



# Care Coordination Manual

Arizona Department of Health Services  
Bureau of Women's and Children's Health  
Office for Children with Special Health Care Needs

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# Care Coordination Manual

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# Care Coordination Manual

- Care coordination is a vital component in the care of children and youth with special health care needs.
- Having the right start-up tools provides a great foundation on which to build a care coordination model that fits the unique needs of a practice and its patients.
- The materials in this manual provide practical solutions to create a highly efficient, streamlined and organized care coordination process.
- This manual can be used by any individual who is interested in improving the care provided to children and youth with special health care needs.
- The information in this manual can change at any time due to fiscal and program changes. Please contact the agencies or programs to ensure all information is correct.

# Office for Children with Special Health Care Needs (OCSHCN)

Arizona Department of Health Services (ADHS)  
Bureau of Women's and Children's Health  
<http://www.azdhs.gov/phs/owch/ocshcn/>

**Our Vision:** All children and youth with special health care needs (CYSHCN) have the opportunity to reach their full potential.

**Our Mission:** To continuously improve comprehensive systems of care that enhances the health, future and quality of life for children and youth with special health care needs and their families To maximize the health of children with special health care needs by building partnerships with families and professionals, both public and private, so that CYSHCN have the opportunity to reach their full potential

**Definition:** Children with Special Health Care Needs have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and also require health and related services of a type or amount beyond that required by children generally.

OCSHCN works to promote and improve systems of care for children and youth with special health care needs, their families, and the communities in which they live. OCSHCN maintains its critical Title V role by assisting families in accessing appropriate care and services for CYSHCN; promoting the increased involvement of families and youth within OCSHCN, other ADHS programs and other child-serving agencies; providing training on best practices related to medical home, cultural competence, pediatric to adult transition and family centered care; funding contracts for respite and palliative care, overnight stays that enable families to stay near their hospitalized CYSHCN, increased inclusion of CYSHCN in community-based wellness activities and health advocacy for their families and in health policy development with our County health departments.

# Youth & Parents of Children with Special Health Care Needs

## Performing Care Coordination Activities

Care coordination is a central, ongoing component of an effective system of care for children and youth with special health care needs and their families. Care coordination engages families in development of a care plan and links them to health and other services that address the full range of their needs and concerns. Principles of coordination reflect the central role of families and the prioritization of child and family concerns, strengths and needs in effective care of children with special health care needs. Activities of care coordination may vary from family to family, but start with identification of individual child and family needs, strengths and concerns, and aim simultaneously at meeting family needs, building family capacity and improving systems of care. (Massachusetts Consortium)

### **Why families want to know about care coordination:**

- The American Academy of Pediatrics, in a Policy Statement on Care Coordination states, "Children with special health care needs are estimated to account for 13% of all children, yet they represent 70% of health care expenditures... Individuals with chronic illness need coordinated services to provide chronic care management." (AAP, pg. 1238)
- The AAP Policy Statement continues, "It is apparent that these more extensive health and related services require forethought in the development of their structure and coordination." (AAP, pg. 1238)
- Care Coordination services are essential to a medical home\*, and part of the role of care coordination is to assist families and youth in preparing for transition to adult care.
- Adult care systems have not yet embraced the medical home philosophy of health care provision, nor does adult care provide the type of care coordination found in the pediatric medical home.
- Parents and youth, in preparation for eventual transition into adult care, must educate themselves to take on some aspects of the role of care coordinator; with a goal of forming a team with the health care provider and staff to promote optimal health care outcomes.

# Youth & Parents of Children with Special Health Care Needs

## Performing Care Coordination Activities

### How to begin:

- Discuss your desire to learn about care coordination with your provider and care coordinator (CC), also referred to as a case manager.
- If your primary care provider does not offer care coordination, see the resource list below.
- Establish a plan, with the CC, to review past and on-going care coordination activities undertaken for the youth/child. You may find a monthly phone conversation sufficient or a weekly email.
- Keep a personal medical record, electronically or in a notebook. (see Helpful Resources below to get started)
- Guide healthcare providers to address the youth or child directly, thereby promoting the patient's understanding of his/her own health and special health care needs.
- Assist providers in using strategies or technology that promotes communication with their patient.
- Provide appropriate opportunities for the patient to direct his/her own health care at every age and stage, to the extent possible.
- Whenever care coordination is provided, ask the CC what parts of that activity might be done by a parent or youth; begin sharing those duties as appropriate.
- Over time a youth or child may be able to update his/her insurance information, phone number, address or provide answers to "health history" and "why are you here today?" questions.
- A child may listen to parents making health care appointments and refilling prescriptions, as appropriate, and gradually as skills develop take over those tasks in their youth.
- Ask your CC to start thinking about care coordination activities as shared activities, with some duties moving to the patient and parent, with the CC giving technical assistance.
- Record parent and youth care coordination activities in the personal medical record.
- By the age of 18 many children will have gained, to the extent possible, experience and knowledge in directing their own health care.
- Young adults who have been given the knowledge and experience of participating as members of their health care team, have valuable skills in dealing effectively with adult health care providers and decisions in the future.

# Youth & Parents of Children with Special Health Care Needs

## Performing Care Coordination Activities

\* The Medical Home model is designed to provide a single point of coordination for all health care, including specialists, hospital, and post-acute care. Practices that qualify as Medical Homes receive supplemental payments to compensate them for their services. The primary care physician acts as the facilitator and manager of the patient-centered care, and coordinates all levels of care, including care provided by other specialist physicians. The rationale for the model is that this coordination can reduce fragmentation in patient care in ways that lower costs and lead to better overall patient outcomes (Bailit and Hughes 2008; O'Malley, Peikes, and Ginsburg 2008; Rosenthal 2008).

### Helpful resources:

<http://www.medicalhomeinfo.org/how/>

If you aren't working with a care coordinator these sites may provide technical assistance, support and guidance for you and your health care team.

[http://www.medicalhomeinfo.org/how/payment\\_and\\_finance/](http://www.medicalhomeinfo.org/how/payment_and_finance/)

This site includes an overview of care coordination, billing codes, examples of letters of medical necessity, sample durable medical equipment requests, and much more.

Medical home information: [http://www.medicalhomeinfo.org/for\\_families/](http://www.medicalhomeinfo.org/for_families/)

[http://www.medicalhomeinfo.org/tools/care\\_notebook.html](http://www.medicalhomeinfo.org/tools/care_notebook.html)

Personal medical record examples and forms

<http://nccc.georgetown.edu/documents/TransitionArticle.pdf>

Resources specifically for youth

# Youth & Parents of Children with Special Health Care Needs

## Performing Care Coordination Activities

### Sources:

American Academy of Pediatrics, Policy Statement, Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children, Council on Children with Disabilities. "Care Coordination in the Medical Home: Integrating Health and Related Systems of Care for Children with Special Health Care Needs." *Pediatrics*, Vol. 116, No. 5, November, 2005, Pgs. 1238-1244.  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1238>

Massachusetts Consortium for Children with Special Health Care Needs. "Care Coordination: Definition and Principles. June 2, 2005; revised October 6, 2005.  
<http://www.lpfch.org/programs/cshcn/Care%20Coordination%20Definition%20and%20Principles%20Massachusetts%20Consortium%20for%20C SHCN.pdf>

# Helpful Contact Information

## ALTCS Applications

Casa Grande	(520) 421-1500	Phoenix	(602) 417-6600
Chinle	1 (888) 800-3804	Glendale	(602) 417-6000
Cottonwood	(928) 634-8101	Prescott	1 (888) 778-5600
Flagstaff	1 (800) 540-5042	Show Low	1 (877) 537-1515
Globe/Miami	1 (888) 425-3165	Sierra Vista	(520) 459-7050
Kingman	1 (888) 300-8348	Tucson	1 (800) 824-2656
Lake Havasu City	1 (800) 654-2076	Yuma	(928) 782-0776

## AHCCCS Applications

For applications or assistance with the application process call 1 (855) 432-7587 or you may apply online at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)

## AzEIP Applications

Make a referral at <https://egov.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx> or get more information by calling (602) 635-9960 or 1 (888) 439-5609 or visit the website at <https://www.azdes.gov/azeip/>

## CRS Applications

For informatoin and assistance with the application process visit the website at <http://www.azahcccs.gov/Commercial/CRS.aspx>

## DDD Applications

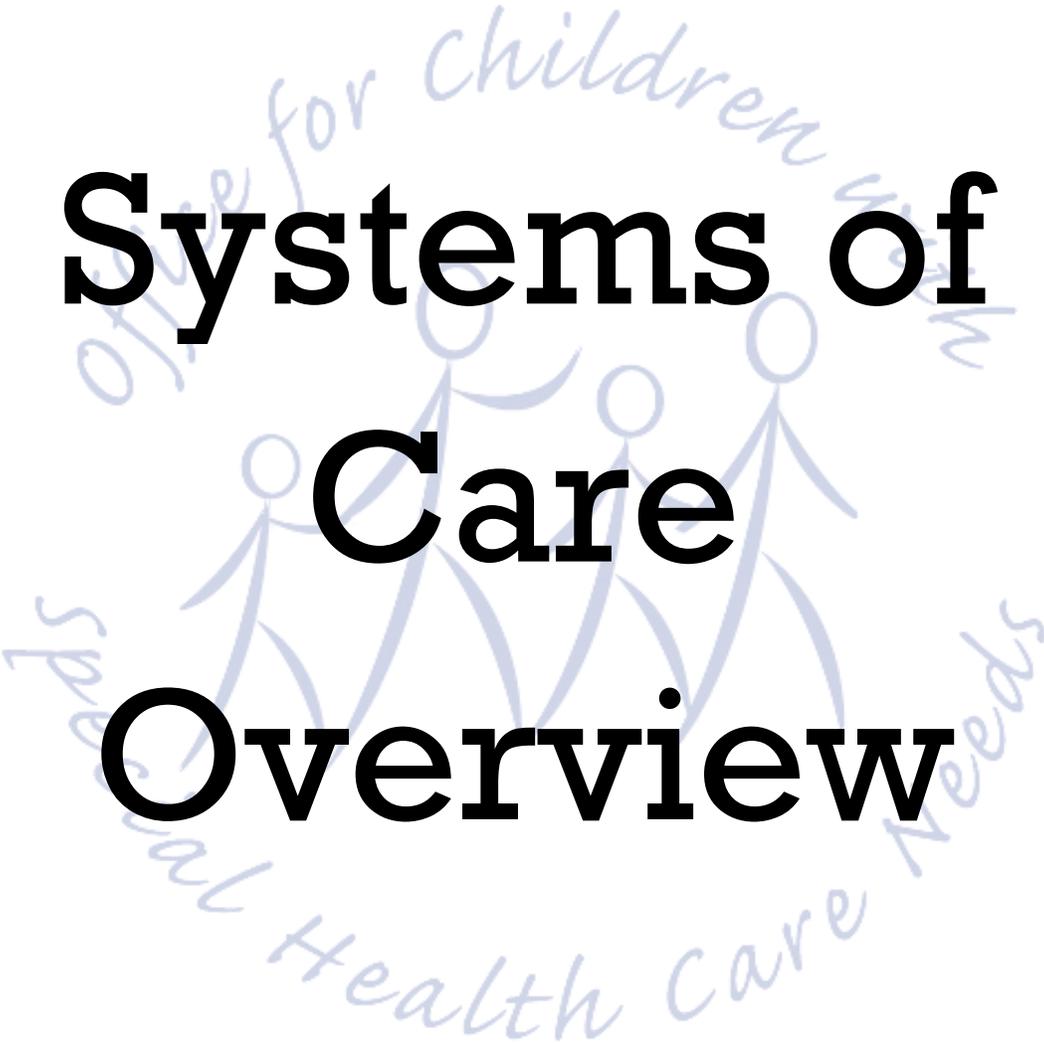
For application or information call 1 (866) 229-5553 (toll free) or go online to <https://www.azdes.gov/ddd/>

## Behavioral Health

<http://www.azdhs.gov/bhs/>

Maricopa County	1 (800) 564-5464	Mercy Maricopa Integrated Care
Cochise, Graham, Greenlee, Pima & Santa Cruz Counties	1 (800) 771-9889	Community Partnership of Southern Arizona
Apache, Coconino, Mohave, Navajo & Yavapai Counties	1 (800) 640-2123	Northern Regional Behavioral Health Authority (NARBHA)
Gila, La Paz, Pinal & Yuma Counties	1 (866) 495-6738	Cenpatico

# Systems of Care Overview



# UMBRELLA OF SERVICES

## AHCCCS

Arizona Health Care Cost Containment System

Medicaid

Qualify based on financial need

Offers a choice of comprehensive medical health plans and includes behavioral health services

## AzEIP

Arizona Early Intervention Program

Early intervention services for ages 0-3. Links to DDD at age 3

## CMDP

Comprehensive Medical Dental Program

For children in foster care

## ALTCS

Arizona's Long Term Care System

Qualify based on disability  
Long term and acute medical care

## CRS

Children's Rehabilitation Services

Multi-disciplinary specialty services for children ages birth -21 with eligible medical conditions who are eligible for AHCCCS.

## ALTCS/DDD

Division of Developmental Disabilities  
Qualify based on diagnosis of at-risk for DD, epilepsy, cognitive disability, cerebral palsy, autism.

For people of all ages.  
Offers case management, therapies, home and community based services.

## ALTCS/EPD

Elderly and Physically Disabled  
Qualify based on medical and financial need.

For people of all ages.  
Offers case management, nursing, equipment, etc.

## WIC

Women, Infants and Children

Based on income.  
Provides formula to children age 0-5

# Arizona Health Care Cost Containment System (AHCCCS)

Medical assistance, food stamps and cash assistance

<https://www.healthearizonaplus.gov/Default/Default.aspx>

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## For initial application:

Apply online at the link above,

Download and print a paper application at [www.azdes.gov/main.aspx?menu=357&id=5260](http://www.azdes.gov/main.aspx?menu=357&id=5260) and submit in person, via fax or send by mail to your nearest Department of Economic Security (DES) office, OR

Apply in person at your nearest DES office, which you may locate using this link <https://www.healthearizonaplus.gov/Default/Default.aspx> OR

Apply at any Women Infants and Children clinic (WIC) <https://clinicsearch.azbnp.gov/> OR at any

Community Health Center <http://www.aachc.org/locations>

For assistance with the application, call: 1 (855)432-7587

## Steps to apply:

1. Gather proof of income, citizenship, verification of Social Security number, costs associated with childcare or adult care for applicant and others in the household
2. Complete an application (paper or online) in English or Spanish
3. Provide required documents by fax / in person as stated on website above
4. Eligibility is determined within 45 days of receiving a complete application and all supporting documentation.



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2014

Where to Apply	Eligibility Criteria				General Information
	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits

### Coverage for Children

<b>Children Under Age 1</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	147% FPL 1      \$1,430 2      \$1,927 3      \$2,425 4      \$2,922 ..... Add \$497 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>Children Ages 1 – 5</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	141% FPL 1      \$1,372 2      \$1,849 3      \$2,326 4      \$2,803 ..... Add \$477 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>Children Ages 6 – 19</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1      \$1,294 2      \$1,744 3      \$2,194 4      \$2,644 ..... Add \$450 per Add'l person	N/A	Required	N/A	AHCCCS Medical Services <sup>2</sup>
<b>KidsCare Children Under Age 19</b>	The KidsCare program is currently frozen. No new applications are being accepted.	200% FPL 1      \$1,945 2      \$2,622 3      \$3,299 4      \$3,975 ..... Add \$677 per Add'l person	N/A	Required	<ul style="list-style-type: none"> <li>▪ Not eligible for Medicaid</li> <li>▪ No health insurance coverage within last 3 months</li> <li>▪ Not available to State employees, their children, or spouses</li> <li>▪ \$10 - \$70 monthly premium covers all eligible children</li> </ul>	AHCCCS Medical Services <sup>2</sup>

### Coverage for Individuals

<b>Parent &amp; Caretaker Relatives</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	106% FPL 1      \$1,031 2      \$1,390 3      \$1,749 4      \$2,107 ..... Add \$359 per Add'l person	N/A	Required		AHCCCS Medical Services <sup>2</sup>
<b>Adults</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	133% FPL 1      \$1,294 2      \$1,744 3      \$2,194 4      \$2,644 ..... Add \$450 per Add'l person	N/A	Required	<ul style="list-style-type: none"> <li>▪ 19 years of age or older</li> <li>▪ Under age 65</li> <li>▪ Not entitled to Medicare</li> <li>▪ Adult's children must have health insurance coverage</li> <li>▪ Ineligible for any other categorical Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>2</sup>

### Coverage for Women

<b>Pregnant Women</b>	www.healtharizonaplus.gov or DES/Family Assistance Office Call 1-855-HEA-PLUS for the nearest office	156% FPL 1      \$1,518 2      \$2,045 3      \$2,573 4      \$3,101 ..... Add \$528 per Add'l person (Limit increases for each expected child)	N/A	Required		AHCCCS Medical Services <sup>2</sup>
<b>Breast &amp; Cervical Cancer Treatment Program</b>	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A	N/A	Required	<ul style="list-style-type: none"> <li>▪ Under age 65</li> <li>▪ Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program</li> <li>▪ Ineligible for any other Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>2</sup>



## AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2014

Application	Eligibility Criteria				General Information
Where to Apply	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security Number	Special Requirements	Benefits

### Coverage for Elderly or Disabled People

<b>Long Term Care</b>	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	300% FBR \$ 2,163 Individual	\$2,000 Individual <sup>3</sup>	Required	<ul style="list-style-type: none"> <li>▪ Requires nursing home level of care or equivalent</li> <li>▪ May be required to pay a share of cost</li> <li>▪ Estate recovery program for the cost of services received after age 55</li> </ul>	AHCCCS Medical Services <sup>2</sup> , Nursing Facility, Home & Community Based Services, and Hospice
<b>SSI CASH</b>	Social Security Administration	100% FBR \$ 721 Individual \$1,082 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>SSI MAO</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 973 Individual \$1,311 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>2</sup>
<b>Freedom to Work</b>	www.healtharizonaplus.gov or mail an application to 801 E Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	250% FPL \$2,432 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>▪ Must be working and either disabled or blind</li> <li>▪ Must be age 16 through 64</li> <li>▪ Premium may be \$0 to \$35 monthly</li> </ul> <p>+</p> <ul style="list-style-type: none"> <li>▪ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home &amp; Community Based Services, or Hospice)</li> </ul>	AHCCCS Medical Services <sup>2</sup>  Nursing Facility, Home & Community Based Services, and Hospice

### Coverage for Medicare Beneficiaries

<b>QMB</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	100% FPL \$ 973 Individual \$1,311 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> </ul>	Payment of Part A & B premiums, coinsurance, and deductibles
<b>SLMB</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	120% FPL \$ 973.01 – \$1,167 Individual \$1,311.01 – \$1,573 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> </ul>	Payment of Part B premium
<b>QI-1</b>	www.healtharizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	135% FPL \$1,167.01 – \$1,313 Individual \$1,573.01 – \$1,770 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> <li>▪ Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants and must provide documentation of identity and U.S. Citizenship or immigrant status. Applicants for the Children, Caretaker Relative, Pregnant Women, Adult, SSI-MAO, and Long Term Care programs who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

**NOTES:** 1 Income deductions vary by program, but may include work expenses and educational expenses.

2 AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

3 If the applicant has a spouse living in the community, between \$23,448 and \$117,240 of the couple's resources may be disregarded.

# Arizona Early Intervention Program (AzEIP)

Phone 602-635-9799 or 888-592-0140  
English/Spanish phone line 602-635-9810

Email: [AzEIPi.Info@raisingspecialkids.org](mailto:AzEIPi.Info@raisingspecialkids.org)  
<https://egov.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx>

*Anyone can make a referral online, by phone, or e-mail*

## MISSION

Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

## Who they serve

- Children age 0-3
- Must have evidence of developmental delay or disability or have a condition which has a high probability of resulting in a developmental delay or disability
- A child is considered to have a developmental delay or disability when he/she has not reached 50% of the developmental milestones expected at his/her chronological age

*Children may be evaluated in the following areas:*

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Self-help/adaptive development

Through a team based approach, an Individual Family Service Plan is developed and appropriate supports and resources are provided. These resources may include physical or occupational therapies, speech/language or feeding therapies, developmental education or support, as appropriate.

**Please consult the website above for current information regarding eligibility or family cost participation**

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Arizona Department of Health Services / Office for Children with Special Health Care Needs

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[OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov) / 602.542.1860 / 800.232.1676 / <http://www.azdhs.gov/phs/owch/ocshcn>

# Arizona Long Term Care (ALTCS)

<http://www.azahcccs.gov/applicants/application/ALTCS.aspx>

ALTCS (Arizona Long Term Care) is the State of Arizona's Medicaid program that provides long term care services (acute medical services and home and community based services), at little or no cost, to financially and medically eligible Arizona residents of any age with a **developmental disability (DD) or is elderly or physically disabled (EPD)**.

A pre-admission screening, called the PAS, is administered to every individual for the program. This functional assessment is completed by a social worker or nurse to assess if the applicant's condition requires the level of health care which is provided in a nursing or intermediate care facility. However, the applicant can live in their own homes or an assisted living facility and receive needed in-home services. The PAS is largely based upon assessing the applicant's ability to perform activities of daily living (eating, walking, toileting, bathing, and dressing); communication abilities; emotional and cognitive functioning (disruptive behaviors and aggression).

ALTCS has non-financial eligibility requirement for the applicant only if the applicant is single. For more information about the ALTCS process and what is considered countable income, contact your local office:

Casa Grande 520-421-1500	Globe/Miami 1-888-425-3165	Prescott 1-888-778-5600	Yuma 928-782-0776
Chinle 1-888-800-3804	Kingman 1-888-300-8348	Show Low 1-877-537-1515	
Cottonwood 928-634-8101	Lake Havasu City 1-800-654-2076	Sierra Vista 520-459-7050	
Flagstaff 1-800-540-5042	Phoenix 602-417-6600/602-471-6000	Tucson 1-800-824-2656	

## Steps to apply

1. Complete an application. Call your local ALTCS office to start an application in English or Spanish
2. Face-to-face medical interview scheduled to complete the pre-admission screening (PAS)
3. Medical documentation is submitted with application
4. Eligibility will be determined within 45 days of receiving a completed application and all supporting documentation.

# Arizona Long Term Care (ALTCS)

## For children under age 3

Children ages birth to 36 months may also be eligible under the Federal law, Individuals with Disabilities Education Act (IDEA), Part C, to receive early intervention services. Eligible children may receive a range of services under the Arizona Early Intervention Program (AzEIP) based on **educational** necessity such as occupational therapy, physical therapy, speech & language therapy and support / care coordination services.

AzEIP Family Cost Participation requires some families to share in the cost of certain early intervention services, based on income. For more information in English and Spanish about AzEIP and Family Cost Participation, see <https://www.azdes.gov/AzEIP/> for current details.

**Please consult the websites above for current information on eligibility or share of cost**

## Long Term Care Assessment

**Patient:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Appointment Date:** \_\_\_\_\_

**Caregivers:**  Biological family  Extended family  Foster family  Group Home  Other \_\_\_\_\_

Caregiver Name	Relationship	Home #	Work #	Cellular/Pager

**Diagnoses: medical, developmental, behavioral/mental health**


**Community Services used: please specify**

- DDD Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- ALTCS (Arizona Long Term Care) Plan name: \_\_\_\_\_
- CPS Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Nursing Services Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Skilled Nursing Hours: \_\_\_\_\_
  - Respite Nursing Hours: \_\_\_\_\_
- Respite Services Agency: \_\_\_\_\_ Hours: \_\_\_\_\_
- Home Health Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Behavioral Health or counseling: \_\_\_\_\_
- CRS (Children’s Rehabilitation Services): Which clinics? \_\_\_\_\_
- Support groups: \_\_\_\_\_
- Other: \_\_\_\_\_
- Services needed:** \_\_\_\_\_

**Functional information: mark appropriately**

- Hygiene:**  Independent  Partial Assistance  Total Assistance
- Toileting:**  Independent  Partial Assistance  Diaper Dependent (total assist)
- Ambulation:**  Independent  Partial Assistance  Total Assistance  
 Type of aide \_\_\_\_\_  
 Non-Ambulatory  Uses wheelchair  manual  power
- Feeding:**  Independent  Partial Assistance  Total Assistance
- Communication:**  Verbal  Uses communication device  Sign Language  No skills

**Therapies: Specify which currently receiving or *Not applicable***

- Speech: \_\_\_\_\_ X/wk  Home  School  Needs, but not receiving
- Occupational: \_\_\_\_\_ X/wk  Home  School  Needs, but not receiving
- Physical: \_\_\_\_\_ X/wk  Home  School  Needs, but not receiving
- Horse: \_\_\_\_\_ X/wk  Needs, but not receiving
- Other: \_\_\_\_\_

Long Term Care Assessment

School Information: please specify or  *No special services required*

Homebound schooling:  Yes  No

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Type of classroom (self-contained, mainstream, resource classes, etc): \_\_\_\_\_

Services/modifications receiving at school: \_\_\_\_\_

Do you need assistance with advocacy issues at school?  yes  no

Transportation: Indicate current/primary source

- Personal vehicle ( wheelchair accessible  adaptive car seat  sits independently in car)
- Taxi service
- Dial-a-Ride (or other disability-accessible transportation)
- Public bus

Supplies:

Disposable:  Not applicable

Items:  Trach: brand/size/quantity per month: \_\_\_\_\_

Catheters: type/size/quantity per month: \_\_\_\_\_

Oxygen: route/amount/frequency of use: \_\_\_\_\_

Tube Feeding supplies: \_\_\_\_\_

Items needed: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Durable medical equipment:  Not applicable

Items:  Manual Wheelchair  Power Wheelchair

Hospital bed

Specialized mattress (to prevent skin breakdown)

Bath or shower chair

Adaptive car seat

Walker  Gait Trainer  Stander

Toilet support system

Feeder or positioning seat

Suction machine

Lift/s: \_\_\_\_\_

Orthotics: \_\_\_\_\_

Positioning Aides: \_\_\_\_\_

Monitors: \_\_\_\_\_

Other: \_\_\_\_\_

Items needed: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any additional information or concerns you would like us to know about you and your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Evaluación de Cuidado a Largo Plazo

**Paciente:** \_\_\_\_\_ **F./nac.:** \_\_\_\_\_ **Fecha de hoy:** \_\_\_\_\_

**Cuidadores:**  Familia Biológica  Otros familiares  Familiares postizos  Hogar de Grupo  
 Sí Mismo  Otros \_\_\_\_\_

Cuidador(a)	Parentesco	Tel. en casa	Tel. en el trabajo	Celular/"bíper"

**Diagnósticos: médico, del desarrollo, del comportamiento o de la salud mental**


**Servicios comunitarios que se usan:** por favor, indíquelos

- DDD: Encargado/a del caso: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- ALTCS (Sistema de Cuidados a Largo Plazo de Arizona): \_\_\_\_\_
- CPS: Encargado/a del caso: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Dentista: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Agencia de servicios de enfermería: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
 Horas de enfermería práctica: \_\_\_\_\_  Horas de enfermería de relevo: \_\_\_\_\_
- Agencia de servicios de relevo: \_\_\_\_\_ Horas: \_\_\_\_\_
- Proveedor de efectos médicos del hogar: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Autoridad Regional de Salud Mental o consejerías: \_\_\_\_\_
- CRS (Servicios de Rehabilitación de Niños) ¿Qué clínicas? \_\_\_\_\_
- Grupos de apoyo: \_\_\_\_\_
- Otros: \_\_\_\_\_
- Servicios que se necesitan:* \_\_\_\_\_

**Información del funcionamiento:** marque lo indicado

- Higiene:**  Independiente  Ayuda en parte  Ayuda para todo
- Baño:**  Independiente  Ayuda en parte  Usa pañales (ayuda para todo)
- Caminar:**  Independiente  Ayuda en parte: clase de aparato \_\_\_\_\_  
 No camina  Usa silla de ruedas:  manual  automática
- Alimentarse:**  Independiente  Ayuda en parte  Ayuda para todo
- Comunicación:**  Verbal  Usa aparato para comunicarse  Lenguaje de señas  Sin destrezas

**Terapias:** Indique cuáles se le están dando ahora o  *No se le dan*

- Del habla: \_\_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le dan
- Ocupacional: \_\_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le dan
- Física: \_\_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le dan
- A caballo: \_\_\_\_\_ veces/semana  la necesita, pero no se le dan
- Otra: \_\_\_\_\_

## Evaluación de Cuidado a Largo Plazo

**Información sobre la Escuela:** por favor, indíquelos o  *No le hacen falta servicios especiales*

*Enseñanza en el hogar:*  Sí  No

Escuela: \_\_\_\_\_ Año o grado: \_\_\_\_\_ Fecha anticipada de graduación: \_\_\_\_\_

Salón de clases (homogéneo, convencional, salón recurso, etc.) \_\_\_\_\_

Servicios o modificaciones que se le dan en la escuela: \_\_\_\_\_

¿Necesita ayuda para que aboguen en asuntos de la escuela?  sí  no

¿Ya empezaron en su escuela a atender los asuntos de la transición de la enseñanza?  sí  no

**Transportación:** Indique el medio actual/principal

- Vehículo particular ( accesible a silla de ruedas  silla adaptable  se sienta independientemente en el vehículo)
- Servicio de taxi
- Servicio de *Dial-a-Ride* (u otra transportación accesible a discapacidades)
- Autobús público

**Efectos:**

*Desechables:*  No los usa

**Artículos:**  cánula traqueal: marca/tamaño/cantidad al mes: \_\_\_\_\_

Catéteres: clase/tamaño/cantidad al mes: \_\_\_\_\_

Oxígeno: vía/cantidad/frecuencia de uso: \_\_\_\_\_

Efectos de alimentación por tubo: \_\_\_\_\_

*Artículos necesitados:* \_\_\_\_\_

**Proveedor:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**Proveedor:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**Equipo médico duradero:**  No lo usa

**Artículos:**  silla de ruedas manual  silla de ruedas automática

cama de hospital

colchón especial (para evitar que se corrompa la piel)

silla de baño o ducha

silla de carro adaptable

carrito de andar  aparato para enseñar a andar derecho/a  aparato para ponerse de pie

aparato de sostén en el inodoro

asientos para alimentarse o posicionarse

máquina de succión

ascensor(es): \_\_\_\_\_

sostenes ortopédicos: \_\_\_\_\_

aparatos para posicionarse: \_\_\_\_\_

aparatos de observación: \_\_\_\_\_

otros: \_\_\_\_\_

*artículos que necesita:* \_\_\_\_\_

**Proveedor:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

Alguna otra información o preocupación que usted quiera que sepamos sobre usted y su familia:

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## Long Term Care Assessment for Teens

**Patient:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Appointment Date:** \_\_\_\_\_

**Caregivers:**  Biological family  Extended family  Foster family  Group Home  Self  Other \_\_\_\_\_

Caregiver Name	Relationship	Home #	Work #	Cellular/Pager

**Diagnoses:** Medical, developmental, behavioral/mental health


**Transition issues:** please specify those areas of interest or concern to you

- Medical transition to adult physicians
- Guardianship
- Long term living arrangements (i.e. independent living, group homes, skilled nursing facilities)
- Education (i.e. preparing to leave school, pursuit of higher education, etc)
- Employment and/or vocational rehabilitation
- Community participation
- Transportation
- Other: \_\_\_\_\_

**Community Services used:** please specify

- DDD Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- ALTCS (Arizona Long Term Care) Plan name: \_\_\_\_\_
- CPS Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Nursing Services Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
- Skilled Nursing Hours: \_\_\_\_\_  Respite Nursing Hours: \_\_\_\_\_
- Respite Services Agency: \_\_\_\_\_ Hours: \_\_\_\_\_
- Home Health Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Behavioral Health or counseling: \_\_\_\_\_
- CRS (Children's Rehabilitation Services): Which clinics? \_\_\_\_\_
- Support groups: \_\_\_\_\_
- Other: \_\_\_\_\_
- Services needed:** \_\_\_\_\_

**School Information:** please specify or  *No special services required*

Homebound schooling:  Yes  No

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Type of classroom (self-contained, mainstream, resource classes, etc): \_\_\_\_\_

Services/modifications receiving at school: \_\_\_\_\_

**Do you need assistance with advocacy issues at school?**  yes  no

**Has your school begun to address education transition issues?**  yes  no

## Long Term Care Assessment for Teens

**Functional information:** mark appropriately

- Hygiene:**  Independent  Partial Assistance  Total Assistance  
**Toileting:**  Independent  Partial Assistance  Diaper Dependent (total assist)  
**Ambulation:**  Independent  Partial Assistance Type of aide \_\_\_\_\_  
 Non-Ambulatory  Uses wheelchair  manual  power  
**Feeding:**  Independent  Partial Assistance  Total Assistance  
**Communication:**  Verbal  Uses communication device  Sign Language  No skills

**Therapies:** Specify which currently receiving or  *Not applicable*

- Speech: \_\_\_\_X/wk  Home  School  Needs, but not receiving  
 Occupational: \_\_\_\_X/wk  Home  School  Needs, but not receiving  
 Physical: \_\_\_\_X/wk  Home  School  Needs, but not receiving  
 Horse: \_\_\_\_X/wk  Needs, but not receiving  
 Other: \_\_\_\_\_

**Transportation:** Indicate current/primary source

- Personal vehicle ( wheelchair accessible  adaptive car seat  sits independently in car)  
 Taxi service  
 Dial-a-Ride (or other disability-accessible transportation)  
 Public bus

**Supplies:**  *Not applicable*

**Disposable:**

- Items:**  Trach: brand/size/quantity per month: \_\_\_\_\_  
 Catheters: type/size/quantity per month: \_\_\_\_\_  
 Oxygen: route/amount/frequency of use: \_\_\_\_\_  
 Tube Feeding supplies: \_\_\_\_\_  
 **Items needed:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Durable medical equipment:** please specify

- Items:**  Manual Wheelchair  Power Wheelchair  
 Hospital bed  
 Specialized mattress (to prevent skin breakdown)  
 Bath or shower chair  
 Adaptive car seat  
 Walker  Gait Trainer  Stander  
 Toilet support system  
 Feeder or positioning seat  
 Suction machine  
 Lift/s: \_\_\_\_\_  
 Orthotics: \_\_\_\_\_  
 Positioning Aides: \_\_\_\_\_  
 Monitors: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 **Items needed:** \_\_\_\_\_

Any additional information or concerns you would like us to know about you and your family:

## Evaluación de CUIDADO a largo plazo para *Adolescentes*

**Paciente:** \_\_\_\_\_ **F./nac.:** \_\_\_\_\_ **Fecha de hoy:** \_\_\_\_\_

**Cuidadores:**  Familia Biológica  Otros familiares  Familiares postizos  Hogar de Grupo  
 Sí Mismo  Otros \_\_\_\_\_

Cuidador(a)	Parentesco	Tel. en casa	Tel. en el trabajo	Celular/"biper"

**Diagnósticos:** médico, del desarrollo, del comportamiento o de la salud mental


**Asuntos de la transición:** por favor, indique las áreas que le interesen o le preocupen

- Transición médica a doctores de adultos
- Tutela
- Arreglos de la vida a largo plazo (Ej.: vida independiente, hogares de grupos, recintos con enfermería práctica)
- Enseñanza (Ej.: prepararse para terminar los estudios, estudios superiores, etcétera)
- Empleo y/o rehabilitación vocacional
- Participación en la comunidad
- Transportación
- Otras: \_\_\_\_\_

**Servicios comunitarios que se usan:** por favor, indique

- DDD: Encargado/a del caso: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- ALTCS (Sistema de Cuidados a Largo Plazo de Arizona): \_\_\_\_\_
- CPS: Encargado/a del caso: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Dentista: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Agencia de servicios de enfermería: \_\_\_\_\_ Teléfono: \_\_\_\_\_
  - Horas de enfermería práctica: \_\_\_\_\_
  - Horas de enfermería de relevo: \_\_\_\_\_
- Agencia de servicios de relevo: \_\_\_\_\_ Horas: \_\_\_\_\_
- Proveedor de efectos médicos del hogar: \_\_\_\_\_ Teléfono: \_\_\_\_\_
- Autoridad Regional de Salud Mental o consejerías: \_\_\_\_\_
- CRS (Servicios de Rehabilitación de Niños) ¿Qué clínicas? \_\_\_\_\_
- Grupos de apoyo: \_\_\_\_\_
- Otros: \_\_\_\_\_
- Servicios que se necesitan:* \_\_\_\_\_

**Información sobre la Escuela:** por favor, indique o  *No le hacen falta servicios especiales*

*Enseñanza en el hogar:*  Sí  No

Escuela: \_\_\_\_\_ Año o grado: \_\_\_\_\_ Fecha anticipada de graduación: \_\_\_\_\_

Salón de clases (homogéneo, convencional, salón recurso, etc.) \_\_\_\_\_

Servicios o modificaciones que se le dan en la escuela: \_\_\_\_\_

¿Necesita ayuda para que aboguen por usted en asuntos de la escuela?  sí  no

¿Ya empezaron en su escuela a atender los asuntos de la transición de la enseñanza?  sí  no

## Evaluación de CUIDADO a largo plazo para *Adolescentes*

**Información del funcionamiento:** marque lo indicado

- Aseo:**  Independiente  Ayuda en parte  Ayuda para todo  
**Necesidades:**  Independiente  Ayuda en parte  Usa pañales (ayuda para todo)  
**Caminar:**  Independiente  Ayuda en parte: clase de aparato \_\_\_\_\_  
 No camina  Usa silla de ruedas:  manual  automática  
**Alimentarse:**  Independiente  Ayuda en parte  Ayuda para todo  
**Comunicación:**  Verbal  Usa aparato para comunicarse  Idioma de señas  Sin destrezas

**Terapias:** Indique cuáles se le están dando ahora o  *No se le dan*

- Del habla: \_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le da  
 Ocupacional: \_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le da  
 Física: \_\_\_\_ veces/semana  en casa  en la escuela  la necesita, pero no se le da  
 A caballo: \_\_\_\_ veces/semana  La necesita, pero no se le da  
 Otra: \_\_\_\_\_

**Transportación:** Indique el medio actual/principal

- Vehículo particular ( asequible a silla de ruedas  silla adaptable  se sienta independientemente en el carro)  
 Servicio de taxi  
 Servicio de *Dial-a-Ride* (u otra transportación asequible a discapacitados)  
 Autobús público

**Efectos:**  *No los usa*

**Desechables:**

- Artículos:**  cánula traqueal: marca/tamaño/cantidad al mes: \_\_\_\_\_  
 Catéteres: clase/tamaño/cantidad al mes: \_\_\_\_\_  
 Oxígeno: vía/cantidad/frecuencia de uso: \_\_\_\_\_  
 Efectos de alimentación por tubo: \_\_\_\_\_  
 **Artículos necesarios:** \_\_\_\_\_

**Equipo médico duradero:** por favor, indique

- Artículos:**  silla de ruedas manual  silla de ruedas automática  
 cama de hospital  
 colchón especial (para evitar que se corrompa la piel)  
 silla de tina o regadera  
 silla de carro adaptable  
 carrito de andar  aparato para enseñar a andar derecho/a  aparato para ponerse de pie  
 aparato de sostén en el inodoro  
 asientos para alimentarse o posicionarse  
 máquina de succión  
 ascensor(es): \_\_\_\_\_  
 sostenes ortopédicos: \_\_\_\_\_  
 aparatos para posicionarse: \_\_\_\_\_  
 aparatos de observación: \_\_\_\_\_  
 otros: \_\_\_\_\_  
 *artículos que necesita:* \_\_\_\_\_

Alguna otra información o preocupación que usted quiera que sepamos sobre usted y su familia:

\_\_\_\_\_

# Children's Rehabilitative Services

Children's Rehabilitative Services (CRS) provides medical care and support services to children and youth who have certain chronic, disabling or potentially disabling conditions and meet current eligibility requirements. Current CRS eligibility information is available at <http://www.uhccommunityplan.com/plan/details/AZ/192/MEDICAID/plan-details>

Some of the conditions covered by CRS include:

Cerebral Palsy  
Metabolic disorders  
Hydrocephalus  
Spina Bifida

Cystic Fibrosis  
Scoliosis  
Sickle Cell anemia  
Rheumatoid arthritis

CRS members have access to a statewide network of providers. Members can get care and services in a clinic or in a clinic-like setting such as a field clinic or a virtual clinic. Pharmacies, therapies, labs and diagnostic services are available to members in clinics or close to their own communities. Some of the services provided by CRS include:

- Surgery
- Hospitalization
- Medication
- Nutritional evaluation and some supplements
- Manual and power wheelchairs and associated repairs

*As of October 1, 2013, CRS members may receive their specialty care, acute care, and behavioral health care through CRS. You may find more information at the link above.*

Children who have AHCCCS or Arizona Long Term Care System (ALTCS) as their sole insurance provider are required by the state to see their specialist(s) through CRS

## Member Services

Member Services is available 24 hours a day, 7 days a week by calling 1-866-275-5776 or 1-800-367-8939 (TDD) for the hearing impaired. You may call Member Services in order to:

- Apply for CRS services or get help completing the application
- Make or change an appointment
- Find a doctor, pharmacy, or other health care provider
- Request a member handbook or replacement member ID card

# Children's Rehabilitative Services

- File a grievance or complaint
- Ask questions about your benefits
- Talk to someone in your preferred language
- Request information in your preferred language or alternate format

## How to Apply

You may apply for CRS services by filling out an application, then mailing/faxing the completed application to the address/phone number found at the top of the page. Anyone can fill out an application including a family member, doctor, or health plan representative. To obtain an application you may:

- Call Member Services at 1-866-275-5776
- Download an application from the United HealthCare web site at <http://www.uhccommunityplan.com/plan/details/AZ/324/CHIP/how-to-enroll>

**Please consult the website above for current information regarding eligibility**

# Arizona Department of Economic Security Division of Developmental Disabilities (DDD)

[www.azdes.gov/ddd/default.asp](http://www.azdes.gov/ddd/default.asp)

Statewide Information:

Mailing Address: Post Office Box 6123, 1789 W Jefferson Avenue, SC 791A  
Phoenix, Arizona 85005

Telephone: (602) 542-0419 or Toll-free 1-866-229-5553

Facsimile: 602-542-6870

You may locate the DDD district office nearest you at:

<https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/DDD-1474AFORNA.pdf>

## Steps to apply

1. Complete a DDD and Arizona Long Term Care System (ALTCS) application
2. Family collects medical documentation and presents at time of application
3. Face-to-face eligibility interview (ALTCS Preadmission Screening)
4. DDD & ALTCS has 45 days to process application

## To be eligible for DDD services, the applicant must

- *Be a resident of Arizona*
- *Voluntarily* apply (needs consent from the legally responsible person)
- Be at-risk of having a developmental delay up to age 6
- Have one of 4 diagnoses if over age 6: Autism, Cerebral Palsy, Cognitive Disability or Epilepsy
- Have disability occur prior to age 18 and
- The diagnosis must indicate that the condition is likely to continue indefinitely and result in substantial functional limitations in three or more of these areas:
  1. Self care (bathing, eating, hygiene)
  2. Receptive & Expressive Language
  3. Learning (acquiring and processing information)
  4. Mobility
  5. Self-Direction (manages finances, make independent decisions, etc.)
  6. Capacity for independent living
  7. Economic self-sufficiency

# Arizona Department of Economic Security Division of Developmental Disabilities (DDD)

## Services available

- Attendant Care and Housekeeping\*
- Coordination of Acute Care services for persons in DDD & ALTCS (e.g. adaptive aids, medical supplies, durable medical equipment, etc.)
- Day Treatment and Training Programs
- Habilitation\*
- Home Health Nurse or Aide
- Respite\*
- Support Coordination
- Therapies (occupational, physical or speech/language)
- Transportation

## Attendant Care, Habilitation and Respite Services

**\*What are attendant care services?** Attendant care services permit the individual to remain at home or participate in community activities and may include assisting with personal hygiene, daily living activities, maintaining safe and sanitary living conditions, planning and preparing meals. Attendant care can be supportive of individuals who live alone and unable to meet their own basic personal needs; those whose basic care needs cannot be met by their primary caregiver due to the caregiver's *own* disability or medical limitations; and for those whose basic care needs cannot be met by the primary caregiver on their own due to the intensity of the person's disability.

**\*What is habilitation?** Habilitation is designed to maximize the functioning of a person as well as provide training in activities related to routine household management, essential activities to meet personal, physical and social needs to allow or enhance performance of self-help skills, physical mobility and adaptive living skills.

**\*What is respite?** Respite services are intended to provide short-term care and supervision to the eligible child or adult to relieve the caregivers. Individuals who are cared for by respite providers must be eligible for supports and services through the Division. Respite can be provided in the individuals' home or outside their home. It can also be used over a 24-hour period.

Services **must** be first outlined in the individual's Individual Service Plan (ISP) and the hours of services must be authorized by the Division before

# Arizona Department of Economic Security Division of Developmental Disabilities (DDD)

services can begin. For some services, an assessment may need to be completed to determine the level of care the individual will need to remain safe and healthy. Each enrolled Division member will have a Support Coordinator assigned to help them access services and supports through the Division. The Support Coordinator will ensure that appropriate authorization has been provided and documented in the ISP. The Support Coordinator may also help the family or individual with finding a provider, as requested.

The Division maintains a list of provider agencies. Each agency hires their own pool of people as their providers. It is up to the family member, caregiver or individual to choose the most appropriate person to work with them. Many families find their own providers (possibly a family friend, extended family member, teacher, etc) and then have this person become respite certified through an agency.

## **Family Members as Paid DDD Providers**

In some situations, family members may be paid to provide certain services. Parents, stepparents or guardians may be paid to provide supports to their family member with a developmental disability if they are over age 18.

Guardians of children under age 18 may not be paid to provide services **except** under extraordinary circumstances such as high support or medical needs and must be approved by the Division's Assistant Director.

Family members are expected to abide by all the requirements in their contract in addition to all the Division's policies, procedures, laws and rules.

To learn more about the Division's policy on Family Members as Paid Providers, see Chapter 600 Services in the Policy and Procedure Manual <https://www.azdes.gov/main.aspx?menu=96&id=2844> starting on page 600-5.

**Please consult the websites above for current information on eligibility or share of cost**

# Medical Services Project

[http://azaap.org/Medical\\_Services\\_Project](http://azaap.org/Medical_Services_Project)

For nearly 20 years, physicians statewide have donated their services to thousands of uninsured children through the Medical Services Project (MSP), a program of the Arizona Chapter of the American Academy of Pediatrics (AZAAP).

The concept behind the Medical Services Project is very simple. Registered nurses, in participating school districts and some county health departments, identify uninsured children who meet eligibility criteria. The nurses schedule appointments for them with participating Medical Services Project providers who have agreed to provide care for uninsured children for a specific number of appointments each month. The providers also agree to accept an assigned fee of either \$5 or \$10 from the child's family as payment-in-full for the office visit.

A child in need of acute, non-emergency care may be referred to the Medical Services Project is through a school nurse, public health nurse or Head Start program. Not all communities participate in the Medical Services Project.

- If your child is in school, ask your school nurse if your community participates in the Medical Services Project.
- If your school age child has a younger brother or sister, ask your school nurse if your community participates in the Medical Services Project for younger siblings.
- If your child is in Maricopa County Head Start, ask Head Start if they participate in the Medical Services Project.
- If your child is in Mohave or Pima County, ask a public health nurse if they participate in the Medical Services Project.

For more information about the Medical Services Project you may call: (602) 364-1400.

**Common ICD-9 Codes  
for Children/Youth with Special Health Care Needs**

ACNE	706.10	HEMOPHILIA	286.00
ADD	314.00	HIV	042
ADHD	314.01	HYDROCEPHALY (ACQUIRED)	331.40
ALLERGIC RHINITIS	477.90	HYDROCEPHALY (CONGENITAL)	742.3
ALLERGIES	995.30	HYPERTHYROIDISM	242.9
ANOREXIA	307.10	HYPOPLASTIC LEFT HEART	746.7
ANXIETY DISORDER	300.00	HYPOTHYROIDISM	244.90
APNEA	770.80	HYPOTONIA	781.30
ASTHMA/RAD	493.90	IMMUNODEFICIENCY DISORDERS	279.30
AUTISM	299.00	INTRAUTERINE EXPOSURE TO DRUGS	760.71
BEE-STING ALLERGY	989.50	JUVENILE RHEUMATOID ARTHRITIS	714.30
BIPOLAR DISORDER	296.80	LEAD POISONING	984.90
BPD	770.70	LEARNING DISABILITIES	315.20
BULIMIA	307.51	LUPUS	710.00
BURNS-MULTIPLE SITES	943.35	MENTAL RETARDATION (MILD)	317.00
CANCER (BRAIN TUMOR)	191.00	MENTAL RETARDATION (MODERATE)	318.00
CANCER (LEUKEMIA)	208.90	MENTAL RETARDATION (SEVERE)	318.10
CEREBRAL PALSY (GENERAL)	343.90	MENTAL RETARDATION (PROFOUND)	319.00
CEREBRAL PALSY (QUADRIPLEGIA)	344.00	METABOLIC/MITOCHONDRIAL D/O	277.90
CEREBRAL PALSY (PARAPLEGIA)	344.10	MICROCEPHALY	742.10
CHILD ABUSE	995.50	MULTIPLE SCLEROSIS	340.00
CHRONIC LIVER DISORDER	571.90	MUSCULAR DYSTROPHY	359.00
CHRONIC RENAL DISORDER	582.90	NYSTAGMUS	379.50
CHRONIC SERIOUS OTITIS MEDIA	381.10	OBESITY	278.00
CHROHNS DISEASE	555.90	OCD	300.30
CONGENITAL ANOMALIES	759.00	PANIC DISORDER	300.01
CONGENITAL HEART DISEASE	746.90	PERSONALITY DISORDER	301.00
CONSTIPATION	564.00	PKU	270.01
CSF SHUNT (VP OR VA)	V45.2	PRADER WILLI	759.81
CYSTIC FIBROSIS	277.00	PREMATURITY	765.10
DEPRESSION	311.00	RHEUMATOID ARTHRITIS (JUVENILE)	714.00
DIABETES	250.00	SCOLIOSIS (CONGENITAL)	754.20
DOWN SYNDROME	758.00	SCOLIOSIS (ACQUIRED POSTURAL)	737.30
DYSLEXIA	784.61	SEXUAL ABUSE	995.53
DEVELOPMENTAL DELAYS	315.02	SICKLE CELL DISEASE	282.60
ECZEMA	692.90	SEIZURE DISORDER NOS	780.39
ENCEPHALOPATHY	348.30	SPEECH/LANGUAGE DISORDER	315.31
ENCOPRESIS	787.60	SPINA BIFIDA	741.00
ENTERAL FEEDER (G-TUBE)	V44.1	SPINAL CORD INJURY	342.90
ENTERAL FEEDER (J-TUBE)	V44.4	STRABISMUS	378.90
ENTERAL FEEDER (NG TUBE)	96.60	TETROLOGY OF FALLOT	745.20
EPILEPSY	345.90	TOURETTE'S SYNDROME	307.20
FTT	783.70	TRACHEOMALACIA	519.10
FEBRILE SEIZURE	780.31	TRACHEOSTOMY	V44.0
FAS/FAE	760.71	TRAUMATIC BRAIN INJURY	850.00
FOSTER CARE	V61.29	TRISOMY 13	758.10
FRAGILE X	789.83	TRISOMY 18	758.20
GERD	530.10	TUBEROUS SCLEROSIS	759.50
GROSS MOTOR DELAYS	783.40	UTI	599.00
HEAD TRAUMA	959.01	VENTILATOR DEPENDENT	518.81
HEARING IMPAIRMENT	389.00	VISUAL IMPAIRMENT	369.90

ICD-9 Codes will be replaced with ICD-10-CM codes, when they come into effect, beginning October 1, 2014. You may find ICD-10 codes at <http://www.icd10data.com/ICD10CM/Codes>



**Coordination  
Guidance  
for  
Prescriptions**

# Coordination Guidance - Prescriptions

## 1. Wheelchair repairs, modifications or evaluation

- a. Indicate instructions on **MISC Rx (see sample)**
- b. Include relevant diagnoses and ICD-9/10 codes
- c. Consult health plan website for appropriate process
- d. A seating evaluation should be part of any new wheelchair evaluation.

## 2. Suction machine and/or repairs

- a. Indicate instructions on **MISC Rx (see sample)**
- b. If requested, include suction catheters as well
  - Oral catheters (Yaunkers): quantity 2-3/month
  - Deep suction catheters: specify Fr. Size and quantity per month
- c. Indicate reason for use: usually excessive secretions that cannot be self-controlled
- d. Indicate expected length of use: usually indefinite or lifetime
- e. Include all relevant diagnoses and ICD-9/10 codes
- f. Consult health plan website for appropriate process.

## 3. Formula: changes and/or new Rx's

- a. Indicate instructions on **FORMULA Rx**: Type of formula, Volume (cans/day), Rate (if by pump) or volume by bolus, Route, Current height and weight
- b. Include all relevant diagnoses and ICD-9/10 codes
- c. Consult health plan website for appropriate process.

*If formula is PO and patient is on AHCCCS complete Certificate of Medical Necessity (form 430-3) in addition to the above*

## For a new order for a thickening agent (i.e. Thicket or Simply Thick)

1. Results of barium swallow test indicating the need for thickening agent may be needed.
2. Initiate the request with the Primary Care Physician (PCP) or CRS specialist if related to the CRS eligible condition.
3. The PCP will prescribe the preferred agent.
4. The prescription can be filled at the health plan pharmacy.
5. Check with the pharmacy for thickening agents available over the counter.

## 4. Misc. disposable supplies

- a. Write Rx indicating item and specific amount on **MISC Rx (see sample)**
- b. If patient needs a higher than average amount of supplies, indicate the reason for the need for excessive supplies
- c. May require a letter of medical necessity for excessive supplies

# Coordination Guidance - Prescriptions

- d. Include all relevant diagnoses and ICD-9/10 codes
- e. Consult health plan website for appropriate process.

## Oxygen and wound care supplies

- f. Complete all areas on **WOUND CARE Rx or OXYGEN Rx (see sample)**
- g. Consult health plan website for appropriate process.

## 5. Diaper requests

- a. Complete **Rx for DIAPERS (see sample)**
- b. Indicate quantity per month ( $\#/day \times 31 = \text{TOTAL}$ )
- c. Indicate size (measure hip bone to hip bone in front only  $\times 2 + 2 =$  waist size)
- d. Indicate preference for pull-ups vs. diapers
- e. Indicate current brand used (for reference purposes)
- f. Include relevant diagnoses with ICD-9/10 codes
- g. Consult health plan website for appropriate process.

## 6. Therapies: New order, evaluation or continuation of on-going therapies

- a. Complete **Rx for THERAPIES (see sample)**
- b. Include treatment and duration: usually 1hr/wk for 12 months
- c. Consult health plan website for appropriate process.

## 7. Durable Medical Equipment (DME) requests

All requests must be accompanied by a detailed letter of medical necessity from an OT or PT.

*The only exceptions are Hoyer lifts and hospital beds*

- a. Indicate request on **DME Rx**
- b. Complete all areas on Rx
- c. Consult health plan website for appropriate process.
- d. Send Rx, DME questionnaire (if applicable), letter of medical necessity and any other supporting documents to assigned vendor
- e. Send **DME note to family** stating the request was completed

**\*\*NOTE:** if patient has a private health plan and AHCCCS, the private plan is billed first. You will need a denial from the private health plan before taking the request to the vendor for the AHCCCS plan.

# Coordination Guidance - Prescriptions

## **HOYER LIFTS:**

- a. Indicate request on **DME Rx (see sample)**
- b. Indicate preference for canvas sling, mesh sling or both types of slings.
- c. Complete all areas on Rx
- d. Consult health plan website for appropriate process.
- e. Send Rx, face sheet, and supporting MD notes to assigned vendor

## **HOSPITAL BEDS:**

- a. Indicate request on **DME Rx** (standard manual bed, semi-electric or full-electric bed)
- b. Indicate need for pads and rails (if applicable)
- c. Consult health plan website for appropriate process.
- d. Send Rx, health plan documentation, and MD notes to assigned vendor.
- e. Requests for semi-electric or full-electric beds must be accompanied by detailed notes indicating the need for these specific beds





**FORMULA Rx**

Patient Name:                     JOHN DOE                     D.O.B.           8/27/2001           Date:           7/22/2006          

**Rx** Orders: PLEASE PROVIDE NUTREN JR WITH FIBER, 4 CANS/DAY  
INCLUDE: ENTERAL PUMP, POLE, BAGS, EXT SETS FOR MICKEY BUTTON  
\_\_\_\_\_

Route: PO  NG  OG  G-tube  J-tube   
Button Brand: Mickey Size: Fr. 16 Cm 2.4  
If g-tube, how given: Bolus  Drip  Rate: \_\_\_\_\_

Dx's: G-TUBE (V44.1), SPINA BIFIDA (741.9), FTT (783.41)  
\_\_\_\_\_

Ht:           36"           Wt:           32#            
\_\_\_\_\_ M.D. \_\_\_\_\_ M.D.

Dispense as Written \_\_\_\_\_ Substitution Permissible \_\_\_\_\_  
DEA No. \_\_\_\_\_ Refill \_\_\_\_\_ times.

**MISC PRESCRIPTION**

Patient Name: JANE DOE D.O.B. 1/24/2005 Date: 1/12/2007

**Rx** Orders:

**(ATTACH HAND WRITTEN Rx TO THIS AREA)**

Dx's: CP (343.9), G-TUBE (V44.1), TRACH (V44.0), SEVERE MR (318.1)

\_\_\_\_\_ M.D. \_\_\_\_\_ M.D.  
Dispense as Written Substitution Permissible  
DEA No. Refill \_\_\_\_\_ mes.





## THERAPIES Rx

Patient Name: JANE DOE D.O.B. 12/25/2000 Date: 1/11/2007

**Rx**

*It is medically necessary for this patient to receive:*

	<u>Hours per week</u>	<u>Duration</u>	<u>1x Evaluation (YES or NO)</u>
Physical Therapy	<u>1</u>	<u>12 months</u>	<u>NO</u>
Speech Therapy	<u>1</u>	<u>12 months</u>	<u>NO</u>
Occupational Therapy	<u>1</u>	<u>12 months</u>	<u>NO</u>
Other: AQUA	<u>1</u>	<u>12 months</u>	<u>NO</u>
Other: HIPPO	<u>1</u>	<u>12 months</u>	<u>YES</u>

Dx's: AUTISM (299.0), MOD MR (318.0), HYPOTONIA (781.3)

\_\_\_\_\_ M.D. \_\_\_\_\_ M.D.

Dispense as Written

Substitution Permissible

DEA No. \_\_\_\_\_

Refill \_\_\_\_\_ times.



**WOUND CARE Rx**

Patient: JOHN DOE D.O.B. 7/27/1989 Date: 7/22/2006

**Rx** Orders: **PLEASE PROVIDE WOUND CARE SUPPLIES AS FOLLOWS:**

TYPE OF DRESSING (check box):	<input type="checkbox"/> Duoderm 3x3	Quantity
	<input checked="" type="checkbox"/> Duoderm 4x4	<u>1 month supply</u>
	<input type="checkbox"/> Sorbsan	_____
	<input type="checkbox"/> Tegaderm	_____
	<input type="checkbox"/> Sterile gauze 2x2	_____ (# of boxes)
	<input type="checkbox"/> Sterile gauze 4x4	_____ (# of boxes)
	<input type="checkbox"/> Non-Adherent 4x4	_____
	<input type="checkbox"/> Non-Adherent 5x9	_____
OTHER SUPPLIES:	<input type="checkbox"/> Roll Gauze	<input checked="" type="checkbox"/> Tape (paper, cloth or plastic)
	<input type="checkbox"/> Gloves (circle one) : Sterile, non-sterile, latex-free	<input type="checkbox"/> Peroxide <input type="checkbox"/> Betadine
	<input type="checkbox"/> Sterile Saline	<input type="checkbox"/> Sterile Q-tips

LENGTH OF USE: 4 WEEKS

RECOMMENDED CHANGE OF USE:  3-4 days  daily  weekly  other: \_\_\_\_\_

WOUND TYPE (check box):  surgical  decubitus  other: \_\_\_\_\_

**IF DECUBITUS, WHAT STAGE:**

Stage 1: non-peeling, reddened, intact skin

Stage 2: partial thickness, skin loss, epidermis and/or dermis

Stage 3: full thickness skin loss w/damage of subcutaneous tissue

Stage 4: full thickness skin loss w/tissue necrosis or bone damage

# OF WOUNDS: 2

LOCATION: COCCYX AND LEFT ELBOW

SIZE OF WOUND: 2" IN DIAMETER (BOTH)

Dx's: SPASTIC QUAD (343.2), DECUBITI (707.0)

\_\_\_\_\_ M.D. \_\_\_\_\_ M.D.

Dispense as Written                      Substitution Permissible

DEA No. \_\_\_\_\_                      Refill \_\_\_\_\_ times.

# Coordination Guidance

for

# Durable Medical Equipment

# DME Questionnaires

Durable Medical Equipment

# MEDICAL NECESSITY

Obtaining durable medical equipment (DME) for patients can be one of the most time-consuming and complicated aspects of care coordination. Using the right words and phrases to prove medical necessity is the best way to advocate on behalf of your patients and increase the likelihood of an approval for DME.

You must THINK like an insurance company & provide a justification that is based on medical fact *only*

## PROCESS FOR COMPLETING A REQUEST FOR DME

1. Obtain a comprehensive Letter of Medical Necessity (LMN) from a physical or occupational therapist for a specific piece of equipment: All DME requests require a LMN *except* standard hospital beds and hooyer lifts
2. Ensure the LMN contains all necessary information (as listed on next page)
3. Submit the following to the assigned durable medical vendor: *(If the patient has private health insurance & state insurance, you must FIRST submit the request through the vendor for the private plan. You will need a denial from the private plan before the secondary plan will review the request. State insurance is always considered the payor of last resort)*
  - \* LMN
  - \* Signed prescription detailing the request
  - \* Completed medical questionnaire form (if required by the insurance plan)
  - \* Patient demographics sheet
  - \* Any other supporting documentation (evaluations, H/P)
4. Inform the parent of the date you submitted the request & provide them with the vendor contact information to follow-up
5. Families should follow-up with the vendor within 3 business days to ensure the request has been received & is being processed
6. Vendor will “spec” out the item & send the request to the insurance company for review
7. If the item is approved by the insurance company, the vendor will submit a purchase order to the manufacturer
8. If the item is denied, the family should receive a denial letter from the health plan indicating the reason for denial.

*Denials MUST be in writing. Verbal denials prevent families from pursuing their legal right to due process which includes grievance and appeal*

NOTE: The average processing time for a DME request is at least 4-6 weeks from start to finish

**Put on your  
Medical  
Necessity  
Hat!**

### Inside this issue:

*Thinking like an insurance company* 1

*How to process a request for DME* 1

*Critical information needed to prove medical necessity* 2

*Describing your patient* 2

*Phrases for Specific DME* 3

*Phrases for Specific DME* 4

*Help!* 4

# THE WHO, HOW, WHAT, WHEN AND WHY

## CRITICAL INFORMATION NEEDED TO PROVE MEDICAL NECESSITY

1. WHO is the patient: Include full diagnoses with ICD-9/10 codes
2. HOW is the patient affected by his/her diagnoses: Describe functional limitations (ADL's) & medical complications (i.e. contractures, muscular-skeletal impact, risk of aspiration)
3. WHAT equipment is being requested (NEVER leave this up to the vendor to decide):
  - \* Brand name, size, color, accessories, catalogue name/ordering information
  - \* WHY is the equipment needed: GOALS...
  - \* How will the equipment improve functional abilities of patient?
  - \* How can the equipment prevent or decrease risk of further medical complications (i.e. weight bearing, bone density, contractures)?
  - \* How will the equipment help caregivers to provide basic care?
  - \* Describe general therapeutic goals and how the equipment will be used to enhance these goals?
  - \* Past success in trial use of equipment (time tolerated in equipment, patient motivation)
  - \* If replacing a current piece of equipment, explain why patient now needs a similar item? Why should the insurance company pay for a "duplicate" piece of equipment?
4. WHEN and for how long will the equipment be needed? Will it "grow" with the patient?

*Include the recommending therapist's contact information. Many insurance companies will call therapists to clarify or gather more information before the request is reviewed by the medical director*

## AVOID MENTIONING THE FOLLOWING ISSUES OR WORDS

SAFETY

LEISURE

SOCIAL ACTIVITIES

RESTRAINT

RECREATION

CONVENIENCE TO CAREGIVERS

Health plans only cover DME that is *medically-necessary*. The item requested should address the *medical* needs of the patient and no others. Focus *solely* on the patient's medical condition when writing the justification for the piece of equipment. If the justification includes any of these issues or words, the likelihood of a denial is increased.

## DESCRIBING YOUR PATIENT'S CONDITION

*Possible phrases to describe how your patient might be affected by his/her diagnoses*

- |   |   |   |
|---|---|---|
| * Exhibits spasticity throughout extremities                    | * Limited range of movement in upper &/or lower extremities | * Exhibits poor head, neck &/or trunk control |
| * Exhibits non-purposeful, uncontrolled movements               | * Requires total or partial assistance for lifts/transfers  | * Significant gross & fine motor delays       |
| * Increased tone in extremities & trunk                         | * Requires total or partial assistance for ADL's            | * Poor weight-bearing skills                  |
| * Decreased tone in extremities & trunk                         | * Requires total or partial assistance for repositioning    | * Highly complex & medically fragile patient  |
| * Exhibits extreme contractures in upper &/or lower extremities | * Requires total assistance for mobility                    | * Requires around-the-clock care              |
| * Poor/limited overall muscle strength & endurance              | * Dependent for all aspects of care                         | * Compromised respiratory system              |
| * Limited use of upper/lower extremities                        | * Non-ambulatory  | * High risk for aspiration/choking            |
|   | * Uses a wheelchair as sole source of mobility              | * Poor self-protective reflexes               |
|   |   | * Requires unique positioning and             |

# SPECIFIC DME

Prove medical necessity for a specific item by using the applicable phrases to describe your patient

## ALTERNATING PRESSURE PAD MATTRESS (APP)

- \* Requires total assistance for repositioning
- \* History of skin breakdown and decubiti
- \* Spends 12 hours/day or more in bed
- \* Has tried and failed use of other preventative methods such as sheep skin pads and egg crate mattress

*Overall goal:* Prevent skin breakdown and decubiti for patient at high risk due to immobility and inability to reposition self

## HOSPITAL BEDS W/PADS & RAILS

- \* Requires elevated headrest due to compromised respiratory condition
- \* Involuntary movements results in banging against rails; pads protect from injury
- \* Requires railing to prevent from falling out of bed
- \* No protective reflexes to prevent from falling out of bed
- \* Majority of care provided while in bed

*Overall goal:* Provides supportive sleeping environment to accommodate compromised respiratory condition, reduce the risk of rail-related injury, reduce the risk of injury from falling out of bed, and improve lifts and transfers out of bed with elevated bed height

## BATHCHAIR

- \* Unable to maintain seated position without maximum support
- \* Poor head, neck and trunk control
- \* Too large for baby baths
- \* Patient has outgrown current bathchair & requires ongoing use of supportive equipment

*Overall goal:* Provide support to head, neck and trunk during bathing to allow for daily basic hygiene to be completed

## ADAPTIVE BEDS

*Requires a bed evaluation by OT or PT to rule out all other types of sleeping arrangements.*

*Adaptive beds are one of the most difficult DME to obtain due to their extremely high cost. An evaluation must prove that no other sleeping arrangement can meet the unique needs of the patient.*

- \* All other sleeping arrangements have been investigated and will not suffice due to patient's unique special needs
- \* Unable to sleep on mattress on floor due to lifting requirements, compromised respiratory system, use of gastrostomy tube for feedings
- \* Unable to sleep in regular bed due to poor self-protective reflexes that would normally protect from falling out of bed
- \* Unable to sleep in hospital bed with pads and rails due to level of mobility and high risk of entrapment in rails
- \* Involuntary, spastic movements place patient at high risk for entrapment in rails
- \* Requires high sides to prevent from falling out of bed; Able to get up onto knees and fall over regular side rails

*Overall goal:* Provide supportive sleeping environment that will protect patient from falling out of bed, prevent entrapment in rails, provide needed elevation to head due to compromised respiratory system, and provide elevated bed height to improve lifts and transfer in/out of bed

## SHOWERCHAIR

- \* Unable to maintain seated position without maximum support
- \* Too large for over-the-counter shower chairs
- \* Poor head, neck and trunk control
- \* Family home is being modified to include a roll-in shower

*Overall goal:* Provide support to head, neck and trunk during bathing to allow for daily basic hygiene to be completed

## CAR SEATS

- \* Poor head, neck and trunk control
- \* Exhibits spasticity in all extremities
- \* Requires adaptive car seat to ensure proper positioning and open airway during travel
- \* Unable to reopen airway without assistance
- \* Unable to reposition self without assistance
- \* Requires unique positioning and support due to special needs
- \* Too large for over-the-counter car seats

*Overall goal:* Provide adequate support and positioning to head, neck and trunk during travel and maintain an open airway at all times

## POTTY CHAIRS

- \* Trial use of potty chair demonstrated great success
- \* Patient highly motivated to use chair
- \* Voids consistently each time during use
- \* Requires support to head, neck and trunk to maintain seated position
- \* Requires wrap-around support due to visual impairment and low tone

*Overall goal:* Provide needed support and positioning to allow patient to achieve a higher level of independence in toileting skills

## ADAPTIVE STROLLERS

- \* Significant gross motor delays
- \* Decreased muscle tone or hypotonia
- \* Poor endurance for long distances
- \* Fatigues easily
- \* Unable to ambulate for long distances
- \* Experiences drop-down seizures or other sudden seizure activity
- \* Too large for over-the-counter strollers
- \* Requires support of adaptive stroller to meet mobility needs

*Overall goal:* Provide mobility device for community use to accommodate poor endurance and level of fatigue

**STANDERS**

- \* Limited opportunities to bear weight
- \* High risk for bone density loss due to immobility
- \* Compromised respiratory and bowel function
- \* Limited range of motion and strength
- \* Poor circulation due to immobility
- \* Requires max assistance and support to maintain upright position
- \* History of recurrent skin breakdown and decubiti
- \* Contractures evident in all extremities
- \* Tolerates upright positioning for x-amount of time per day

*Overall goal:* Improve head, neck and trunk control; decrease further risk of contractures, improve weight bearing skills, decrease risk of bone demineralization and bone fractures; reduce risk of skin breakdown and decubiti by alleviating pressure sites in upright position

**GAIT TRAINERS**

- \* During trial use of gait trainer, shows strong motivation to ambulate
- \* Trunk support provided by gait trainer results in significant improvement in ability to bear weight and take reciprocal steps
- \* Provide supportive equipment to achieve normal gait pattern
- \* Has outgrown current gait trainer & needs to continue to work on therapeutic goals
- \* Limited opportunities to bear weight
- \* Limited range of motion and strength
- \* High risk for bone density loss
- \* Compromised respiratory and bowel function
- \* Poor circulation due to immobility
- \* Tolerates upright positioning for x-amount of time per day

*Overall goal:* Continue progress of therapeutic goals; improve lower extremity endurance, muscle strength, range of movement, bone density, bone development, circulation, respiratory and bowel function; promote higher level of mobility independence

**CHAIRS OR POSITIONING DEVICES**

- \* Unable to maintain seated position without maximum support
- \* Requires maximum support to head, neck and trunk to maintain correct positioning/posture in seated position
- \* Provide proper positioning during feeding to prevent aspiration
- \* Demonstrates strong desire to explore environment with hands when in supported sitting position
- \* Poor head and trunk control
- \* Poor/limited sitting balance
- \* History of recurrent skin breakdown and decubiti

*Overall goal:* Provide proper support and positioning to head, neck and trunk to maintain seated position, prevent choking and aspiration during feeding, & alleviate pressure sites by providing an alternative positioning/seating device

**HELP!!!**

**THE REQUEST WAS DENIED BY THE HEALTHPLAN**

1. FILE A GRIEVANCE: The legal guardian must contact the health plan immediately and inform them of their intent to appeal the denial. Legally, only a legal guardian or consumer can file an appeal.
2. LETTER OF INTENT TO APPEAL: Follow-up the phone call with a formal letter. ALWAYS FORMALLY FILE IN WRITING...NEVER OVER THE PHONE. *Remember: If it's not written down, it never happened.*
3. TIMELINES: Keep a close eye on the deadlines for appeal. If the deadline passes, the family automatically loses the appeal
4. RE-SUBMIT SUPPORTING DOCUMENTATION: *Have the family collect all documents and submit together*
  - \* Ask the PT or OT to rewrite the original LMN; include additional medically-necessary information
  - \* Letter/s of support from the PCP or specialists involved in child's care
  - \* Any new supporting documentation (evaluations, medical notes, etc)

**MY PATIENT DOESN'T HAVE A THERAPIST INVOLVED IN HIS CARE**

Do not rely on the vendors to decide which piece of equipment is best for your patient. This decision should be made by a professional trained in the use of DME and its appropriateness for specific conditions

*REQUEST FOR EVALUATION:* Send a prescription to the support coordinator with a request for a *one-time evaluation* to recommend a specific piece of equipment

**CEILING LIFTS**

*Strongly recommend a lift evaluation by OT or PT which rules out all other types of lifts*

- \* Poor head, neck and trunk control
- \* Requires total assistance for lifts and transfers
- \* Requires total assistance for ADL's
- \* Increase in height/weight makes lifting extremely difficult for caregivers
- \* Multiple patients in one home will benefit from use of lift system
- \* All other types of lift systems have been tried and will not suffice
- \* Hoyer lift will not fit through hallways, doorways or in bathrooms

*Overall goal:* Reduce risk of injury to patient and caregivers during lifts and transfers

**For more information, contact:**

Arizona Department of Health Services  
 Office for Children with Special Health Care Needs  
 150 North 18th Ave, Suite 320  
 Phoenix, AZ 85007  
 602-542-1860 / 1-800-232-1676 (Toll Free)  
 602-542-1200 (TDD) / 602-542-2589 (Fax)  
 Website: <http://azdhs.gov/phs/owch/ocshcn/>  
 E-Mail: [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov)

DME Medical Necessity Questionnaire

Patient's Name: ID: DOB:

Item(s) Requested: APP Mattress

List ALL Diagnoses: TBI (959.01), Spastic Quadriplegia (343.9), GERD (530.81), Scoliosis w/Rods (737.30)

If seizures are listed above: Controlled Uncontrolled

Functioning Level: Independent Some Assistance Total Assistance w/ADL's: X

Briefly describe member's conditions (neuro, ortho, medical): Patient exhibits spasticity, unable to assist with lifts/transfers, non-ambulatory, unable to reposition self

Describe in detail, purpose and/or medical necessity for equipment: Patient unable to reposition self, has APP Mattress that is broken, current mattress has worked well to prevent skin breakdown, spends about 12 hours/day in bed

Has P/T or O/T been involved in equipment decision? No X Yes (if yes, attach documentation)

Will equipment be used in conjunction with therapy? No X Yes

Will it replace old equipment? No Yes X (if yes, please explain) But current mattress was provided by another State

Does patient have any other equipment? No Yes X (if yes, please list) Wheelchair, bath chair

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment): N/A. Unrelated piece of equipment

Expected Goals in utilizing this equipment: Prevent skin breakdown and decubiti for patient who is high risk due to immobility and inability to reposition self

Approximate length of use: 1-3 months 3-6 months 6-12 months Permanently

Member's Height: 66" Member's Weight: 135#

Additional comments:

Physician's Signature: Date:

# Bath Chair

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Leckey Advanced Bath seat Size 1

List ALL Diagnoses: Global DD (783.42), Epilepsy (345.90), Hypotonia (779.8), RAD (493.90), Cortically Blind (377.75)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's:   X  

Briefly describe member's conditions (neuro, ortho, medical): Significant gross motor delays, unexplained significant weight gain, poor head and neck control

Describe in detail, purpose and/or medical necessity for equipment: Dependent for all aspects of care, unable to sit without max support to entire body, too large for baby bath seats

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes   X    
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No   X                        Yes \_\_\_\_\_

Will it replace old equipment?                      No   X                        Yes \_\_\_\_\_  
(if yes, please explain)

Does patient have any other equipment?                      No   X                        Yes \_\_\_\_\_  
(if yes, please list)

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
N/A

Expected Goals in utilizing this equipment: Provide support to head, neck, and trunk during bathing, allow daily, basic hygiene to be provided

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height:   39"                        Member's Weight:   29#  

Additional comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Special Tomato Simple Seat w/Large Extended Seat w/Footrest

List ALL Diagnoses: Spastic Quad (343.2), Severe MR (318.1), Epilepsy (345.90)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_    Some Assistance \_\_\_\_\_    Total Assistance w/ADL's: X

Briefly describe member's conditions (neuro, ortho, medical): Spasticity, dependent for all aspects of care, unable to assist with lifts / transfers

Describe in detail, purpose and/or medical necessity for equipment: Patient exhibits spasticity throughout and poor head, neck control, requires adaptive car seat to ensure proper positioning and open airway during travel

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes X  
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No X                      Yes \_\_\_\_\_

Will it replace old equipment?                      No \_\_\_\_\_                      Yes X  
(if yes, please explain)  
Current car seat does not position properly due to increased height and weight

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X  
(if yes, please list)  
Wheelchair, car seat

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
As above, current car seat is too small and does not position properly

Expected Goals in utilizing this equipment: Provide support to head, neck, trunk to ensure proper positioning and open airway during travel

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 57"                      Member's Weight: 79#

Additional comments:  
See LMN from P/T

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DME Medical Necessity Questionnaire**

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Rifton Stationary Chair (small) with accessories as listed on RxList ALL Diagnoses: Extreme preemie (765.00), BPD (770.7), GERD (530.81), developmental delay (315.9), Blind (369.00), Epilepsy (345.90)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's: XBriefly describe member's conditions (neuro, ortho, medical): Severe developmental delays, extremely poor head, neck, trunk control, dependent for all mobility, transfers, and ADL'sDescribe in detail, purpose and/or medical necessity for equipment: Patient unable to maintain seated position without max support, requires max support for adequate positioning, can hold head upright for short periods in prone and supported sitting positions, demonstrates strong desire to explore environment with hands when in supported sitting positionHas P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes X  
(if yes, attach documentation)Will equipment be used in conjunction with therapy?                      No \_\_\_\_\_                      Yes XWill it replace old equipment?                      No X                      Yes \_\_\_\_\_  
(if yes, please explain)Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X  
(if yes, please list)Head master collar, easy stand magician, creepster crawler

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):

This device provides the appropriate support and positioning to help patient maintain a seated position to further develop head and trunk control and improve sitting balanceExpected Goals in utilizing this equipment: Improve head and trunk control, improve sitting balance, allow for exploration of environment with hands and ability to reach for items, provide relief to pressure sitesApproximate length of use: 1-3 months    3-6 months    6-12 months    PermanentlyMember's Height: 39"                      Member's Weight: 40.4#

Additional comments:

See attached LMN from physical therapist

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Gait Trainer

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Pacer Gait Trainer, medium size frame

List ALL Diagnoses: Cerebral Palsy (343.9), moderate MR (318.0)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's: \_\_\_X\_\_\_

Briefly describe member's conditions (neuro, ortho, medical): Significant difficulty w/trunk control and coord. Poor UE strength, non-ambulatory, unable to stand independently for more than 1-2 seconds

Describe in detail, purpose and/or medical necessity for equipment: Patient has shown significant improvement when provided with trunk support and is able to walk when in gait trainer, has outgrown current gait trainer, will benefit from weight bearing, bone development

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_  
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_

Will it replace old equipment?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_  
(if yes, please explain)

Has outgrown current gait trainer, chest prompt and hip positioner from old trainer can be used on new one

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_  
(if yes, please list)

stander, feeder seat

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):

Patient cannot obtain goals of reciprocal stepping, endurance of LE endurance, muscle strength and ROM in other pieces of equipment

Expected Goals in utilizing this equipment: Continue progress towards LE endurance, muscle strength, and ROM, improve bone density, bone development, bone circulation

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 38 1/3"                      Member's Weight: 28.4#

Additional comments: See attached letter from physical therapist

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lift (Ceiling)

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Guardian Voyager portable overhead lift

List ALL Diagnoses: Profound MR (318.2), blind (369.00), G-Tube (v44.1), trach (V44.0), epilepsy (345.90)  
ME/MI

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's:   X  

Briefly describe member's conditions (neuro, ortho, medical): Poor head, neck, trunk control, requires  
total assistance for all ADL's, highly complex, medically fragile patient

Describe in detail, purpose and/or medical necessity for equipment: Patient unable to assist with lifts /  
transfers, has sister with similar condition who also requires same high level of care, shares bed-  
room with sister, lift will be used for both children, both children on ventilators

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes   X    
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No \_\_\_\_\_                      Yes   X  

Will it replace old equipment?                      No \_\_\_\_\_                      Yes   X    
(if yes, please explain)

Will replace hoyer lift which has not been successful due to size of bedroom and multiple equipment  
in room

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes   X    
(if yes, please list)

wheelchair, bath chair

If yes, please explain how this additional piece of equipment will further meet patient's medical  
need, (especially if patient has similar equipment):  
N/A. Unrelated piece of equipment

Expected Goals in utilizing this equipment: Allows for lifts, transfers by caregivers, patient's weight has  
made it exceedingly difficult to lift, patient has sister with same diagnoses, will utilize lift as well

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 60"                      Member's Weight: 67#

Additional comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Potty Chair

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Carrie Potty Seat, size Elementary

List ALL Diagnoses: Encephalopathy (348.3), microcephaly (742.1), seizures (780.39), DD (783.42)  
Premie 28-37 weeks (765.00)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's: X

Briefly describe member's conditions (neuro, ortho, medical): Severe developmental delays, increased tone in extremities, decreased trunk tone, visual impairment

Describe in detail, purpose and/or medical necessity for equipment: Patient has used same potty chair at school and shown remarkable success within 3 weeks of use, needs to continue use at home and have consistency due to visual impairment and tone issues. Voids consistently each time during use.

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes X \_\_\_\_\_  
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No \_\_\_\_\_                      Yes X \_\_\_\_\_

Will it replace old equipment?                      No X \_\_\_\_\_                      Yes \_\_\_\_\_  
(if yes, please explain)

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X \_\_\_\_\_  
(if yes, please list)

Feeder seat, creepster crawler

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
N/A. Unrelated piece of equipment

Expected Goals in utilizing this equipment: Achieve higher level of toileting independence, provide adequate support, positioning, and consistency with use of same item

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 38"                      Member's Weight: 27#

Additional comments: See LMN and catalogue pages attached

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Shower Chair

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Dura-tilt shower chair / commode chair with head support and seat belt

List ALL Diagnoses: Cerebral palsy (343.9), mild MR (317)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_    Some Assistance \_\_\_\_\_    Total Assistance w/ADL's: X

Briefly describe member's conditions (neuro, ortho, medical): Dependent for all ADL's, non-ambulatory, uses wheelchair as sole source of mobility

Describe in detail, purpose and/or medical necessity for equipment: Patient's family home is undergoing home modifications for a roll-in shower, this chair can be used in the new shower to allow for daily hygienic care, this chair will also provide the needed support to patient's head, neck, trunk

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes X  
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No X                      Yes \_\_\_\_\_

Will it replace old equipment?                      No X                      Yes \_\_\_\_\_  
(if yes, please explain)

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X  
(if yes, please list)

Wheelchair

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
Patient cannot be bathed in her wheelchair

Expected Goals in utilizing this equipment: Allow caregivers to provide daily, basic hygiene to patient while she is fully supported by the equipment

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 58"                      Member's Weight: 57.6#

Additional comments:  
See LMN from PT with home mod recs

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DME Medical Necessity Questionnaire**

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Three-in-One Tristander 58 with noted accessories

List ALL Diagnoses: Spastic CP (343.9), Epilepsy (345.9), Blind (369), severe Mental Retardation (318.1)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's: \_\_\_X\_\_\_

Briefly describe member's conditions (neuro, ortho, medical): Patient has extreme contractures in UE and LE poor head, neck, trunk control, hypertonic, spastic, non-purposeful movements, hx of respiratory illnesses

Describe in detail, purpose and/or medical necessity for equipment: Severe flexion contractures at majority of joints (right wrist, bilateral hips, knees & shoulders), history of recurrent pressure sores, needs stander to decrease risk of further contractures, alleviate pressure, weight bearing

Has P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_  
 (if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_

Will it replace old equipment?                      No \_\_\_X\_\_\_                      Yes \_\_\_\_\_  
 (if yes, please explain)

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes \_\_\_X\_\_\_  
 (if yes, please list)

Manual wheelchair, bath chair

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
Patient unable to be in upright position in other equipment, cannot achieve therapeutic goals in other equipment

Expected Goals in utilizing this equipment: Improve head, neck, trunk control, decrease further risk of contractures, improve weight bearing skills, decrease risk of bone demineralization & bone fractures

Approximate length of use: 1-3 months    3-6 months    6-12 months    **Permanently**

Member's Height: 45"                      Member's Weight: 52#

Additional comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Adaptive stroller

List ALL Diagnoses: Turner's Syndrome (758.6), mild DD (315.9)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_    Some Assistance \_\_\_\_\_    Total Assistance w/ADL's: X

Briefly describe member's conditions (neuro, ortho, medical): Patient exhibits gross motor delays, decreased muscle tone

Describe in detail, purpose and/or medical necessity for equipment: Patient has extremely poor endurance and fatigues easily, she has become too big for regular strollers and now requires an adaptive stroller to meet her mobility needs, unable to ambulate for long distances

Has P/T or O/T been involved in equipment decision?                      No X                      Yes \_\_\_\_\_  
(if yes, attach documentation)

Will equipment be used in conjunction with therapy?                      No X                      Yes \_\_\_\_\_

Will it replace old equipment?                      No X                      Yes \_\_\_\_\_  
(if yes, please explain)

Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X \_\_\_\_\_  
(if yes, please list)

Bath chair, wheelchair

If yes, please explain how this additional piece of equipment will further meet patient's medical need, (especially if patient has similar equipment):  
N/A

Expected Goals in utilizing this equipment: Provide mobility device for community use, patient has extremely poor endurance and fatigues easily

Approximate length of use: 1-3 months    3-6 months    6-12 months    Permanently

Member's Height: 42"                      Member's Weight: 56#

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DME Medical Necessity Questionnaire

Patient's Name: \_\_\_\_\_ ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Item(s) Requested: Meywalker Medium RingList ALL Diagnoses: Severe MR (318.1), CP (343.9), ACC (742.2), Microcephaly (742.1), Blind (369.00)  
Athetoid CP (333.7)

If seizures are listed above:                      Controlled \_\_\_\_\_                      Uncontrolled \_\_\_\_\_

Functioning Level: Independent \_\_\_\_\_ Some Assistance \_\_\_\_\_ Total Assistance w/ADL's: XBriefly describe member's conditions (neuro, ortho, medical): High level of care required, limited mobility in  
upper & lower extremities, requires assistance for all lifts / transfers, uses wheelchair for long  
distancesDescribe in detail, purpose and/or medical necessity for equipment: Patient showing great success through  
use of trial walker at school, able to demonstrate upright posturing and walk with a normal gait  
pattern w/ equipment, too difficult for caregivers to hold up during walking due to weight & posturingHas P/T or O/T been involved in equipment decision?                      No \_\_\_\_\_                      Yes X  
(if yes, attach documentation)Will equipment be used in conjunction with therapy?                      No X                      Yes \_\_\_\_\_Will it replace old equipment?                      No X                      Yes \_\_\_\_\_  
(if yes, please explain)Does patient have any other equipment?                      No \_\_\_\_\_                      Yes X  
(if yes, please list)Tumble form floor sitter, wheelchairIf yes, please explain how this additional piece of equipment will further meet patient's medical  
need, (especially if patient has similar equipment):N/A. Patient cannot achieve ambulatory goals through use of this equipmentExpected Goals in utilizing this equipment: Provide supportive equipment to achieve normal gait pattern  
and continued progress for mobility goals, promote higher level of mobility independenceApproximate length of use: 1-3 months    3-6 months    6-12 months    PermanentlyMember's Height: 53"                      Member's Weight: 79#

Additional comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Coordination Guidance**

**Letters of Medical  
Necessity**

**ADOPTION SUBSIDY**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Adoption Subsidy

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 7-3/12 years. John has been diagnosed as having end stage renal disease (585), hypertension (403.90), reactive airway disease (493.10), renal osteodystrophy (588.0), anemia of chronic disease (285.9), autism (299.0), hypoplastic kidney (753.0), and underwent a renal transplant in June 2009 (996.81). He has been a patient of our practice since May 2009 and was last seen on January 13, 2013 for an annual physical.

In 2012, John was seen in our office 7 times for a variety of acute illnesses. He is immune-suppressed and therefore remains highly susceptible to illness and infection. John was hospitalized from 1-6-12 to 1-17-12 for RSV and pneumonia, and was seen in our office for a post-discharge visit. In March 2012, John was seen in our office twice for the treatment of pneumonia. Other illnesses documented over the past year include upper respiratory infections and a third bout of pneumonia in October 2012.

John is a highly complicated and medically fragile patient. He has a gastrostomy tube for feedings and is prescribed 6 cans/day of Nutren Jr. with fiber. He is prescribed multiple medications and receives physical, occupational, and speech therapies on a weekly basis. John is enrolled in AL TCS-DDD and also sees multiple specialists who monitor his care.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care Coordinator name)

For (Physician name)

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**AIDE AT SCHOOL**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: 1: 1 aide at school

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 15-6/12 years. Jane has been diagnosed as having cerebral palsy (343.9), epilepsy (345.90), severe developmental retardation (318.1), pervasive developmental disorder (299.80), self-abusive behaviors (299.80), and has a behavioral disorder (312.9). She has been a patient of our practice since 2002 and was last seen on November 2, 2012 for an annual physical.

In January 2012, a 1:1 aide was requested for Jane. We understand this request has not been fulfilled, however; we continue to believe that it is in her best interest to be provided with a 1:1 aide. As a result of the above listed diagnoses, Jane requires continuous care and supervision. She is unable to make decisions in her best interest, including issues regarding safety with other people. Another pressing need for a 1:1 aide is the recent death of Jane's father. Since his passing, she has experienced an increase in behaviors and is now in even greater need for 1:1 supervision. Please consider this request at your next IEP team meeting.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**APPEAL LETTER FOR DME**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Denial of Airway Clearance Vest

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 6-4/12 years. Jane was born prematurely at 25 weeks (765.00), and has been diagnosed as having athetoid cerebral palsy (333.7), severe persistent asthma (9493.90), moderate developmental retardation (318.0), visual impairment (369.9), has a fundoplication (F1), and is fed via a gastrostomy tube (V44.1). She has been a patient of our practice since her birth and was last seen on May 12, 2012 for an acute illness.

Jane has an extensive history of recurrent aspiration pneumonia and has been hospitalized multiple times this year for treatment of pneumonia. Her most recent admission lasted for 13 days. Jane's diagnosis of athetoid cerebral palsy prevents her from being placed in the proper position for CPT. She is unable to tolerate being placed in the proper position for any period of time.

Multiple forms of treatment have been tried, but proved to be ineffective in the prevention of recurrent pneumonia. These treatments have included; CPT, suctioning, and vibration therapy. Jane does not have the cognitive ability to manage her own secretions and cannot cooperate in order to produce a cough reflex and mucous production.

At this time, the only effective intervention is the use of an airway clearance system. This system will decrease the risk of pneumonia and future hospitalizations for this child. This recommendation is supported by pulmonologist (name) who evaluated Jane during her most recent hospitalization. Dr. (name)'s consult (attached) clearly states the need for an airway clearance system as a preventative measure to recurrent pneumonia. Given this additional information, we are requesting reconsideration of the request for this item.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care Coordinator name)

For (Physician name)

---

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**APPEAL LETTER FOR DME**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Denial of Adaptive Stroller

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 6-4/12 years. John has been diagnosed as having Down syndrome (758), congenital heart disease (746.9), and developmental delays (315.9). He has been a patient of our practice since his birth and was last seen on September 12, 2012 for an acute illness.

It has come to our attention that the request for a Convaid Scout stroller has been denied. We are requesting reconsideration of this denial as it is medically necessary for John to have a mobility device. John fatigues easily and exhibits poor endurance for long distances. His increasing height, weight and medical condition preclude the use of over-the-counter strollers. As of this date, John weighs 42lbs and stands 42" tall. He presents with overall low muscle tone, and although he does ambulate, he cannot tolerate long distances. The Convaid Scout 18" stroller will meet John's mobility needs for many years to come and will grow with him. In addition, the back will provide adequate support and positioning to accommodate his low tone. Please reconsider this request as it is medically necessary for this child.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care Coordinator Name)

For (Physician name)

**AUGMENTATIVE COMMUNICATION DEVICE**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Augmentative Communication Device

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 22-7/12 years. Jane has been diagnosed as having Down syndrome (758.0), hypothyroidism (244.9), scoliosis (737.30), severe developmental retardation (318.1), osteoporosis (733.00), and is hearing impaired (389.9). She has been a patient of our practice since May 2008 and was last seen on May 29, 2012 for an annual physical.

Jane is a well-known patient to our practice and is seen regularly to monitor symptoms related to her chronic medical conditions. She has used an augmentative communication device for many years. The device provides her with the means to communicate and remains an important and appropriate part of her care plan. Without this device, Jane will not be able to relay even her most basic of needs. The device is now in need of repairs and we are therefore requesting authorization for these repairs. Please expedite this request as this device is critical to Jane's well-being.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**DEPENDENT DISABLED ADULT**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Dependent Disabled Adult

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 19-4/12 years. John has been diagnosed as having cerebral palsy in the form of hemiplegia (343.9), moderate developmental retardation (318), speech apraxia (315.39), and depression (311). He has been a patient of our practice since 1995 and was last seen on September 12, 2012 for an annual physical.

Due to the above listed diagnoses, John remains dependent on his caregivers for the majority of his care. He is unable to obtain gainful employment that may offer benefits, and therefore remains on his parent's insurance plan. Please consider John as a dependent disabled adult, and continue his coverage under your health plan.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**DES JOBS EXEMPTION FOR SPECIAL NEEDS**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Care

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 2-4/12 years. Jane has been diagnosed as having spina bifida (741.00), hydrocephalous (742.80), a CSF shunt (V45.2), and scoliosis (737.30) She has treatment of a urinary tract infection.

Jane is a medically fragile child who has a complicated medical history. She is at high risk for illness and infection, and cannot be placed in a day care setting. Jane's mother is her sole caregiver, and is unable to obtain even part-time employment due to the special needs of her child. She will need to remain at home on a full-time basis to care for her daughter. Since Jane's condition is chronic and unlikely to change, we are requesting that Jane's mother be granted an exemption to the DES JOBS requirements for at least the next 12 months.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**DIAGNOSIS AND PROGNOSIS**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Diagnosis and Prognosis

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 22-6/12 years. Jane has been diagnosed as having encephalopathy (348.3), epilepsy (345.90), spastic quadriplegia (343.2), developmental delays (315.9), and scoliosis (737.30). She has been a patient of our practice since 2000 and was last seen on September 12, 2012 for an annual physical.

Jane requires continuous care and monitoring. She is unable to make decisions in her best interest (i.e. financial, medical, safety matters) and relies on her caregivers for all aspects of her care. Jane also presents with limited verbal skills, is non-ambulatory and uses a wheelchair as her sole source of mobility. Jane's condition is chronic and unlikely to change. She will require this same level of care for the remainder of her life.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**DIAGNOSIS AND PROGNOSIS**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Diagnosis and Prognosis.

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 4-6/12 years. Jane has been diagnosed as having multiple congenital anomalies (759.7), broncho-pulmonary dysplasia (770.7), has a tracheostomy (V 46.1), and is fed via a gastrostomy tube (V 44.1). She has been a patient of our practice since 2009 and was last seen on November 2, 2012 for an annual physical.

Jane is a highly complex and complicated patient. Due to her medical condition, she is Title 19 eligible and receives services from AL TCS-DDD.

Medically, Jane remains at high risk for illness, and may miss a higher than average number of school days due to her frequent illnesses. She must remain in a temperature-controlled environment at all times (including transportation) and will require adaptations and/or accommodations to meet her special needs in and out of the classroom. Jane may also require tracheostomy and gastrostomy tube care while at school. Our office can provide detailed orders if requested, and her mother will provide the needed supplies.

Developmentally, Jane exhibits moderate developmental delays and cannot understand verbal directions. She requires continuous care and monitoring to ensure her safety, and cannot be left unattended. She is also dependent for all ADL's including hygiene and feeding.

Physically, Jane exhibits significant fine and gross motor delays. She has overall decreased range of motion, increased tone and stiff movement patterns. Her unique diagnoses also results in an overgrowth of bone and decreased bone age. She is therefore, non-ambulatory, is unable to sit independently, and cannot crawl or transition to a seated position. She is able to roll and scoot, and will bounce her legs and arms while lying on the floor.

Jane's condition also significantly affects her receptive and expressive language skills. She is unable to understand verbal commands and cannot express her wants or needs verbally. Close attention should be paid to her non-verbal cues to monitor for comfort and happiness.

Sincerely,

(Care coordinator name)

For (Physician name)

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*Arizona Department of Health Services / Office for Children with Special Health Care Needs*  
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**DIAGNOSIS AND PROGNOSIS**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Diagnosis and Prognosis

To Whom It May Concern:

This letter is written on behalf of our patient John, age 2-4/12 years. John has been diagnosed as having developmental delays (315.9), speech delay (315.39), and asthma (493.90). He has been a patient of our practice since his birth and was last seen on September 12, 2012 for an annual physical.

John presents with profound expressive and severe receptive language delays. He has limited language expression, limited vocabulary, and uses sign language as a primary source of communication. He also exhibits hypotonia in his neck and extremities.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**EXTRA DISPOSABLE SUPPLIES**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Catheter Use

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 10-6/12 years. John has been diagnosed as having spina bifida (741.00), hydrocephalous (742.80), VP shunt (V45.2), latex allergy (VI 5.07), cecostomy (V44.4), scoliosis (737.30), and growth hormone deficiency (253.3). He has been a patient of our practice since 2009 and was last seen on November 2, 2012 for an annual physical.

John has a complicated medical history that includes surgery for a tethered cord release in 2007. Since this surgery, John has experienced recurrent urinary tract infections. The infections have remained under control while on antibiotics; however, recur once the course of antibiotics has been completed. John is considered to be extremely high risk for recurrent UTI's and is now prescribed prophylactic antibiotics as a preventative measure. As an additional preventative measure, he must change his catheter 3 times per day and would be compromised medically if he had to reuse his catheters.

We are requesting authorization for 90 coude tip 10 french catheters per month due to John's history and continued high risk of UTIs. (Insurance company name) has approved this request for the past 2 years, and since his condition has not changed, we are requesting an on-going authorization for 1 year.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**GUARDIANSHIP**  
LETTER OF MEDICAL NECESSITY

Date

Patient Name:

D.O.B:

Re: Guardianship

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 19-3/12 years. Jane has been diagnosed as having cerebral palsy in the form of spastic quadriplegia (343.2), severe developmental retardation (318.1), scoliosis (737.3) and is fed via a gastrostomy tube (V 44.1). She has been a patient of our practice since June 2006 and was last seen on May 2, 2012 for an annual physical.

As a result of the above listed diagnoses, Jane requires continuous care and monitoring. She is dependent on her caregivers for all aspects of her care and is unable to make decision in her best interest (i.e. medical, financial, or safety matters). Jane's condition is chronic and unlikely to change. She will need to remain under the care of a legal guardian for the remainder of her life.

If you need additional information regarding Jane, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

**SPECIAL AUTH FOR OUT-OF-STATE SPECIALIST**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Authorization for the Children's Hospital

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 5-6/12 years. John has been diagnosed as having epidermolysis bullosa (757.39), esophageal stricture (530.03), feeding problems (783.3), and exhibits chronic pain. He has been a patient of our practice since 2010 and was last seen on December 19, 2012 for a related acute illness.

Epidermolysis bullosa is an extremely rare and progressive disorder resulting in webbing of digits, severe skin blistering and lesions, loss of finger and toe nails, esophageal stricture, lesions and bullae of the mouth, a gradual loss of functional skills and chronic pain.

John presents with all of these symptoms of epidermolysis bullosa. He has worsening of the webbing on his hands and will require surgery with skin grafting to reduce functional loss of his hands. He continuously presents with multiple skin lesions, and requires highly specialized and methodical skin care. Due to John's diagnosis of esophageal stricture, he relies on a pureed food and liquid diet to meet his nutritional needs. He can no longer tolerate solid foods due to the high risk of esophageal tearing.

Given the rare occurrence of epidermolysis bullosa, we strongly believe it is in John's best interest to be evaluated by The Children's Hospital at the University of Colorado Health Sciences Center. The epidermolysis bullosa clinic at The Children's Hospital is the leading center for the treatment of this disorder. John would benefit tremendously from the highly specialized care he will receive from this clinic whose primary goal is the treatment and research of epidermolysis bullosa. (Insurance company name) has previously approved a visit to the clinic in January 2009 where John received a comprehensive evaluation. The evaluation included consultations by the pain, hand and dermatology clinics, and resulted in recommendations in the areas of skin care, pain control, musculoskeletal therapy, gastrointestinal care, nutrition, ophthalmology care, educational issues, and assessment of emotional status.

At this time, Arizona is unable to offer John this type of highly specialized evaluation. The specialists involved in his care are seeking consultations with The Children's Hospital, and will rely on their recommendations to proceed with future treatment. Please authorize this visit to The Children's Hospital as it is medically necessary for the treatment of John's condition.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

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**THEME PARK SPECIAL ASSISTANCE PASS**  
**LETTER OF MEDICAL NECESSITY**

Date

Patient Name:

D.O.B:

Re: Care

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe, age 7-4/12 years. Jane has been diagnosed as having epilepsy, hypotonic cerebral palsy, moderate developmental delays, and strabismus. Due to her special health care needs, we are requesting a special assistance pass for Jane and her family while at your theme park. In addition, please assist the family in obtaining all necessary accommodations to ensure full access to your park.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (physician name)

**THERAPY BENEFITS**  
LETTER OF MEDICAL NECESSITY

Date  
Patient Name:  
D.O.B:  
Re: Benefits of Physical Therapy

To Whom It May Concern:

This letter is written on behalf of our patient Jane Doe age 6-6/12 years. Jane has been diagnosed as having epilepsy (345.90), cerebral palsy (343.9), retinopathy of prematurity (362.21), hydrocephalous (331.4), bilateral pulmonary dysplasia (770.7), developmental delays (315.9), has a VP shunt (V45.2), and is fed via a gastrostomy tube (V44.1). She has been a patient of our practice since 1999 and was last seen on December 19, 2006 for an acute illness.

Jane's current plan of care includes habilitative physical therapy 1x/week on an on-going basis. She has received physical therapy since infancy and will continue to benefit from this frequency of therapy for an indefinite period of time. Jane's prognosis is good, and she is highly motivated to participate in her therapy sessions.

Therapeutic goals include; independent sitting skills, overall improvement of muscle strength and stability, and improvement of independent mobility skills. Due to Jane's chronic diagnoses, the provision of on-going therapy is critical to offsetting the long-term effects of cerebral palsy. Physical therapy can reduce the risk of contractures, reduce the risk of osteoporosis, improve balance and weight bearing skills, increase muscle strength, and ultimately help Jane to achieve her utmost level of independent mobility. Please continue to authorize physical therapy 1x/week on an on-going basis for this child.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)  
For (Physician name)

## **THERAPY BENEFITS**

### LETTER OF MEDICAL NECESSITY

Date

Patient Name

D.O.B.

Re: Benefits of Speech/Language Therapy

To Whom It May Concern:

This letter is written on behalf of our patient John Doe, age 6-6/12 years. John has been diagnosed as having Autism Spectrum Disorder (299.00) and Expressive Language Disorder (315.31). John was diagnosed with Autism Spectrum Disorder at age 6-2/12 years and Expressive Language Disorder at 6-5/12 years of age. Further details, including level of deficits, can be found in the enclosed report (Speech/Language evaluation report).

John requires two hours of language therapy per week, for twelve months, as indicated in the treatment plan and includes specific therapeutic goals. The treatment plan was provided by (name of Speech Language provider). This therapy will improve John's comprehension, expressive communication and abstract thinking. The knowledge, skills and judgment of a qualified speech-language pathologist are required to meet John's complex needs. Please authorize speech/language therapy, two hours/week for 12 months for this child.

If you need additional information regarding this patient, please contact our office at XXX-XXX-XXXX.

Sincerely,

(Care coordinator name)

For (Physician name)

(Enclosure: Speech/Language evaluation report and treatment plan)



# **Family Resources**

# AHCCCS Ask Me 3

Sometimes a visit to your health care provider may not go as well as you'd like.

- Maybe you forgot to ask an important question.
- Maybe you didn't know the answer to all the questions your provider asked, such as the names of the medicines you are taking.
- Maybe you found it hard to remember everything your provider told you to do.

This happens to many people. There is something you can do. Ask Me 3™ is a program started by the Partnership for Clear Health Communication.

The program gives you three questions to ask your provider during a health care visit. They are:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

These three questions help prepare you for the visit and help you understand what your provider tells you. As a result, you are able to take better care of yourself and live a healthy lifestyle.

## Tips for Clear Health Communication

- Ask the 3 questions.
- Bring a friend or family member to help me at my doctor visit.
- Make a list of my health concerns to tell my doctor or nurse.
- Bring a list of all my medicines when I visit my doctor or nurse.
- Ask my pharmacist for help when I have questions about my medicines.

## When to Ask Questions

You can ask questions when:

- You see your doctor, nurse, or pharmacist.
- You prepare for a medical test or procedure.
- You get your medicine.

# AHCCCS Ask Me 3

## What If I Ask and I Still Don't Understand?

- Let your doctor, nurse, or pharmacist know if you still don't understand what you need to do.
- You might say, "This is new to me. Will you please explain that to me one more time?"

The **Ask Me 3** questions are designed to help you take better care of your health. To learn more, visit [www.npsf.org/askme3](http://www.npsf.org/askme3)

## Ask Your Doctor, Nurse, or Pharmacist:

1

What is my  
main problem?

2

What do I  
need to do?

3

Why is it important  
for me to do this?

Ask  
Me<sup>3</sup><sup>™</sup>

# Autism Resources

Autism is a complex neurobiological disorder associated with impairments in socialization, verbal and nonverbal communication, restricted play and interests, and repetitive motor movements. The disorder affects each individual differently, and there is a wide range of functioning associated with the disorder.

## **Southwest Autism Research and Resource Center (SARRC)**

SARRC works to provide quality services and support to children and families affected by autism, while searching for answers to solve the mysteries surrounding the disorder. Over the past decade, SARRC has expanded direct services to children and parents, and refined clinical and school consultation programs. Annually, nearly 11,000 individuals are served through SARRC programs including children, adolescents and young adults with Autism Spectrum Disorders and their neurotypical peers; family members; and professionals such as teachers, therapists and medical practitioners.

SARRC has produced an Autism Spectrum Disorders Screening Kit to aid physicians in accurately recognizing the early signs of autism. The kits have been distributed to pediatricians across the state and are available upon request. SARRC also provides pediatricians with the opportunity to earn continuing medical education credits and learn about the latest in autism research through its BHHS Legacy Distinguished Lecture Series.

To learn more about SARRC or access information for families, individuals or providers you may contact SARRC at 602.340.8717 or visit their website: [www.autismcenter.org](http://www.autismcenter.org).

## **Arizona Autism Coalition**

The Arizona Autism Coalition works to improve the lives of individuals with Autism Spectrum Disorder and their families in Arizona by sharing resources and affecting autism systems reform through state-wide collaboration and advocacy. The overall intent of the Coalition is to become an inclusive membership organization guided by the mission of collaboration and advocacy.

# Autism Resources

The Coalition has selected priorities, which include:

- Advocating jointly for better services and improved quality of life for persons with ASDs at the city, state, and federal levels
- Educating professionals who interface with affected children
- Identifying gaps in reaching those who would utilize training
- Expanding the distribution of early identification and early intervention information to families via hospitals, medical offices, schools, daycare centers or any organization that comes in contact with children ages 0-5
- Evaluating all ASD provider services and to come to agreement as to the best standards and practices and implementing those agreed upon standards and practices locally, statewide and nationwide
- Developing active collaborations and cooperative partnerships
- Developing a coordinated approach to addressing the Arizona Department of Economic Security (DES) and the Department of Developmental Disabilities (DDD) funding cutbacks
- Identifying unique missions of the various ASD service providers to avoid duplication of services
- Building alliances with respected peers, fostering community allies and promoting community involvement

You may learn more about the Arizona Autism Coalition by visiting their website at: <http://azautism.org/>.

# Community Information and Referral Services



[www.211Arizona.com](http://www.211Arizona.com)

**Community Information and Referral Services** (CIR) serves as Arizona's key source of integrated information that brings people and services together to meet vital needs. Their vision is that all Arizonans are easily connected to available health and human services in their communities.

2-1-1 Arizona, as a program of CIR, is the primary source of information for:

- Utility assistance programs
- Rental assistance programs
- Homeless services
- Emergency food
- Transportation information
- Medical and mental health services
- Community services
- Volunteering and donating
- And so much more...

The 24/7 helpline is staffed by highly trained Information and Referral Specialists and offers a wide range of up-to-date programs and services. 2-1-1 Arizona features a computerized database of over 13,000 participating programs and over 37,000 community services, including government, nonprofit organizations, self-help support groups, civic clubs, professional associations, and many more.

## **2-1-1 Arizona Features**

- Spanish speaking call option
- Easy database access through [www.211Arizona.org](http://www.211Arizona.org)
- Regular and seasonal assistance programs such as immunization, flu and pneumonia information
- Emergency food sites
- Free Income Tax Assistance Information

## **Other Community Information and Referral programs include**

- Arizona Mortgage Foreclosure Hotline: 1-877-448-1211
- Community Voice Mail for homeless persons: 602-263-8845 x108
- CONTACTS Maricopa County 24-hour Domestic Violence and Homeless Shelter Hotline: 602-263-8900 and 800-799-7739
- Maricopa County Homeless Management Information System (HMIS) : 602-263-8845 x102

# Deaf and Hard of Hearing

## Arizona Commission for the Deaf and Hard of Hearing (ACDHH)

<http://www.acdhh.org/>

The Arizona Commission for the Deaf and the Hard of Hearing provides the following services to the citizens of Arizona.

### Telecommunications Relay Service

ACDHH administers a statewide 24-hour telephone relay service. This service is free to all hearing, Deaf, Hard of Hearing and Speech Impaired Arizona residents. To place a call through the Arizona Relay Service, call 7-1-1

### Telecommunications Equipment Distribution Program

ACDHH provides telephone equipment for qualified residents who are Deaf, Hard of Hearing, Speech Impaired, or Deaf-Blind.

### American Sign Language Interpreter Licensure

The law establishing licensure; A.R.S. 36-1946, was passed by the Arizona State Legislature in 2000. It is designed to create a statewide standard for sign language interpreters. There are more than 400 licensed professionals in the state of Arizona. To view Licensure rules [click here](#) rules start at R9-26-501.

### Empowerment

By informing Deaf and Hard of Hearing individuals about their rights and the laws and programs available to support those rights, they can become empowered as self-advocates. Advocates are available to act on behalf of consumers as needed.

### Community Development

ACDHH works closely with community leaders to determine the resources available, and those that need to be expanded or created to better serve Deaf and Hard of Hearing citizens in each region.

### Outreach and Education

ACDHH provides valuable outreach and educational opportunities in local communities. The workshops and information sessions include but are not limited to: training for 9-1-1 trainers, ADA and civil rights information; aging issues and information, legal rights; employment issues and concerns; Deaf Culture; government programs; hearing loss issues.

# Deaf and Hard of Hearing

## Hearing Screening



This toolkit is a series of tools and materials designed to improve the system of care for all newborns with possible hearing loss.

The Newborn Hearing Screening Toolkit:

[http://www.nichq.org/resources/newborn\\_hearing\\_screening\\_toolkit.html](http://www.nichq.org/resources/newborn_hearing_screening_toolkit.html)

### **Some things a baby with normal speech, language, and hearing should be able to do:**

#### **Birth to 3 Months of Age**

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like "ohh," "ahh"

#### **4 to 6 Months of Age**

- Looks for sounds with eyes
- Uses many sounds, squeals, and chuckles
- Makes different sounds when excited or angry

#### **7 Months to 1 Year of Age**

- Turns head toward loud sounds
- Understands "no-no," or "bye-bye"
- Babbles, for example "baba," "mama," "gaga"
- Repeats simple words and sounds you make
- Correctly uses "mama" or "dada"
- Responds to singing or music
- Points to favorite toys and objects when asked

### **Why should my baby's hearing be screened?**

- Most babies can hear well at birth, but a few do not.
- All babies are screened to make sure they are hearing normally.
- Newborn hearing screening is one way to know if a baby has hearing loss.
- It is important to find hearing loss as soon as possible. If hearing loss is found early, it is easier for babies to learn.

# Deaf and Hard of Hearing

- There are many ways to help your baby right away if hearing loss is found.

*Make sure your baby's hearing is screened before you leave the hospital.*



## Dental Health Issues for Children

### Thoughts for families

- Dental health is more than teeth – it also includes mouth, face, nutrition, speech, chewing, swallowing, appearance, well being, and confidence.
- Ideas about dental health and what can be done may be different from when you were growing up. New dental procedures such as sealants, cosmetic treatments, and pain management have been added and improved.
- Experiences and beliefs about dental care vary from country to country.
- Cost and coverage can be barriers to good dental care
  - High costs of care
  - Lack of information about how to get services covered
  - Families with coverage may face red tape and delays in determining what is covered, pre-approvals, and co-pays.
- Providers may be hard to find, especially for those with Medicaid or certain dental plans.



- Family-centered care exists in some, but not all, dental practices. Needed is:
  - Understanding of families' roles in day to day care and special situations
  - Information especially for families and children
  - Support for children and families
- Communication and coordination among child health providers - dentists, pediatricians, and other caregivers – is needed.
- Dental care is not typically part of regular health insurance, conveying a confusing message.

# Dental Health Issues for Children with Special Health Care Needs

## Thoughts for families

All of the issues mentioned on the previous page may also apply for children with special needs. These issues may be “heightened.” Additional concerns may include:



- Need for accessibility, modification, accommodation. Dental offices and practices should comply with Americans' with Disabilities Act standards.
- Staff attitudes and comfort caring for children with special needs
- Staff training to address information, support, and specific treatments for children with special needs.
- Medications a child is taking may cause increases in cavities and plaque.
- Appropriate recommendations for anesthesia. Some children may need anesthesia for treatments and procedures that others do not. In other cases, children with special needs may be inappropriately anesthetized.
- Consideration that costs for treatment, equipment and supplies will likely be in addition to other health care costs families face.
- Under managed care, some procedures may be denied, thus requiring families to appeal in order for children to receive needed services.
- Families will need to coordinate dental appointments and care with other health care services and therapies children receive.
- Communication and coordination with children's other health care professionals in order to provide quality, family-centered care.
- Children and families benefit from dental health professionals who act as advocates for children's dental *and other health care and services!*

*Note that for some children with special needs, there are no special dental health issues!*

Our thanks to Bright Futures at Georgetown University for graphics

# Oral Health & Medical Home



[http://www.medicalhomeinfo.org/about/newletter/spotlight\\_issues/oral\\_health.aspx](http://www.medicalhomeinfo.org/about/newletter/spotlight_issues/oral_health.aspx)

## Introduction

Oral health care can no longer be separated from the rest of body. Having good oral health is key to optimal general health. Primary care pediatricians who provide a medical home to their patients are in a unique position to influence the overall health of their patients by providing preventive oral health care. This care may include an oral health risk assessment; anticipatory guidance and counseling about oral hygiene and nutrition; fluoride varnish application for children at high risk of developing caries; and a referral to a dental home.

## Why is this important?

- Early childhood caries (cavities) is the number 1 chronic disease affecting young children.
- Early childhood caries is 5 times more common than asthma and 7 times more common than hay fever.
- Tooth pain keeps many children home from school or distracted from learning.
- Children are recommended to have their first dental visit by age 1 by the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

*An effective medical home does not stand alone but functions in collaboration with a child's dental home. This requires that pediatricians and dentists know each other and work together to address the oral health and overall health of their child patients. Incorporation of an oral health risk assessment into well-child visits takes a few extra minutes and gives pediatricians the information they need to discuss dietary and behavioral factors that contribute to caries risk.—Rebecca L Slayton, DDS, PhD, AAP Section on Oral Health Executive Committee member.*

Medical home involvement in patient oral health care is especially important for those with special health care needs.

*Oral health is a frequently unmet need in children who have special health care needs. These children are at increased risk for oral health problems including dental caries and oral infections. For some children with special health care needs, their oral health problems contribute to the social exclusion that they already experience. In other children, the consequences of poor oral health can be as serious as feeding problems and malnutrition. An effective medical home should recognize the importance of oral health in children with special health care needs, and partner with*

# Oral Health & Medical Home

*the child's dental home to insure their optimal oral health.*—Kenneth W Norwood Jr, MD, FAAP, AAP Council on Children with Disabilities Executive Committee member.

Attention to the comprehensive oral health care is an important aspect of overall health across the lifespan.

## Resources for Children, Youth & Families

Through the medical home model, a pediatrician and the entire practice team provide patient- and family-centered care through a trusting, collaborative, working partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life. The following resources are examples of ways to communicate the value of good oral health and the importance of every child and youth having access to a medical home.

### HealthyChildren.org

[HealthyChildren.org](http://www.healthychildren.org) is the official Web site for parents from the AAP. It is the only parenting Web site backed by 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

Under the "Ages and Stages" tab, if you select "Teething and Tooth Care" you will find [A Guide to Children's Dental Health](#) and [Preventing Tooth Decay in Children](#).

Under the "Healthy Living" tab,, select "Oral Care" and you will find [Brushing Up on Oral Health—Never Too Early to Start](#) and [Caring for a Young Child's Teeth](#).

### [Bright Futures Theme Sheet—Oral Health](#)

(<http://www.brightfuturesforfamilies.org/pdf/FV%20BF%20Oral%20Health-Theme%20rev%209%2021%2011a.pdf>)

This informative 1-pager for families on oral health provides a description of oral health, how oral health relates to the child and family, how oral health relates to different ages and stages, and what families can do to promote healthy development as part of oral health; it also includes additional resources.

### [Medical Home Fact Sheets in English and Spanish](#)

([http://www.medicalhomeinfo.org/how/care\\_partnership\\_support.aspx#marketing](http://www.medicalhomeinfo.org/how/care_partnership_support.aspx#marketing))

*National Center for Medical Home Implementation (NCMHI)*

These fact sheets are for providers, parents, and children/youth to communicate the importance of every child and youth having a medical home. These resources are designed to be used by providers with patients to facilitate discussion around the development of ongoing partnerships within the medical home for all patients and their families. The fact sheets for parents and children/youth are also available in Spanish.

## Reduced Fee and Community Dental Clinics in Arizona

MARICOPA COUNTY	STATEWIDE RESOURCES	Phone Number	ER	SLIDING FEE	DENTURES	NOTES	SENIOR	KIDS
Arizona	Donated Dental Services - <a href="http://Azdentalfoundation.org">Azdentalfoundation.org</a>	480-850-1474 or 866-340-4337 to apply			waiting list in metro areas			
Ajo	Desert Senita Medical Center	520-387-4500	YES	YES	YES		YES	YES
Ashfork	<b>Ashfork Health Center (same as North County)</b>	928-637-2305	YES	YES	YES	Mon & Fri Only	YES	YES
Bisbee	Copper Queen Medical Association	520-432-6400						
Casa Grande	Kid 1 Pediatric Dentistry	520-876-5431		YES				
Casa Grande	Sun Life Family Health Center	520-381-0381	YES	YES	YES	Dentures	YES	YES
Chino Valley	West Yavapai Community Health Center	928-583-1000				Pre-qualify @ intake		
Cottonwood	Yavapai County Community Health	928-639-8132		YES	Must be Medical Patient			
Elfrida	Chiricahua Community Health Center	520-642-2222	YES	YES	YES	Dentures	YES	YES
Flagstaff	Coconino County Department of Health	928-679-7825	YES	YES	YES		YES	YES
Flagstaff	North Country Clinic	928-773-1471						
Flagstaff	North Country Healthcare Dental Clinic	928-213-6151	YES	YES	YES	Dentures	YES	YES
Fredonia	Canyonlands Community Health	928-643-6215		YES	YES	Dentures		
Green Valley	United Community Health/Continental Dental	520-625-3691				Mobile Clinic for Kids		
Littlefield	Canyonlands Community Health	928-347-5971		YES	NO			
Marana	Marana Dental Clinic	520-616-6200	YES	YES	YES		YES	YES
Mayer	Spring Valley Dentistry	928-632-9099		YES				
Nogalas	Mariposa Community Health Center Dental	520-281-1550	YES	YES	YES		YES	YES
Prescott	VA Medical Center (for 100% disabled only)	928-776-6177				Veterans Only		
Prescott Valley	Yavapai County Community Health	928-583-1000		YES	Must be Medical Patient			
Surprise	Adelante Healthcare	623-583-3001				Dentures		
Tucson	Comstock Children's Foundation	520-324-3100	NO			Financial Support	NO	YES
Tucson	St Elizabeth's of Hungary Dental Clinic	520-628-7871	NO	YES	YES	Mon & Thurs Only	YES	YES
Tucson	El Rio Clinic - Central (Congress)	520-670-3758	YES	YES	YES		YES	YES
Tucson	El Rio Clinic - Northwest (Flowing Wells)	520-408-0836	YES	YES			YES	YES
Tucson	El Rio Clinic - Southwest (Commerce)	520-770-2700	YES	YES			YES	YES
Tucson	VA Medical Center (for 100% disabled only)	520-792-1450	NO			Veterans Only	NO	NO
Winslow	North Country Community Health	928-289-2000	YES	YES	YES		YES	YES
Yuma (Somerton)	Sunset Community Health Center	928-627-8806	YES	YES	YES		YES	YES
Yuma (San Luis)	Sunset Community Health Center	928-627-8584	YES	YES	YES	Dentures	YES	YES
Yuma (Wellton)	Sunset Community Health Center	928-785-3256	YES	YES	YES		YES	YES
<b>Dental Hygiene Schools</b>								
Flagstaff	NAU Hygiene School	928-523-3500				Preventive Services		
East Mesa	Mesa Community College	480-248-8195				Preventive Services		
Mohave	Mohave Community College Hygiene School	928-704-7788	NO	YES	NO	Preventive Services	YES	YES
Phoenix	Phoenix College Dental Clinic	602-285-7323				Preventive Services		
Phoenix	Rio Salado Dental Hygiene School	480-377-4100				Preventive Services		
Tucson	Pima Community College Dental Hygiene Program	520-206-6090	NO	Yes	No	Preventive Services	YES	YES
<b>For a private dentist in your community, log on to <a href="http://www.findadentist4.me">www.findadentist4.me</a></b>				<b>Apply for AHCCCS at <a href="http://www.azahcccs.gov">www.azahcccs.gov</a></b>			<i>rvsd 01/23/2013</i>	

## Reduced Fee and Community Dental Clinics in Arizona

CITY	MARICOPA COUNTY RESOURCES	PHONE NUMBER	ER	SLIDING FEE	DENTURES	NOTES	SENIOR	KIDS
Avondale	Avondale Family Health Center Dental Clinic (MIHS)	623-344-6809	YES	YES		Pre-qualify @ Intake	YES	YES
Buckeye	Clinica Adelante/Tidwell Family Care	623-386-1630	YES	NO	YES	Dentures and Implants	YES	YES
Chandler	CHW East Valley Children's Dental Clinic	480-728-5790	NO			Preventive Services & Screening		YES
Chandler	Chandler Family Health Center Dental Clinic (MIHS)	480-344-6109	YES	YES	YES	Pre-qualify @ Intake	YES	YES
East Valley/Mesa	Arizona School of Dentistry & Oral Health	480-248-8100	NO	YES	YES	Student Dentists	YES	YES
Glendale	Dental Care West -- ASDOH	623-251-4700	NO	YES	NO	Student Dentists	YES	YES
Glendale	Midwestern Dental Clinic	623-537-6000	YES	Accepts some insurance		Student Dentists	YES	YES
Glendale	Glendale Family Health Center Dental Clinic (MIHS)	623-344-6789	YES	YES			YES	YES
Mesa	CARE Partnership	480-962-5197	Only open a few nights a week			Student Dentists		
Mesa	Mesa Family Health Center Dental Clinic (MIHS)	480-344-6209	YES	YES		Pre-qualify @ Intake	YES	YES
Phoenix	CASS Homeless Shelter	602-256-6945			YES	Homeless Criteria		
Phoenix	Children's Rehabilitative Services (cleft palate) St. Joe's	602-406-6400				Kids 0-21 w/ cleft palate		
Phoenix	Dave Pratt Boys and Girls Club	602-271-9961	YES	YES	NO	Kids 6-18 Only	NO	YES
Phoenix	Gompers Center	602-336-0061	NO	YES	YES	Special Needs	YES	YES
Phoenix	Homeward Bound	602-263-7654				Homeless Criteria		
Phoenix	Phoenix Indian Medical Center	602-263-1592				Native Americans Only		
Phoenix	John C. Lincoln/Desert Mission Children's Dental	602-870-6363	NO	YES		Ages 1-20 Northcentral Phoenix		
Phoenix	Maricopa Medical Center Dental Clinic-Adults (MIHS)	602-344-1005	YES	YES	YES	Pre-qualify @ Intake	YES	NO
Phoenix	Maricopa County Integrated Health INTAKE (MIHS)	602-344-1005				Intake for all MIHS		
Phoenix	Maricopa Medical Center Dental Clinic-Kids (MIHS)	602-344-1005	YES	YES		Pre-qualify @ Intake	NO	YES
Phoenix	McDowell Health Care Dental Clinic (MIHS)	602-344-6550		YES		HIV/AIDS ONLY		
Phoenix	Mountain Park Health Dental Clinic - South Phoenix	602-243-7277		YES	YES		YES	YES
Phoenix	Native American Community Health Center	602-279-5262				Accepts non-natives who qualify for certain programs		
Phoenix	Neighborhood Christian Clinic	602-258-6008	No			Closed on Wednesdays		
Phoenix	St Vincent de Paul Dental Clinic	602-261-6868	No	YES	YES	Lottery for Care	YES	YES
Phoenix	South Central Family Health Dental Clinic (MIHS)	602-344-6400	YES		YES	Pre-qualify @ Intake	YES	YES
Phoenix	VA Medical Center (for 100% disabled only)	602-277-5551	NO			Veteran's Only	NO	NO
Scottsdale	NOAH - Palomino Center	602-449-2811	NO				NO	YES
Scottsdale	NOAH - Paiute Center	480-312-0007	NO				NO	YES
Mobile Unit	Community Dental Foundation	888-318-3388				Visits schools and churches		
Mobile Unit	Mobile Dentistry of Arizona	480-313-3310				Elderly Homebound/Nursing Home		
Mobile Unit (Chandler)	Coronado Dental Clinic	480-461-1232				Special Needs & Homebound Elderly Only		
Tribal	Contact their local Indian Health Services							
Abuse	Give Back a Smile (AACD)	1-800-dentist	www.givebackasmile.com					
Abuse	Smiles for Success	1-800-920-2293	www.smilesforsuccess.org					
Orthodontics	Smiles Change Lives		www.smileschangelives.org/apply					
Orthodontics	Ortho Clinic for Kids -- ASDOH	480-248-8132						
Sedation	Any MIHS Program. Ask for COPA Care application to qualify for discounted sedation/treatment.							

# Disability Benefits 101

[www.az.db01.org](http://www.az.db01.org)

Disability Benefits 101 (DB101) helps workers, job seekers, and service providers understand the connections between work and benefits. The DB101 *attitude* is that the disability experience is unique for each individual, and that benefit programs can affect that experience in different ways at different times. *With planning*, people with disabilities can take control of finding the programs and jobs that meet their needs. For service providers and program managers, information sharing helps everyone understand how programs interact with each other.

DB101 brings together rules for health coverage, benefit, and employment programs that people with disabilities use. These programs may be run by state, federal government, non-profit, or private organizations. Here we discuss them under one roof and in plain language.

## **DB101 can help with situations when accurate information about health coverage and benefits is needed such as:**

- When planning employment
- When new employment starts
- When someone changes jobs
- When someone gets a raise
- When someone uses several benefit programs to support employment
- When transitioning from school to work

# Disasters and Emergencies: Keeping Children and Youth Safe



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

We hope emergencies and disasters never happen, especially to our children. But we know they do. As parents, teachers, relatives, neighbors, and friends who care for and about children and youth with special health care needs, we want to keep our children safe.

ALL families should have emergency plans for their children. If your son or daughter has special health care needs, your emergency plan will probably be more complicated, involve more people, and may require equipment. This will be the case if your child or youth:

- Depends on electricity --- to breathe, be fed, stay comfortable;
- Cannot be moved easily because of his medical condition or attachment to equipment;
- Uses a wheelchair, walker, or other device to move;
- Cannot survive extreme temperatures, whether hot or cold;
- Becomes afraid or agitated when sudden changes happen;
- Cannot get out of an emergency by herself for physical or emotional reasons.

## Ideas for Making an Emergency Plan

Below are some simple tips to help you begin to make an emergency plan, followed by a short list of resources that can provide more information. We strongly suggest that you ask your child's physician or your local parent organization to help you make your plan.

## Emergency Information Form

The Emergency Information Form, developed by the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians, can be downloaded from the AAP website in an interactive format so it can be saved on a family's home computer and easily updated, or it can be printed out. This is a good format to use when developing an emergency plan with your child's physician for your child with complex conditions.

# Disasters and Emergencies: Keeping Children and Youth Safe

Start by filling out this simple 2-page emergency form. Distribute the completed form where your child goes regularly. The form is also available in English and Spanish at <http://www.azdhs.gov/phs/owch/ocshcn/medical-home.htm>

## Home

Everyone in your home should know what to do in an emergency, whether it's a power outage, fire, or natural disaster, such as a flood or tornado.

- **Instructions:** Prepare simple, one-page emergency instructions, and update as things change. Include information about exits, fire extinguishers, and power shut-offs. Place them where they can be seen. And have everyone practice.
- **Medical Things:** Make sure your child's medicine, medical records, and important equipment are easy to grab if you have to leave suddenly.
- **Electricity and Telephone:** Tell your local utilities that your child depends on electricity. Ask them to "flag" your household and to bring power back quickly to your home. Get a generator if you can.
- **Emergency Services:** Visit your nearest emergency center (fire department, rescue squad, 911 facility). Tell them about your child. Invite them to your home to become familiar with the situation and to give you emergency tips.
- **Local Hospital:** For some children or youth, the nearest hospital might be the safest place to be in a disaster, so you and your doctor should work out admitting procedures to avoid an ER wait.
- **Emergency Box:** Keep a box containing flashlight, water, blankets, with necessities and comforts for your child, close to an exit.

## School

Every student with special health care needs, whether physical or emotional, must have a school emergency plan. A student's IEP plan should include emergency plans available to all school personnel. But one team member must be responsible for getting your child to safety, no matter where he is in the school, and must practice with your child frequently. Make sure your child's school bus staff also knows what to do in an emergency—and has practiced it.

# Disasters and Emergencies: Keeping Children and Youth Safe

## **Other Places**

Every place your child goes should have an emergency plan for your child. This includes child care center, summer camp, hospital, grandparent's house, recreation program, as well as the glove compartment in each of your cars, and your child's backpack. The 2-page emergency form available at <http://www.azdhs.gov/phs/owch/ocshcn/medical-home.htm> might be the easiest way to do this.

# Health Care Transition

## **What does health care transition mean?**

The process of changing health care providers (for example, from pediatric health care to adult health care) is called "health care transition." Most children get their health care from pediatricians who are specially trained in children's health care needs, such as monitoring growth and treating illnesses that start in childhood. As youths grow into adulthood, their health care needs change, and most will need to leave their pediatricians for adult health care providers. During this transition, most youth begin to take more responsibility for their health care.

## **Why is health care transition planning especially important for youth with special health care needs?**

Health care transition planning is important, because all youth should receive quality health care that is appropriate for their age. In addition, they should not go through a period of time without a primary care provider. Losing access to primary care, even for a short time, can affect the long-term health of an individual with special health care needs.

As youth with special health care needs become adults, receiving proper health care can be a challenge. Advance planning can help address the following challenges before they happen:

- Many pediatricians drop their patients between the ages of 18 and 21.
- Most youth with special health care needs have health insurance through their parents' plans or through public programs. With adulthood, their eligibility for these programs may change.
- Youth start needing more adult-oriented health care, including reproductive health care and appropriate screenings for adult risk factors. They may also be at risk of developing secondary disabling conditions that occur in adulthood and require attention from adult health care providers.

Additionally, transitioning to adult health care is part of the process of becoming independent and learning to manage one's own health. Health care planning and management is an essential component to successful personal, educational, and career planning. Individuals may also want the privacy and confidentiality that comes with having adult health care.

## **When should your health care transition planning begin?**

Planning for health care transition should start early in adolescence (around age 14). However, each person is unique and will be ready to transition to adult health care at a different time in life. That is why it is important to discuss transitioning early on. As time passes and your youth grows, his or

# Health Care Transition

her needs will change. It is important that the transition plan be flexible to his or her needs and abilities. Start talking to your youth and their pediatrician as soon as possible about what might be appropriate.

Adult health care is different from what your family may be used to under pediatric care. It is important to remember that transition may be best for your youth's adult health. To deal with the transition, ask to be involved in and informed of all decisions made about your youth's health care. However, in order for transition to occur, it is important that parents allow their teens to take the lead in all areas of their health care, to the extent possible.

## **Who should be involved in the transition planning?**

Health care transition planning must be a team effort among you, your youth, and their pediatrician, specialists, and adult health care providers. It is important to involve the pediatrician because he or she is most familiar with your youth's medical needs. It is also important to involve teachers, career coaches, and others who play a key role in your youth's life. Consider creative ways to involve youth in the planning, such as:

- Increasing understanding of health care coverage. Create a chart of their insurance policies. Outline the benefits, co-payments, and general plan coverage. Encourage calling the health care insurer whenever something is unclear.
- Go over scenarios for making appointments and create a list of questions to ask the doctor during the visit. Encourage bringing the list to the appointment and talking to the doctor about any concerns.
- Create a list of important contacts like family members, social workers, teachers, health care providers, or other members of the community. Include telephone numbers, addresses, directions, and maps.
- Help your youth create a filing/record system that works for them. Encourage keeping originals or copies of important documents, such as her social security card, birth certificate, insurance card, and driver's license as well as a family health history and current health information.
- Set wellness goals together by identifying health-related community supports like recreational activities, health clubs, adult education, and other resources that promote a healthy life style.

## **What should the transition plan include?**

Your youth's health care transition team should create a written transition plan. The plan should include answers to the following important questions:

# Health Care Transition

## 1. What Services are Needed?

Help your teen make a list of his or her medical history, health care needs, and abilities. Working with your teen's health care transition team, use this list to think about what to expect for your teen's future and what sort of health care needs he or she may have as an adult. Some specific questions that your team could talk about:

- To what extent is the youth responsible for managing his own health care? What skills can be developed to increase that ability? Will a case manager, medical power of attorney or some level of guardianship be needed?
- What sort of work, education, volunteering or vocational training is she interested in? What special health care services might she need for these activities?
- What supports might your teen need to live as independently as desired?

## 2. Who will Provide these Services?

Make a list of the kinds of health care providers that will best address your youth's adult health care needs. It may be appropriate for some individuals to stay longer with their pediatricians, while it may make sense for others to get an adult health care provider and a team of adult health care professionals and specialists. Talk with your youth and the health care transition team about these issues.

After determining the kinds of health care providers needed as an adult, ask the pediatrician or other members of your team, your support networks, and your insurance company for referrals. Support your youth in making appointments to meet with these providers for the first time. Assist your youth in assembling a health care team with which they are comfortable.

## 3. How will these Services be Financed?

It is important to identify health insurance options in advance, so a young adult with special health care needs does not go without health care coverage. There are several options for adult health insurance coverage, but these options require advanced planning in order to understand eligibility requirements and secure a smooth transition.

Start with the following resources when researching health care coverage options:

- **Supplemental Security Income (SSI):** Some youth with chronic conditions may be eligible for SSI. SSI provides monthly cash benefits

# Health Care Transition

to individuals with disabilities and health care coverage through Medicaid. It also offers “work incentives” that provide continued benefits and health care coverage while individuals seek employment. SSI is funded through the United States Social Security Administration. Visit <http://www.ssa.gov/ssi/> for more information

- **AHCCCS:** Teens with special health care needs may need to apply (if they were not previously eligible) or reapply for Long Term Care. Visit <http://www.azahcccs.gov/applicants/application/AcuteCare.aspx> for more information.
- **Private Insurance:** Parents can talk to their employer or Human Resources representative to find out how long their youth may be covered as a dependent on their parent’s plan, for most employer plans, children are covered up to age 26. A youth who is working may be eligible for health insurance through their employer. Also, determine how much the health plans would cost and if needed providers are covered.

*If your teen receives or is eligible for SSI, the Plans to Achieve Self-Support (PASS) program can help your teen reach his or her work goals. PASS lets your teen set aside part of his or her income (other than your teen’s SSI payment) to pay for education or vocational training to meet specific work goals. PASS will help your teen develop a written plan to meet these goals.*

# Health Care Transition



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

## **National Health Care Transition Center's Website**

Got Transition? is a national resource for health care professionals, families, youth, and state policy makers focusing on a young adult's transition from pediatric to adult health care. This site serves as the basis for an information exchange about health care transition, particularly as pertaining to youth with special health care needs.

Transition tools and tips and other resources are available under each of the main categories of Youth, Family, Providers and States.

## **Guardianship Issues**

At age 18 young adults with intellectual disabilities have the same rights to privacy and protection of their health information as other young adults. When their decision-making abilities are challenged, one of a variety of alternative supports may be needed. As a result, health care providers need accurate information about the decision-making status of their young adult patients.

This website provides a broad outline of decision-making support options, both informal and legal, that may assist a young adult with an intellectual disability. States and jurisdictions may have different laws and options. Each state defines the categories and rules for guardianship in its laws. It is important to know all of the options before deciding which one to pursue since every young person has a unique situation and individual needs for support.

To access a webinar about Guardianship go to:  
<http://www.gottransition.org/about-us-news/24>

To access additional resources regarding Guardianship go to:  
[http://www.gottransition.org/UploadedFiles/Document/27/FA\\_GTFinalCompT\\_oSend.pdf](http://www.gottransition.org/UploadedFiles/Document/27/FA_GTFinalCompT_oSend.pdf)

# Health History

## *My Family Health Portrait*

A tool from the Surgeon General

<https://familyhistory.hhs.gov/fhh-web/home.action>

This website offers an interactive tool for families to record their health history. The completed forms may be printed, or downloaded to a CD or thumb drive. Should you wish to share your health history with another family member you may do so via encrypted email, CD or thumb-drive. The site itself does not store information, it is only a software tool, and so no information is captured or saved.

Using *My Family Health Portrait* you can:

- Enter your family health history.
- Print your family health history to share with family or your health care provider.
- Save your family health history so you can update it over time.

### **Why is family health history useful?**

Your family health history can help your health care provider provide better care for you. It can help identify whether you have higher risk for some diseases. It can help your health care provider recommend actions for reducing your personal risk of disease. And it can help in looking for early warning signs of disease.

### **What are the key features of the Surgeon General's family health history tool?**

The Surgeon General's "My Family Health Portrait" is an internet-based tool that makes it easy for you to record your family health history. The tool is easy to access on the web and simple to fill out. It assembles your information and makes a "pedigree" family tree that you can download. It is private--it does not keep your information. It gives you a health history that you can share with family members or send to your health care provider.

### **How long does it take to fill out the form? What do I do with it then?**

It should only take about 15 to 20 minutes to build a basic family health history. Individuals with larger families will spend more time entering in their information. Then you have the option of sharing it with other family members,

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[OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov) / 602.542.1860 / 800.232.1676 / <http://www.azdhs.gov/phs/owch/ocshcn>

# Health History

if you wish. They may help provide information you didn't know. And relatives can start with your information and create their own history. You will also probably want to provide your health history to your health care provider. You and your health care provider should review it together before making it part of your medical record.

# Individualized Education Programs (IEPs), 504 Plans, and Transition Plans

If you are like many parents, when you receive a notice about an IEP meeting for your child, it triggers thoughts and ideas of ways to better meet our child's needs. The best strategy to do that is by using reliable information. As your child's parent, **you** are the expert on your child. That is why **you** are a member of your child's IEP team.

To learn about IEPs, terminology, contents, goal-writing and your rights, visit these websites:

<http://www2.ed.gov/parents/needs/speced/iepguide/index.html>

[www.wrightslaw.com](http://www.wrightslaw.com)

<http://learningdisabilities.about.com/od/publicschoolprograms/tp/partsofaniiep.htm>

## Transition Plans

The 1997 amendments to the Individuals with Disabilities Education Act (IDEA) emphasized that students with disabilities are to be prepared for employment and independent living and that specific attention is to be paid to the secondary education they receive. The law also requires coordinated and documented planning. Early and meaningful transition planning, which actively involves students and their families, has a positive influence on students' post-school success and independence.

IDEA requires that the IEP team carefully consider post-school goals when the student is about to enter high school at age 14. Beginning at age 16 (or younger, if appropriate) a statement of transition services needed by the student must be included in the IEP.

Under both the Rehabilitation Act and Individuals with Disabilities Education Act (IDEA), "Transition Services" are defined as a coordinated set of activities for a student, designed within an outcome-oriented process that promotes movement from school to post-school activities including:

- post-secondary education
- vocational training
- integrated employment (including supported employment)
- continuing and adult education
- adult services

# Individualized Education Programs (IEPs), 504 Plans, and Transition Plans

- community participation
- independent living

The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests and shall include:

- community experiences
- the development of employment
- the development of other post school adult living activities
- when appropriate, acquisition of daily living skills
- when appropriate, functional vocational evaluation

For additional information on the requirements of a Transition Plan, visit:

<http://www.ericdigests.org/2001-4/iep.html>

To access additional resources regarding Transition topics go to:

<http://www.gottransition.org/families-resources> and click on "Journey to Adults A Transition Travel Guide"

# Local Educational Resources

## Arizona Department of Education (ADE), Exceptional Student Services (ESS)

[www.ade.az.gov/ess](http://www.ade.az.gov/ess)

Oversees and monitors all public education agencies and approved private special education schools in the State of Arizona. Special Education questions, comments or concerns can be emailed to [essdesk@azed.gov](mailto:essdesk@azed.gov) or by calling:  
ESS Tel: (602) 542-4013      TTY: 1-800-842-4681      Toll Free: 1 (800) 352-4558

## AZ Find

<http://www.azed.gov/special-education/az-find/>

The intent of AZ Find is that all children from birth through age 21 with delays or disabilities are identified, located and evaluated to receive the supports and services they need. When children are "found", they are referred to a specialist to screen their development. The screening helps identify any areas of concern that need to be evaluated further. In order to receive early intervention or special education services, a child must be evaluated to confirm they have a delay or disability that falls under state definitions.

Email: [azfind@azed.gov](mailto:azfind@azed.gov)      1 (928) 679-8106      Toll Free: 1 (800) 352-4558

## Parent Information Network Specialists (PINS)

<http://www.azed.gov/special-education/deputy-associate-superintendent/parent-information-network/>

PINS, parent consultants with the ADE/ESS, serve every county in Arizona. PINS provide essential information for parents to actively participate in their child's special education. PINS offer training and resources to educators, college students, service providers, community agencies, and parent organizations. PINS assist parents and community partners to understand the special education process and related issues.

Email: [PINS@azed.gov](mailto:PINS@azed.gov)      Toll Free: 1 (877) 230-PINS (7467)

## Arizona Center for Disability Law (ACDL)

<http://www.acdl.com/default.htm>

The ACDL advocates for the legal rights of persons with disabilities to be free from abuse, neglect and discrimination and to have access to education, health care, housing and jobs, and other services in order to maximize independence and achieve equality. While ACDL does not have the resources to provide individual legal representation to every caller, it does provide accurate disability-related legal

# Local Educational Resources

information and advice to more individuals who need our services and assistance.

Email: [center@azdisabilitylaw.org](mailto:center@azdisabilitylaw.org)

Toll Free: 1 (800) 927-2260

## **Raising Special Kids (RSK)**

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

RSK is Arizona's Parent Training and Information Center (PTI), one of over 100 centers authorized under the Individuals with Disabilities Education Act (IDEA) to provide assistance in special education to families and schools. Services include Individual Education Program (IEP) and 504 consultations for families.

Email: [info@raisingpecialkids.org](mailto:info@raisingpecialkids.org) (602) 242-4366 Toll Free: 1 (800) 237-3007

# Military Exceptional Family Member Program



<http://www.militaryhomefront.dod.mil/tf/efmp>

The DoD Special Needs Parent Tool Kit

(<http://www.militaryonesource.mil/efmp/parent-tool-kit>) has comprehensive information and tools that are geared towards helping military families with special needs children navigate the maze of medical and special education services, community support and benefits and entitlements. The Toolkit is broken down into six colorful modules that can be easily downloaded and printed. Included are important facts, records, tools and sample letters.

Whether you need to learn about early intervention services or want to learn how to be a more effective advocate for your child, you will find information on the subjects below by using the links on the DoD Special Needs Parent Tool Kit. *Updated as of September 2011*

## **[The DoD Special Needs Parent Tool Kit](http://www.militaryonesource.mil/efmp/parent-tool-kit)**

<http://www.militaryonesource.mil/efmp/parent-tool-kit>

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## **Special Care Organizational Records**

Make the stress of keeping track of your family's medical and care records a thing of the past. These Records Organizers were designed as organizing tools, providing central repositories for key information about your family's health, health-related needs, and ongoing care. Although the focus for each Organizer differs, they share the same fundamental goal of making it easier to organize, track, and update information for members of your family. These tools are particularly useful for military families for whom frequent moves can make managing, organizing, and easily locating information challenging. Download the Organizer that best speaks to your needs and

# Military Exceptional Family Member Program

regularly update it on your computer. Print it off and keep a copy of it with you when you travel. Make it work for you and get organized!

You may find the following organizers at this website:

<http://www.militaryonesource.mil/efmp/special-care-org-records>

- [Records Organizer for Eldercare](#)
- [Records Organizer for Special Needs Children](#)
- [Records Organizer for Adults with Special Health Care Needs](#)

# National Education Resources

## **National Dissemination Center for Children with Disabilities (NICHCY)**

NICHCY serves the nation as a central source of information on: Disabilities in infants, toddlers, children, and youth; IDEA, which is the law authorizing special education; No Child Left Behind (as it relates to children with disabilities); and Research-based information on effective educational practices.

1 (800) 695-0285

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

## **National Center for Learning Disabilities (NCLD)**

Information and referral service, conducts educational programs raises public awareness of learning disabilities and advocates for improved legislation and services.

1 (888) 575.7373

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

## **Association on Higher Education and Disability (AHEAD)**

AHEAD offers resources for families and youth with disabilities transitioning to, through and beyond college.

(704) 947-7779

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

## **Council for Exceptional Children (CEC)**

CEC provides special educators, students and parents information and resources, new research findings, federal legislation and policy, a newsletter and conference opportunities.

1 (866)509-0218

[www.cec.sped.org](http://www.cec.sped.org)

## **LD Online**

LD Online offers information and resources for parents, children and educators about learning disabilities and related issues.

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

The following reference directories can be purchased from Grey House Publishing.

1 (800) 562-2139

[www.greyhouse.com](http://www.greyhouse.com)

- Complete Directory for People with Disabilities
- Complete Directory for People with Chronic Illness
- Complete Learning Disabilities Directory

# Pre-existing Condition Insurance



[www.pciplan.com](http://www.pciplan.com)

To be eligible for the Pre-Existing Condition Insurance Plan:

- You must be a citizen or national of the United States or reside legally in the United States.
- You must have been without health coverage for at least the last six months. Please note that if you currently have insurance coverage that doesn't cover your medical condition or are enrolled in a state high-risk pool, then you are not eligible for the Pre-Existing Condition Insurance Plan.
- You must have a pre-existing condition.

To be approved, you must submit a complete application with all required documentation, including proof of citizenship. For more details on eligibility or to download an Application Form, go to [www.pcip.gov](http://www.pcip.gov).

## What is PCIP?

In March 2010, Congress passed and President Obama signed the Affordable Care Act. The law created a new program – the Pre-Existing Condition Insurance Plan – to make health coverage available to you if you have been denied health insurance by private insurance companies because of a pre-existing condition. This plan extends through December 31, 2013, when the ACA is fully implemented.

## What is a pre-existing condition?

A pre-existing condition is a condition, disability or illness (either physical or mental) that you have before you enrolled in a health plan.

# Pre-existing Condition Insurance

## No pre-existing condition limitation

Coverage will not be refused for the treatment of a condition you had before you enrolled in this Plan solely because you had the condition before you enrolled.

## Where you can get information about enrolling in the PCIP Program

See <http://www.pcip.gov> for enrollment information as well as Information on the PCIP Program and Eligibility.

See <http://www.healthcare.gov> for a health plan comparison tool.

PCIP does not determine who is eligible for coverage and, in most cases, cannot change your enrollment status without information from the National Finance Center, the premium billing and collection center for PCIP. For information on your premium you must also contact the National Finance Center: Pre-Existing Condition Insurance Plan P. O. Box 60017 New Orleans, LA 70160-0017 Customer Service (866) 717-5826

# Single Working Mothers and their Children



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

Phone: 602.263.7619

Fax: 602.263.4092

E-mail: [info@wellcarefoundation.org](mailto:info@wellcarefoundation.org)

WellCare Foundation is a 501(c)(3) organization that provides free integrated healthcare to single working mothers and their children who do not qualify for state assistance but do not make enough to cover needed healthcare services. Care ranges from treatment of acute and chronic conditions, dentistry, counseling, obesity and nutritional instruction and needed laboratory tests.

# Social Security Administration

## Supplemental Security Income (SSI)

**SSI** is a federal income supplement program funded by general tax revenues (not Social Security taxes). It's for individuals with disabilities of all ages who have little or no income. The program not only provides some financial support but also provides the beneficiary with Medicaid eligibility.

In addition to using their website ([SSI Web Page](#) <http://www.ssa.gov/pgm/ssi.htm>), you can call their toll-free at **1-800-772-1213** to get an application started. Calls are treated confidentially. SSI staff can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday.

The Social Security Administration has a new online resource called the Benefit Eligibility Screening Tool (BEST). BEST helps you find out if you could get benefits that Social Security administers. Based on your answers to questions, this tool will list benefits for which you might be eligible and tell you more information about how to qualify and apply. The BEST tool is not intended to be an application. If you're not sure if you or someone else in your family may qualify, go to [SSI Benefits Page](#) (<http://www.benefits.gov/ssa/home>). This tool does not have access to your Social Security records nor does it ask you to provide your name or social security number.

Social Security Offices are located in the following communities. You may want to contact them to verify their address and business hours. Phone: 1-800-772-1213, 1-800-325-0778.

Apache Junction Office	253 W Superstition Blvd	<a href="#">Apache Junction</a>	85220
Casa Grande Office	501 N Marshall St	<a href="#">Casa Grande</a>	85222
Chinle Office	Hwy 191 Bay E And F	<a href="#">Chinle</a>	86503
Douglas Office	600 E 15th St	<a href="#">Douglas</a>	85607
Flagstaff Office	1585 So Plaza Way	<a href="#">Flagstaff</a>	86001
Glendale Office	5907 W Kings Ave	<a href="#">Glendale</a>	85306
Mesa Office	702 W Jerome Avenue	<a href="#">Mesa</a>	85210
Miami Office	2105 E Us Hwy 60	<a href="#">Miami</a>	85539
Nogales Office	1760 N Mastick Way	<a href="#">Nogales</a>	85621
Phoenix Office	250 N Seventh Ave	<a href="#">Phoenix</a>	85007
Phoenix Office	16241 N Tatum Blvd	<a href="#">Phoenix</a>	85032

## Social Security Administration

Prescott Office	205 N Marina	<a href="#">Prescott</a>	86301
Safford Office	650 S. 14th Av	<a href="#">Safford</a>	85546
Show Low Office	2500 E Cooley Ste 407	<a href="#">Show Low</a>	85901
Tuba City Office	1010 Main St	<a href="#">Tuba City</a>	86045
Tucson Office	88 W 38th St Ste 100	<a href="#">Tucson</a>	85713
Tucson Office	3500 N Campbell Ave	<a href="#">Tucson</a>	85719
Yuma Office	1235 S Redondo Ctr Dr	<a href="#">Yuma</a>	85365

Other benefits available, depending on a family's situation are: DAC (Disabled Adult Child) and SSDI (Social Security Disability Insurance).

**DAC:** An adult disabled before age 22 may be eligible for child's benefits if a parent is deceased or receiving retirement or disability benefits. This is considered a child's benefit because it is paid on a parent's Social Security earnings record. The disability decision is made using the disability rules for adults. The adult child including an adopted child or, in some cases, a stepchild, grandchild, or step-grandchild—must be unmarried, age 18 or older, and have a disability that started before age 22.

**SSDI:** Social Security Disability Insurance pays benefits to you and certain members of your family if you are "insured," meaning that you worked long enough and paid Social Security taxes before becoming disabled.

# Toolkits for Children and Youth with Special Healthcare Needs



Please click on the links to access the toolkit most relevant to you. Many of these tools and tips are relevant for all children with special health care needs, not just those with epilepsy or hearing loss. The National Initiative for Children's Healthcare (NICHQ) offers several toolkits for families at [http://www.nichq.org/toolkits\\_publications/toolkits\\_landingpage.html](http://www.nichq.org/toolkits_publications/toolkits_landingpage.html)

- [General Tools and Tips for Families of Children and Youth with Special Health Care Needs](#)
- [Families of Children with Epilepsy](#)
- [Families of Children with Hearing Loss](#)

## General Tips for Parents

The Maternal Child Health Bureau (MCHB) defines children and youth with special health care needs (CYSHCN) as those at "increased risk for chronic physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required of children generally." MCHB has articulated six components of a comprehensive plan to achieve such a community based system of care:

1. Family/professional partnership at all levels of decision-making.
2. Access to comprehensive health and related services through the medical home.
3. Early and continuous screening, evaluation and diagnosis.
4. Adequate public and/or private financing of needed services.
5. Organization of community services so that families can use them easily.
6. Successful transition to all aspects of adult health care, work, and independence.

There are many family leaders who are working on aspects of these components to improve the quality of health system for other families.

You may be a family that needs some tips on creating a good relationship with your Medical Home. Click on the following links below to help ensure that good communication exists between you and your doctor.

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*Arizona Department of Health Services / Office for Children with Special Health Care Needs  
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[OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov) / 602.542.1860 / 800.232.1676 / <http://www.azdhs.gov/phs/owch/ocshcn>

# Toolkits for Children and Youth with Special Healthcare Needs

[Identify your PCP: Who is your child's doctor?](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page1.html)

[http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general\\_page1.html](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page1.html)

[Give your doctor more than one contact number where you can be reached](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page2.html)

[http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general\\_page2.html](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page2.html)

[Let Your Doctor Know What Language You Would Like Information In \(Spoken and Written\)](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page3.html)

[http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general\\_page3.html](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page3.html)

[Family Leadership Resources Available in All States for Children and Youth With Special Healthcare Needs](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page4.html)

[http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general\\_page4.html](http://www.nichq.org/resources/Family%20Special%20Needs%20Toolkit/General/general_page4.html)

## Utility Assistance Programs

Program	Contact Information	Description
SRP Salt River Project Medical Life Support Discount	(602) 236-8888 or 1 (800) 258-4777 (outside Maricopa County)	See SHARE below. For life-sustaining medical equipment. Also eligible for medical discount of \$17. Families must call for packet to apply. A physician must submit supporting documentation s request in the packet.
APS Arizona Public Service Medical Care Preparedness Program	(602) 371-6884 OR 1 (800) 253-9405 ext 6884	Discounts of up to 40% off the cost of electricity for customers with low income. For those who use life-sustaining medical equipment and have low income, additional discounts may be available. Families may call or apply online at <a href="http://www.aps.com/main/services/OutageCenter/OutageCenter_14.html">www.aps.com/main/services/OutageCenter/OutageCenter_14.html</a> .
SHARE (Service to Help Arizonans with Relief on Energy)	Call 602.236.3000 to locate a Phoenix Metro area Salvation Army Office	Project SHARE, a joint project of SRP, APS, Southwest Gas and the Salvation Army, may be able to help pay energy bills for: <ul style="list-style-type: none"> <li>• Persons over 60, on a fixed income facing financial emergency,</li> <li>• Persons under 60 and experiencing special hardships, or</li> <li>• Persons with disabilities with no source of income.</li> </ul> For information and to apply call the local, Phoenix metro area, Salvation Army Office. A listing of local offices' phone numbers is available at <a href="http://www.aps.com/main/services/residential/assistance/assist_8.html">www.aps.com/main/services/residential/assistance/assist_8.html</a>

DES Low Income Home Energy Assistance Program (LIHEAP)	(602) 542-4446 OR 1 (800) 582-5706	Utility assistance for those who have low income and/or disabilities. More information is available by phone or online at <a href="https://www.azdes.gov/intranet.aspx?menu=34&amp;id=2328">https://www.azdes.gov/intranet.aspx?menu=34&amp;id=2328</a> .
DES Telephone Assistance Program (TAP)	(602) 541-4446 OR 1 (800) 582-5706	Pays for basic telephone service for individuals with low income who have a medical need for a telephone in the home. More information if available by phone or online at <a href="https://www.azdes.gov/Landing.aspx?id=7314">https://www.azdes.gov/Landing.aspx?id=7314</a>

# Valley Metro Reduced Fare Program



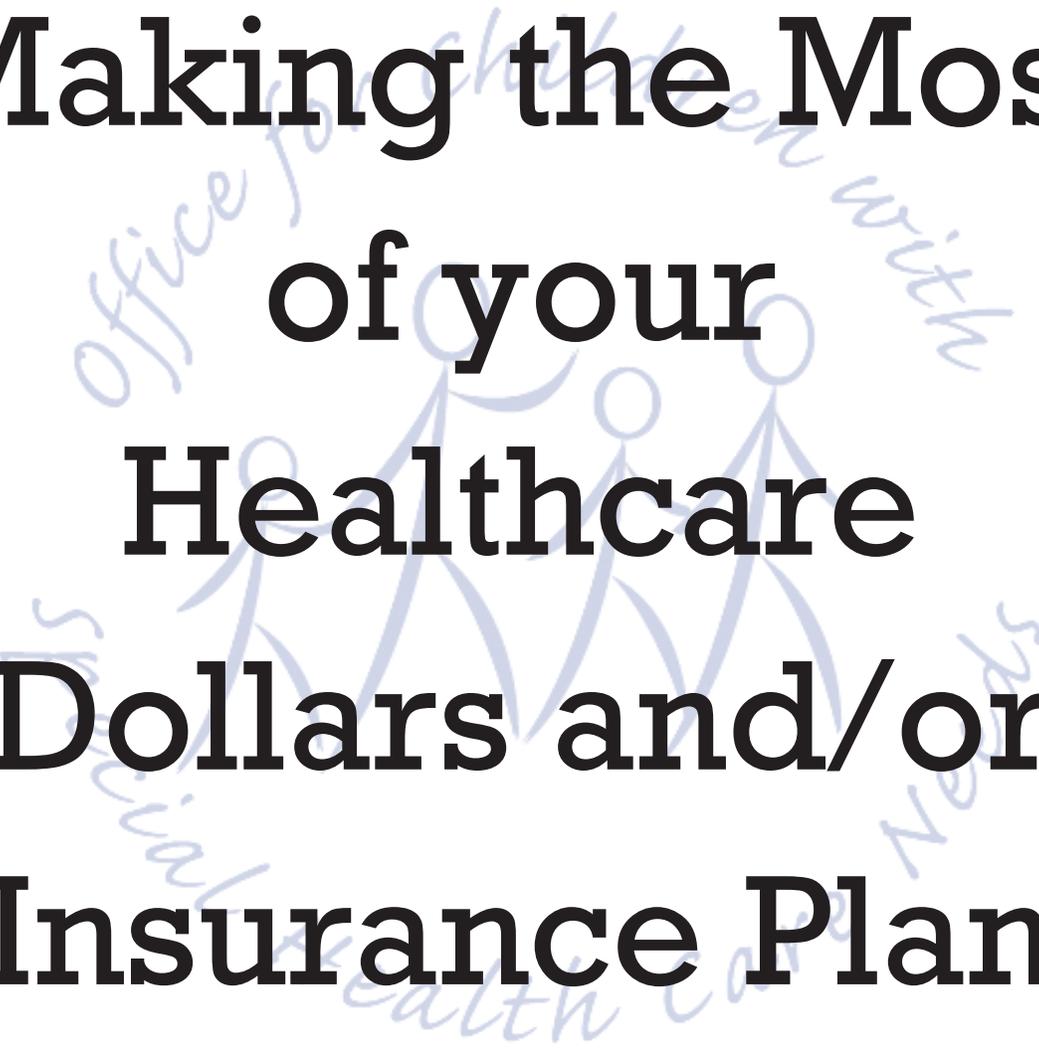
[http://www.valleymetro.org/paying\\_your\\_fare/reduced\\_fare\\_program](http://www.valleymetro.org/paying_your_fare/reduced_fare_program)

## **Reduced Fare Program**

### **Local Reduced Fares**

Reduced fares on local bus routes and light rail are available to youths ages 6 through 18, seniors age 65 or older, persons with a disability and Medicare card holders. Passengers must have valid proof of eligibility to use reduced fares.

**Making the Most  
of your  
Healthcare  
Dollars and/or  
Insurance Plan**



# Making the Most of Your Healthcare Dollars and/or Insurance Plan

## Public Insurance:

- When you became eligible for the Arizona Health Care Cost Containment System (AHCCCS), you were enrolled in an AHCCCS or Arizona Long Term Care (ALTCS) health plan.
- Your health plan issued you a card that serves as your member identification. On the card, you will find a telephone number to reach a member services representative. For example, with Children's Rehabilitative Services (CRS), member services can:
  - answer questions about your healthcare benefits;
  - help solve a problem or concern you might have with your doctor or any part of CRS;
  - help you find a doctor, or change a doctor;
  - tell you about the doctors, their backgrounds, and the care facilities in the CRS network;
  - help you if you get a medical bill;
  - tell you about community resources available to you, and
  - help you if you speak another language, are visually impaired, need oral interpretation services, sign language services, or other accommodations.
- If you are not sure if you have ALTCS or AHCCCS; or don't know which health plan you have, you can call AHCCCS at (602) 417-4000 or 1(800) 654-8713.
- Your member handbook contains information on how and from whom to get care, what types of care are and are not covered and who to contact if you have problems. If you do not have a member handbook, request one from your health plan; or if you have access to a computer your health plan will have a member handbook on their website. There is no fee for obtaining a member handbook.
- Use your right to make a complaint or grievance. If you are dissatisfied, or have a problem with your health services, your member handbook or health plan representative can assist you in filing a complaint.
- Use your right to appeal a health plan decision such as denial or reduction of needed services. Your member handbook or health plan representative can assist you in filing an appeal.

# Making the Most of Your Healthcare Dollars and/or Insurance Plan

- Request a higher level of care coordination from your health plan when you are spending additional time arranging or providing care for your child or when you have more than one health insurance plan.
- If you would like assistance working through any health care service problem, you may call or email the Office for Children with Special Health Care Needs at (602) 542-1860 or 1(800) 232-1676 or [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov).
- If at any time a service that your AHCCCS doctor requests is denied, be sure the denial is in writing. You will need that document if you decide to appeal the decision. If you decide to appeal, make sure you do so within the deadline.

## Private Insurance:

- Read your insurance policy; get to know it very well; carry the pages that summarize your coverage with you to medical appointments so you can refer to them if necessary.
- Call your insurance company regarding anything about your plan you do not understand.
- Before seeing a provider, call them and ask about charges, including probable procedures or laboratory tests your child routinely requires.
- Before seeing a provider, call your insurance company to determine what percentage or amount you will pay for an office visit, and what deductibles or co-pays apply.
- Tell your provider about your coverage; explain that anything not covered will be an out-of-pocket expense.
- Work out a payment plan with your provider in advance of receiving services, rather than after the fact. Many providers will want to provide the service your child needs and will work with you. If yours won't, shop for a provider who will.
- When discussing costs for a procedure or surgery, ask your provider who else will be involved and who you should be talking to regarding expected costs, for example hospital, anesthesiologist, specialists, laboratory, imaging or pharmacy.

# Making the Most of Your Healthcare Dollars and/or Insurance Plan

- Negotiate with your provider. Ask them to accept the amount paid by your insurance company as full payment.
- If your child requires a brand name medication for which there is no generic or the generic cannot be taken for medical reasons, ask your provider to write a letter of medical necessity. Submit the letter to your insurance company with a request that the medication your child requires be provided at a lower rate than other brand name prescriptions. You may find a sample letter of medical necessity at the link below or by calling Office for Children with Special Health Care Needs at (602) 542-1860 or 1(800) 232-1676:  
<http://www.acdl.com/pdfs/How%20to%20Write%20Effecitve%20Ltr%20of%20Medical%20Necessity.pdf>
- If your employer has a pre-tax medical savings account option, use it. Talk to your human resources person about this and other similar plans that can save money on health care expenses.
- Read the “Explanation of Benefits” (also known as EOB) summaries you receive from your insurance company. These list the name of the provider you went to for healthcare services, how much they charged, how much the insurance company paid and how much you are responsible to pay. If something is denied, or paid at a lower rate than you expected, call your insurance company and find out why. You may be able to clarify a problem or your provider may need to submit more information.
- If you do not understand the “Explanation of Benefits” summary call your insurance company and ask for clarification. The first few times you read these they can be confusing.
- Keep all your health care papers together in a file drawer or binder, (i.e.: insurance coverage summary, handbook, EOB’s, bills for services, and records of your payments.) Keep all the information about each service together.
- Keep a record of all telephone calls you have with your insurance company or provider regarding a service, claim, denial, or bill. Record the name of the person you talked with, their direct telephone number and title, the date and time you called and a summary of the discussion and outcomes.

# Making the Most of Your Healthcare Dollars and/or Insurance Plan

- Any important requests you make of your insurance company should be done in writing. Keep a copy of everything you send. Have proof of when and how you sent it. A receipt for certified mail or a fax receipt can provide that record.
- A common reason that payment for a service is denied is because the insurance company did not have complete information about you and the service you need. Ask your doctor to write a letter of medical necessity. In addition to your diagnosis and a description of the service, the letter should include how long you will have this condition, what health problems will occur if you don't get the service in question and what else you did to address the problem.

## No Public or Private Insurance:

- If you have been denied Arizona Health Care Cost Containment System (AHCCCS), and health care costs are consuming more of your income and resources, you may become eligible for AHCCCS; therefore, keep applying. You can apply online at <http://www.azahcccs.gov/applicants/application/AcuteCare.aspx> for AHCCCS Health Insurance and KidsCare using Health-e-Arizona. To request an application for AHCCCS Health Insurance, KidsCare, and AHCCCS Freedom to Work, call (602) 417-7000. To request an application for Food Stamps, Cash Assistance, and AHCCCS Health Insurance, call (602) 542-9935 or 1(800) 352-8401.
- Based on your family budget, determine how much you can afford to spend on healthcare each month - be realistic.
- Before seeing a provider, inform them that you are personally paying for services; ask that they discount your bill to the lowest costs negotiated with insurance plans.
- Make sure that your provider, not just the front office or billing staff, knows that you are paying privately.
- Ask the provider if the procedure, test, etc. is really necessary.
- Ask to set up a payment plan with your provider. Stay within your budget and make it clear to your provider that you are on a healthcare budget.
- Discuss costs, insurance plan discounts and payment plans with everyone who will be sending you a bill. For example a surgery will

# Making the Most of Your Healthcare Dollars and/or Insurance Plan

include bills from hospital, surgeons, anesthesiologists, specialists, hospitalists, pharmacies, laboratories, imaging and others. Ask your primary care provider for a list of who will be involved and who will be sending you a bill.

- Go the extra mile with the hospital, appearing in person if necessary, make sure you are getting the lowest discounted insurance rates; if the billing office can't help you go to the administration.
- Not-for-profit hospitals must provide some services, without cost, to members of their community in need. Ask whether your hospital is a for-profit or not-for-profit hospital. If it is not-for-profit, ask to speak to the person who arranges charitable care. Keep asking until you have found someone who can work with you.
- Inquire at your pharmacy about prescription discount programs. You may search, by medication name, for available patient assistance programs at [http://www.pparx.org/en/prescription\\_assistance\\_programs/list\\_of\\_participating\\_programs](http://www.pparx.org/en/prescription_assistance_programs/list_of_participating_programs).
- Call the company that manufactures your child's medication; ask them about patient assistance programs. Your pharmacist may be able to provide you with the manufacturer's contact information. If they offer no assistance programs, describe your situation and ask for the name of someone who can assist you. Keep asking, be pleasant but assertive, and describe the consequences of your child being without the medication. Ask to speak to a supervisor, ask for the person who handles the company's charitable giving, ask to speak to the CEO (you won't get them right away, but you may get someone higher up who can make decisions). Not every drug manufacturer will be able to help, but yours might.
- Use your resources. Contact disorder related support groups, both local and national; they may be able to provide information or additional resources. Browse the Arizona Department of Education, Exceptional Student Services, Parent Information Network website at <http://www.ade.state.az.us/ess/das/pinspals>.
- Locate a Community Health Center in your area at <http://www.aachc.org/>. Inquire about the availability of primary care services and discuss fees before you need to see a doctor.

# Making the Most of Your Healthcare Dollars and/or Insurance Plan

- Contact your school-aged child's nurse, regarding the AFCCA Foundation for Children. The AFCCA Foundation can assist you in meeting a specific medical need such as glasses, hearing aids, medication, special equipment, course of treatment, etc. When no other resource is available, school nurses are able to apply directly to AFCCA Foundation for Children for a grant to meet the child's need. At <http://www.azfda.org> more information is available for families and school nurses.
- Contact a local community service club, and provide specific information regarding your child's need of a surgery, regular check-ups, medication, etc. Ask the club if you can present your case at a meeting and request their support of your child. If several children, with the same disorder, use one provider; a club may be interested in supporting a specific service all the children need. (For example: nutritionist services for children with Phenylketonuria (PKU).
- Contact the Social Security Administration at <http://www.ssa.gov> or 1 (800) 772-1213 and ask about the Supplemental Security Income (SSI) that pays benefits to disabled adults and children who have limited income and resources. SSI not only offers financial support but also qualifies the SSI recipient for health care coverage.
- Individuals of any age who have been without health insurance for at least 6 months and have a pre-existing condition, may qualify for the Pre-Existing Condition Insurance Plan. As part of the Affordable Care Act, this plan offers a comprehensive health plan with reasonable monthly premiums. Learn more about the plan and how to enroll at [www.pciplan.com](http://www.pciplan.com).
- Browse through the OCSHCN website or contact us at:

Arizona Department of Health Services  
Bureau of Women's and Children's Health  
Office for Children with Special Health Care Needs  
150 North 18<sup>th</sup> Avenue, Suite 320  
Phoenix, Arizona 85007-3243  
(602) 542-1860 / 1 (800) 232-1676  
FAX (602) 542-2589  
Website: [www.azdhs.gov/phs/owch/ocshcn](http://www.azdhs.gov/phs/owch/ocshcn)  
E-mail: [OCSHCN@azdhs.gov](mailto:OCSHCN@azdhs.gov)