Examples listed above)

Home Visitation Programs and Other Community Resources

Home Visitation Program Resources

Home visitation programs are ***free***, effective tools that provide coaching and education to pregnant/postpartum women, first time parents, and families with children up to age 5 on how to improve their health and wellbeing. Each program sends a trained nurse or specialist to their home, and each has their own approach on how they provide support and education for the family. There are a few programs that run multiple types of home visitation programs, such as Southwest Human Development, Strong Families AZ, and Parents Partners Plus.

Parents Partners Plus

Parents Partners Plus is a network of home visitation programs that help families create a healthy future. They help expecting parents or families with a child aged 0-5 living within Maricopa County choose the right program. They can also help if connect you with other programs called Fussy Baby, Side by Side, and Smooth Way Home, or connect you with programs that address breastfeeding, postpartum depression, childhood developmental milestones and birthing mothers transitioning into life as a parent. Parents Partners Plus is supported by the home visitation programs listed below such as Southwest Human Development and First Things First.
(602)633-0732
https://parentpartnersplus.com/about-us/

Southwest Human Development (SWHD)

The goal of their child development and mental health programs is to address all aspects of a child's development and to support early relationships and promote healthy development. SWHD supports a network of ***free*** home visitation programs: Healthy Families and Nurse Family Partnership. They also support other programs such as the Birth to Five Hotline, Fussy Baby program and the Newborn Intensive Care Program.
(602)266-5976
https://www.swhd.org/programs/health-and-development/

Strong Families AZ

Strong Families AZ is a network of ***free*** home visiting programs that helps pregnant members and families with children birth to age 5 raise healthy children ready to succeed in school and life. It is free and voluntary, and families receive regular support and coaching in the comfort of their own home. Their home visitors are trained nurses, social workers and/or trained family educators. Below is a list of their home visitation programs.
https://strongfamiliesaz.com/programs/

Home Visitation Programs

Arizona Health Start

For women who are pregnant or have a child under 2 years old
Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. They get to know you and your family, so we can help you get the resources you need.
https://strongfamiliesaz.com/program/arizona-health-start/
https://parentpartnersplus.com/contact/

Early Head Start/Head Start

For families with children under 5 years old
Head Start (for children 3-5) and Early Head Start (pregnant members and children 0-3) has a variety of program and service delivery options including Center Base, Home-Base, Combination (Home & Center) or Family Childcare. They provide an individualized approach for low-income pregnant members and

children age birth to five. They provide support and guidance on how to become self-sufficient.
https://strongfamiliesaz.com/program/early-head-start/
https://parentpartnersplus.com/contact/

Healthy Families Arizona

For families with an infant under 3 months old
Healthy Families Arizona is a free 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 your area.
https://strongfamiliesaz.com/program/healthy-families-arizona/
https://www.swhd.org/programs/health-and-development/healthy-families/
https://parentpartnersplus.com/contact/

Family Spirit

For Native American families with children under 3 years old
The *Family Spirit Program* is a culturally tailored home visitation program delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years postpartum. 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/

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/
https://parentpartnersplus.com/contact/

Maternal Early Childhood Sustained Home-visiting (MECSH)

For pregnant people and/or newborns who are up to 8 weeks post-discharge.
MECSH is an evidenced-based nurse home visiting program that helps pregnant women or parents with a child under 3 years old. MECSH supports the family as a whole to connect them to resources and education on how to have a healthy pregnancy and a healthy baby. Families will learn positive parenting skills, ways to bond and play with their baby, and skills to access community resources.
https://strongfamiliesaz.com/program/maternal-early-childhood-sustained-home-visiting-mecsh/

Nurse-Family Partnership

For first-time birthing mothers less than 28 weeks pregnant
Nurse-Family Partnership is a community healthcare home visitation program that will connect you with a nurse home visitor. They will visit you in your home throughout pregnancy and continue to visit until your baby is 2 years old.
https://strongfamiliesaz.com/program/nurse-family-partnership/
https://www.swhd.org/programs/health-and-development/nurse-family-partnership/
https://parentpartnersplus.com/contact/

Parents As Teachers

For families with a child on the way or under 5 years old

As a parent, you have a unique opportunity to be your child's first teacher. That's because most brain development occurs in the first few years of life. Parents As Teachers is a home visitation program that will show you how. Our Home Visitors will provide you with resources appropriate for your child's stage of development. This can help you develop a stronger relationship with your child and help prepare them for academic success.

https://strongfamiliesaz.com/program/parents-as-teachers/
https://parentpartnersplus.com/contact/

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/

South Phoenix Healthy Start

For people that are pregnant or have a child under 2 years old

Healthy Start is a community-based, family support program designed to increase the number of infants that live and remain healthy past one year of age. This program offers all their services for free, with no income guidelines. Examples of the services they offer are Doula services, behavioral health services, monthly or bi-monthly visits, support groups, and perinatal health education.

https://strongfamiliesaz.com/program/healthy-start/
https://parentpartnersplus.com/contact/

Additional Community Resources

2-1-1 Arizona Community Information and Referrals

Arizona Community Information and Referrals 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.

Dial 2-1-1
https://211arizona.org/

4th Trimester of AZ

All families are embraced by their communities in their transition to parenthood.
We are an organization of families, health professionals, educators and local businesses that honors, supports and empowers all families of Arizona during their transition to parenthood and beyond.

(480)-269-1639
https://4thtrimesteraz.org/

ADHS 24 hour Pregnancy and Breastfeeding Helpline

Arizona Department of Health Services (ADHS) has a breastfeeding hotline that offers information about pregnancy tests, and low-cost providers. Calls are answered by an International Board-Certified Lactation Consultant (IBCLC) to learn about the benefits of breastfeeding, mom's diet, milk supply, or tips and tricks for successful breastfeeding for birthing mother and child.
1-800-833-4642, available 24 hours a day, seven days a week.
https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php

ADHS - Office of Women and Children's Health

This site offers guidance on Women's Health, Oral Health, Children's Health, Maternal Health as well as information on Injury Prevention, the Stillbirth and Infant Mortality Action Plan, and information on Children and Youth with Special Health care Needs. Their goal is to reduce mortality and morbidity among women and children, eliminate health disparities in health outcomes and access to services, and increase access to care.
602-542-1025
https://www.azdhs.gov/prevention/womens-childrens-health/index.php

Affirm (formerly Arizona Family Health Partnership)

This federally funded program offers family planning, women's health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.
https://www.affirmaz.org/

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

Birth to 5 Helpline

The Birth to 5 Helpline is open to all Arizona families with young children looking for the latest child development information from experts in the field. Professionals may also take advantage of this service. Call to speak with of our bilingual (English/Spanish) early childhood specialists on duty **Monday through Friday from 8:00 a.m. to 8:00 p.m.** You can also leave a voicemail or complete our online contact form.
(877)705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/

Center for Health and Recovery (CHR)

Center for Health and Recovery (formerly known as CHEEERS Recovery Center) is a non-profit community service agency serving adults with behavioral health challenges. They provide Recovery Support Services through classes, groups, events, and one-on-one support, by state certified CHR Peer Support Specialists.
(602)246-7607
www.azchr.org

Child and Family Resources

We offer free and effective prevention and education strategies for families, teens, and early educators. They support home visitation programs such as Healthy Families and Parents as Teachers. They also provide childcare

resources, the Nurturing Parenting Program, the Family Connections Program, as well as prevention programs such as Prevention Programs for Youth, Substance Misuse Prevention Programs, Sexual Risk Avoidance Education, and our brand-new Youth Mentoring Program.
1-888-241-5002
https://www.childfamilyresources.org/

Child Care Resource and Referral
CCR&R is a statewide program that helps families find childcare. They also support families raise healthy children by offering one-on-one assistance and educate parents on early learning and quality child care.
1-800-308-9000
https://www.azccrr.com

Count the Kicks App
A no-cost pregnancy app available to individuals who are in their third trimester of pregnancy. The app helps expectant parents learn about the importance of tracking fetal movements. Tracking these movements, in addition to regular prenatal visits, helps monitor the baby's well-being. You can download the app at https://countthekicks.org.

First Things First
Arizona's early childhood agency, committed to the healthy development and learning of young children from birth to age 5. They partner families and resources in the community to help our state's young children be ready for success in kindergarten and beyond.
(602)771-5100 or (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 behaviors during the first year of life. Our clinicians teach you ways to soothe and care for your baby. We'll also offer ways to reduce stress, and support in your important role as a parent.
(877)705-KIDS
https://www.swhd.org/programs/health-and-development/fussy-baby

Hushabye Nursery
Hushabye's Nursery's mission is to embrace substance exposed babies and their caregivers with compassionate, care that changes the course of their entire lives. They offer a safe and inclusive space where the birthing parents and babies can get integrative care and support that offers each child the best possible life outcomes.
Call or text to (480)628-7500
https://www.hushabyenursery.org/

Jacob's Hope
Jacob's Hope is a care center for newborns who are suffering with Neonatal Abstinence Syndrome (NAS), or withdrawals from prenatal exposure to drugs. Their staff provides 24-hour nurturing medical care for infants while the drugs leave their system. They also show moms and caregivers how to console the baby.
(480)398-7373
https://jacobshopeaz.org/

Lifewell Women's Residential (a.k.a. Terros)

Members receive intensive, supervised treatment in a therapeutic, structured and safe environment, as well as childcare, laundry and family-style dining. They target change that facilitate a sober lifestyle and improvement in the overall ability to function as a contributing member of the community.
(602)808-2800
https://www.lifewell.us/residential-treatment/

Maricopa County Lead Safe Phoenix Partnership

This program provides home visitation as well as community outreach and education, to people that live in the city of phoenix. There is no cost to participate in the program, but you must meet requirements. See their website for details on those requirements. Home visitors will provide blood lead testing to children under 6 years old, they will check your home for lead, educate you on lead poisoning and they will refer you to community resources if needed.
(602)525-3162
https://www.maricopa.gov/1853/Lead-Poisoning-Prevention

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 free and confidential call 24 hours a day, seven days a week call:
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://www.poison.org/

Postpartum Support International

The mission of Postpartum Support International is to promote awareness, prevention, and treatment of mental health issues related to childbearing in every country worldwide.
PSI Helpline: 24/7 toll free 1-800-944-4773 (English) or text "Help" to 971-203-7773 (Espanol).
https://www.postpartum.net/

Power Me A2Z

Free vitamins for young women for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Good vitamins are also important for women's health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you're ready for children. Provided from the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.
https://www.azdhs.gov/powermea2z/

WIC

WIC serves women who are pregnant, are breastfeeding an infant up to one year old plus infants and children up to the age of 5. WIC Your Way (WYW) offers families an opportunity to do their WIC appointment from home.
602-506-9333
https://www.azdhs.gov/prevention/azwic/index.php https://www.maricopa.gov/1491/Women-Infants-Children-WIC