

**18th Annual Autism Society
Greater Phoenix Conference
Empowering Parents and Professionals**

Navigating the AHCCCS
and DDD Appeals Process

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**What is the Application Process for
AHCCCS Health Insurance?**

- Application forms are available at AHCCCS or DES offices or can be downloaded from AHCCCS' website at www.azahcccs.gov or DES' website at www.azdes.gov.
- You can also apply for several of the AHCCCS health insurance programs on-line by using the Health-e application process at www.healtharizona.org.
- Generally, AHCCCS must approve or deny an application in writing within 45 days of the date of the application.
- AHCCCS had 90 days to make a decision on a disability related application.

- Eligibility begins for most AHCCCS health insurance programs on the first day of the month the application is filed.
- Once the application is approved, you are enrolled with an AHCCCS health plan.
- If DES or AHCCCS denies your application or terminates your AHCCCS health insurance, the agency that made the decision must send you a notice of adverse action.
- You have the right to request a hearing to challenge the agency's decision to deny or stop your AHCCCS health insurance benefits.
- If you request the hearing before the date the AHCCCS health insurance benefits will stop, you can ask that your AHCCCS benefits continue until there is a decision on the hearing request.

**Top 10 Things to Know about AHCCCS
Appeal Process**

1. You have the **right to file an appeal** if (1) your current services are reduced or terminated (2) your request for new services is denied or (3) your approved services are not timely delivered.
2. You have the **right to a written decision** when services are reduced, terminated, denied, or not provided in a timely way. The written decision is called a "Notice of Action."
3. The written decision **must explain the legal and factual reasons** for the health plan's decision.

4. You have the **right to file an appeal even if you do not get a written decision**. If you or your doctor requests a service, your health plan must respond in writing in 14 days. If your plan does not do this, the non-action is considered a "denial" and you can file an appeal.
5. You have the **right to be represented by another person in the appeals process**. This person can be a lawyer or non-lawyer. If a non-lawyer, make sure to file a signed "Designation of Representation" form with the plan telling the plan that the person represents you.
6. You have a **right to look at and get copies** of all documents in the plan's file. This file should contain all documents the plan used in making its decision.

7. You have the **right to request that current services be continued** during the appeals process. To request "continuing services," you must file your appeal within 10 days of the notice.
8. You have the **right to a final decision in your appeal within 90 days** of filing your appeal, minus any requests you make for more time during the appeals process.

9. If you win your appeal and paid out-of-pocket for the disputed services pending the appeal, you have the right to be reimbursed. If the provider gave you the services without charging you directly, the provider has the right to get paid.

ALTCS Eligibility: the Preadmission Screening Process (PAS)?

- Once you are determined financially eligible for the ALTCS program, a registered nurse or social worker conducts a face-to-face interview with you to determine if you are medically eligible for ALTCS services. You are medically eligible if you are determined “at risk of institutionalization” under the Preadmission Screening (PAS) process.
- Four PAS tools are used to evaluate persons with developmental disabilities (DD).

What is the PAS Test for Persons with Developmental Disabilities?

- There are four PAS tools designed to assess persons with developmental disabilities (DD) according to age group: 12 years and older; 6 to 11 years old; 3 to 5 years old; and less than 3 years old.

1. Who Conducts the PAS Assessment?
2. How is the PAS Assessment Scored?
3. A Physician’s Review is Required when you have a documented diagnosis of autism, autistic-like behavior, or pervasive developmental disability.

What if Your Application is Denied or Your Services are Stopped?

- If your ALTCS application is denied or your current ALTCS services are stopped, ALTCS must send you a notice of adverse action.
- You have the right to request a hearing to challenge the decision to deny or stop your ALTCS benefits.
- If you request the hearing before the date your current ALTCS benefits stop, you can ask that your ALTCS benefits continue until there is a hearing decision.

How do you Dispute a Denial of ALTCS Services?

- There is an appeal and hearing process to dispute decisions made by ALTCS health plans and other contractors. The plan or contractor must send you a notice of adverse action when it suspends, reduces, stops or denies your ALTCS services.

The Appeal Process for Behavioral Health Services under AHCCCS

1. Ask in Writing for the Services Your Child Needs and Use the Child and Family Team (CFT) Process.
2. You have a right to appeal a decision about your child's behavioral health services when one of the following has happened:
 - Your child is denied a behavioral health service.
 - There are reasonable delays in getting services.
 - You disagree with a decision made by the provider or T/RBHA about services.
 - You disagree with changes in your child's services.

3. You have a right to written notice when the provider or T/RBHA changes behavioral health services for your child or denies a request for services for your child.
4. The provider or RBHA must give you written notice 10 days before the change with a few limited exceptions.
5. Your child's mental health provider is also required to provide you with a written Notice of Action within 14 days of receiving a request for services from you for services that your child is not receiving.

If You Want Your Child's Services to Continue During the Appeal, You Must File Your Appeal Within 10 Days and Specifically Request that the Services Continue During the Appeal

- If your child is enrolled with a RBHA, then you should file your appeal with the RBHA Appeals Coordinator.
- All Your Appeal Needs to Contain is:
 1. Your child's name, address, and telephone number.
 2. The name, address, and telephone number of the designated representative.
 3. The reason for the appeal.
 4. The decision being appealed.
 5. The desired solution.

Qualifying for DDD Services

- To qualify for DDD services, you must meet the following:
- Be a resident of the state of Arizona.
 - Apply voluntarily.
 - Be at risk of having a developmental disability (up to age six) or for those over six years old, have a diagnosis of:
 - Epilepsy,
 - Cerebral Palsy
 - Cognitive/Intellectual Disability or
 - Autism
 - Have a disability with onset before the age of 18, and
 - Have a substantial functional limitation in three of seven major life areas:
 - Self-care (eating, hygiene, bathing, etc.)
 - Language (communicating with others)
 - Learning (ability to learn new tasks and skills and acquiring and processing new information)
 - Mobility (moving from place to place)
 - Self-direction (ability to make decisions that affect your well being)
 - Independent living (need for supervision or assistance daily)
 - Economic self-sufficiency able to support oneself)

Appealing Denial of DDD Eligibility

After getting a Notice of Intended Action from the DDD you may do the following:

Request an **Administrative Review** within 35 days of the Notice of Intended Action to the Division of Developmental Disabilities at the address and phone numbers listed in this pamphlet.

You will get a decision within 30 days of the request for an **Administrative Review**.

Don't Agree – What Can You do?

Request a Fair Hearing within 30 days to the Division of Developmental Disabilities.

DES will schedule a hearing and notify you of the date and time.

Don't Agree – What Can You do?

Request an appeal within 15 days of your hearing to

DES Office of Appeals
207 E. McDowell Road
Phoenix, AZ 85004
(602) 542-6459 – Phone

The DES Appeals Board will review your appeal and issue a final written decision.