



**ARIZONA**  
DEPARTMENT  
of CHILD SAFETY  
Comprehensive Medical  
and Dental Program



# Provider Review

Summer  
Volume 8 Issue 2

## Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) within the Department of Economic Security (DES) is a statewide organization that provides service and support to the families of infants and toddlers, ages 0-3 years old that have disabilities or delays. The objective of early intervention is to assist families in developing their children to attain their greatest potential.

DES/AzEIP collaborates with other agencies such as Department of Child Safety (DCS), Division of Developmental Disabilities (DDD) and other DES programs, the Arizona Department of Health Services (ADHS), the Arizona State Schools for the Deaf and the Blind (ASDB), the Arizona Department of Education (ADE), the Arizona Health Care Cost Containment System (AHCCCS) and additional resources in the community to execute the Arizona Early Intervention Program.

AzEIP was founded as a result of the **Part C of the Individuals with Disabilities Education Act (IDEA)**, which furnishes qualified children and their families with access to services to improve the ability of families and caregivers to support the child’s development (DES 2018).

### DES AzEIP’s Mission

Early intervention establishes and provides resources and support to help family members and caregivers augment the learning and development of children via daily learning opportunities (DES 2018).

### Fundamental Principles

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children’s learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.
6. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations. (DES 2018).

### Prior Authorization for AzEIP Services

Providers please sign off medical necessity forms and provide the most recent developmental evaluation report in order to expedite the prior authorization process.

### Reference

DES (2018). Early Intervention. Retrieved from <https://des.az.gov/services/disabilities/developmental-infant>.

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**Thank you for serving Arizona’s children in out-of-home care.**

# FDA Alerts, Recalls and Back Box Warnings

## January-April 2018

\*On March 2, 2018 Biogen and AbbVie announced the voluntary worldwide withdrawal of marketing authorizations for Zinbryta (daclizumab). Given the nature and complexity of adverse events being reported, Biogen and AbbVie believe that characterizing the complex and evolving benefit/risk profile of Zinbryta will not be possible going forward given the limited number of patients being treated.

Zinbryta is a once-monthly self-injectable subcutaneous injection for adults with relapsing forms of multiple sclerosis (MS). Due to the known safety profile of Zinbryta, use of Zinbryta is generally reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Zinbryta remains available in the United States. Biogen will continue to work collaboratively with the FDA to determine the timing of withdrawal. The manufacturer will further communicate more information on the discontinuation of product availability and support to transition patients as soon as possible.

For additional information regarding the recall, please visit the following website:

<http://media.biogen.com/press-release/autoimmune-diseases/biogen%20and-abbvie-announce%20voluntary%20worldwide-withdrawal-market>

\*Sagent Pharmaceuticals, Inc. announced the voluntary nationwide recall of ten lots of Methylprednisolone Sodium Succinate for Injection, USP, 40mg, 125mg, and 1g. These products were manufactured by Gland Pharma Ltd. and distributed by Sagent Pharmaceuticals. Sagent has initiated this voluntary recall due to the discovery specification impurity results detected during routine quality testing of stability samples for two lots. This impurity has not yet been identified. An elevated impurity has the potential to decrease effectiveness of the product in patients. To date, Sagent is not aware of any adverse patient events resulting from the use of the subject product lots.

The product is supplied in 5 ml, 10 ml, and 30 ml glass tubular vials. The lot numbers being recalled were distributed to hospitals, wholesalers and distributors nationwide from April 2017 through February 2018.

For additional information regarding the recall, please visit the following website:

<https://www.fda.gov/Safety/Recalls/ucm599581.htm>

\*Hospira, Inc. a Pfizer company, is voluntarily recalling three lots of Hydromorphone HCl Injection, USP CII 10 mg/mL, 1 mL in 2 mL Single Dose Vials lot numbers 71330DD (NDC 00409-2634-01), and 691853F and 700753F (NDC 00703-0110-01 – Teva lots) to the hospital/institution level. Hospira, Inc. initiated this recall on February 07, 2018 due to the potential that units from these lots may be empty or cracked at the bottom of the glass vial. Cracked vials may compromise the sterility of the product. Use of or exposure to cracked units may be associated with adverse events such as sharps injury to healthcare professionals. Intravenous infusion of a non-sterile solution can lead to bloodstream infections, which may potentially lead to bacteremia or sepsis. These infections are of concern especially to immunocompromised patients. To date, Hospira, Inc. has not received reports of any adverse events associated with this issue for these lots.

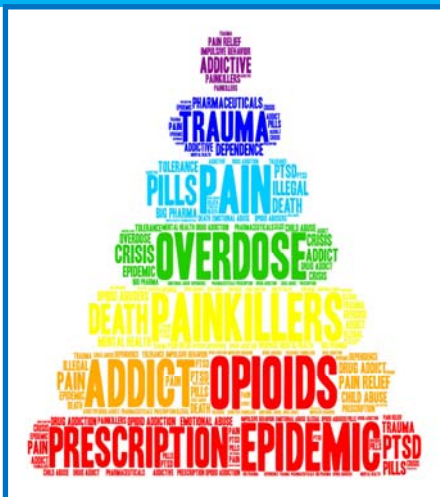
Hydromorphone HCl is an opioid agonist indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. It is also indicated for use in opioid-tolerant patients who require higher doses of opioids for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Hydromorphone HCl Injection, USP CII 10 mg/mL, 1 mL in 2 mL Single Dose Vials, is packaged in a carton of 10 x 1 mL Single- dose vials. The affected lots include the following NDC, lot numbers and expiry dates. Product was distributed nationwide to wholesalers/distributors/retailers/hospitals in the United States and Puerto Rico from October 2016 to July 2017.

For additional information regarding the recall, please visit the following website:

<https://www.fiercepharma.com/manufacturing/hospira-issues-voluntary-recall-hydromorphone-due-to-possible-cracked-vials>

# Opioid Use in Dentistry

## Dr. Michael LaCorte



The national opioid crisis has caused Governor Ducey to issue an Executive Order (2016-06) effecting the prescribing of opioids to patients<sup>1</sup>. AHCCCS in response has updated their policy on opioid prescription to comply with the Executive Order.

The Centers for Disease Control and Prevention state that drug overdose deaths and opioid-involved deaths continue to increase in the United States<sup>2</sup>. The majority of drug overdose deaths (more than six out of ten) involve an opioid. Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin) quadrupled. From 2000 to 2015 more than half a million people died from drug overdoses. 91 Americans die every day from an opioid overdose.

Overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Deaths from prescription opioid drugs like oxycodone, hydrocodone, and methadone have also more than quadrupled since 1999.

The American Academy of Pediatric Dentistry (AAPD) recognizes that substance abuse in adolescents is a significant health, social, and familial issue in the United States<sup>3</sup>. The increasing prevalence of substance abuse among adolescents obligates dental personnel to identify behaviors characteristic of active use, recognize clinical signs and symptoms of active use or withdrawal, modify dental treatment accordingly, and facilitate referral to medical providers or behavioral addiction specialists.

Many physical, social, and behavioral changes occur during the adolescent years. The developing adolescent may encounter difficulties and pressures without effective coping skills or maturity. Unfortunately, some teenagers do not have familial, peer, or other support systems to provide help and guidance in adjusting to changes or with decision making. As a result, they may turn to alcohol or drugs to seek comfort and reduce the stresses associated with this erratic time in their lives.

Regrettably children we encounter may fall into this category with many not having had the best oral care, presenting with unique challenges to manage their pain. Traditional treatments utilized narcotics as a form of pain control. In light of the negative potential associated with narcotics alternative treatment should be considered.

The Food and Drug Administration as of April 20, 2017 has now listed codeine and tramadol to be *Contraindicated* on anyone under the age of 12 as well as in children younger than 18 years to treat pain after surgery to remove the tonsils and/or adenoids<sup>4</sup>. A new *Warning* has been added to the drug labels of codeine and tramadol to recommend against their use in adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems.

This leaves practitioners to examine other modalities for pain control. Use of non-pharmacologic strategies such as ice, heat and elevation along with non opioid pharmacologic strategies in which combining NSAIDs with acetaminophen to reduce the pain experience has been shown to provide a greater analgesic effect than the single agent alone<sup>5</sup>.

With the potential for adverse outcome and abuse, minimizing the exposure to opioid drugs to those patients at high risk is best practice for all parties involved.

1. Kwan, Jason. "Arizona State Board of Pharmacy." (2017).
2. Rudd, Rose A., et al. "Increases in drug and opioid overdose deaths—United States, 2000–2014." *American Journal of Transplantation* 16.4 (2016): 1323-1327.
3. Council, Originating. "Policy on Substance Abuse in Adolescent Patients."
4. US Food and Drug Administration. "FDA drug safety communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. Updated 2017." (2017).
5. Moore, Paul A., and Elliot V. Hersh. "Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions: translating clinical research to dental practice." *The Journal of the American Dental Association* 144.8 (2013): 898-908.

# Arizona State Immunization Information System (ASIIS)

ASIIS is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated by law to report all immunizations administered to children 18 years of age and younger to the state's health department. The registry serves as a receptacle for accommodating these reported data. In this capacity, the registry then provides a valuable tool for the management and reporting of immunization information to public health professionals, private and public healthcare providers, parents, guardians and other child care personnel.

Under [Arizona Revised Statute \(ARS\) §36-135](#) and [Arizona Administrative Code \(AAC\) R9-6-706 and 707](#), children 18 years of age and younger are required to receive certain vaccines to enter childcare facilities and/or schools, and all healthcare professionals administering immunizations to children must report those immunizations to the registry.

## Goals and Objectives of ASIIS

- To capture 100% of the vaccinations provided to children within the State;
- To promote efforts to ensure that 95% of all children within the state who are under six years of age are participating in the registry and have at least one immunization event on record;
- To provide all registered ASIIS providers with access to data stored in the registry, thus allowing them to query the registry for current and historical patient immunization records;
- To ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.

## How Can Your Office Meet The ASIIS Requirements?

- By computer, using the free ASIIS Web Application.
- By paper, using a paper reporting form. The completed form can be mailed to the ASIIS office.
- By sending data exports from your patient management/billing system.
- By training your staff when and how to report immunizations into ASIIS.

The Arizona Department of Health Services (ADHS) is ready to help you set up an immunization reporting system that meets the needs of your office.

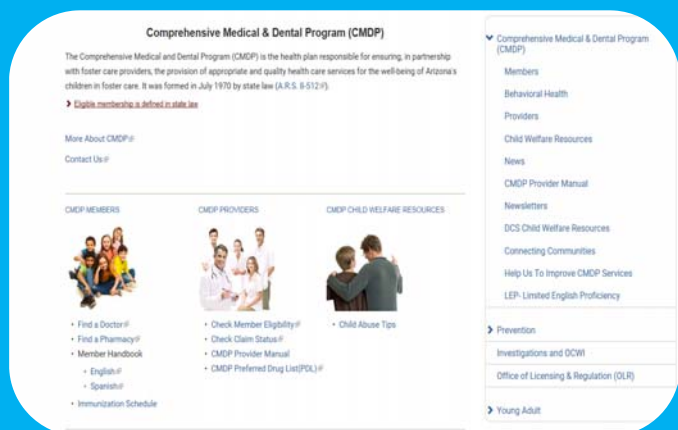
Please contact ASIIS at: 602-364-3899 (Local) or 1-877-491-5741 (Toll Free)

Information provided by ADHS ASIIS website at <https://asiis.azdhs.gov/>

Please visit the CMDP website at

<https://dcs.az.gov/cmdp>.

The following information is right at your fingertips.



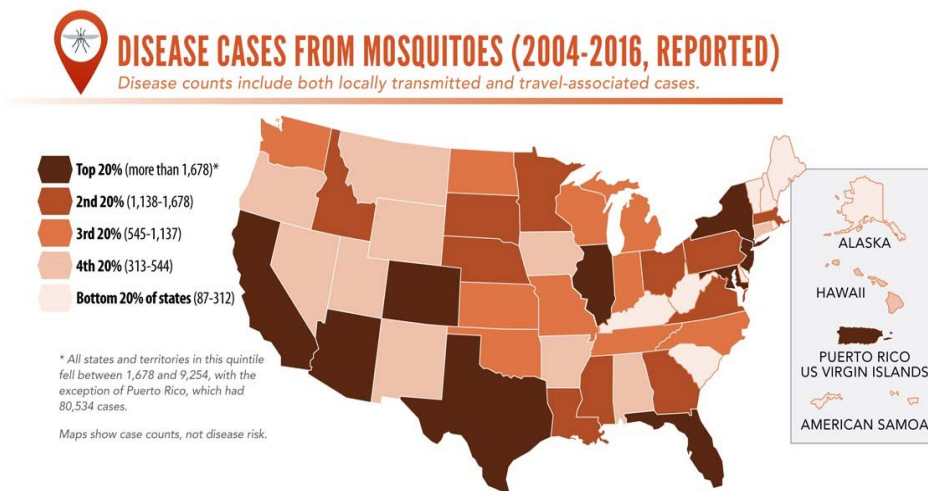
**Member Eligibility**  
**Claim Status**  
**Provider Manual**  
**Provider Newsletters**  
**Prior Authorization Guidance**  
**Dental Guidance**  
**Immunization IVFC Guidance**

# What Bites You.....May Hurt You

Illnesses from tick, mosquito and flea bites have tripled in the last 13 years of monitoring. In 2016, 96,075 disease cases were identified up from the 27,388 cases found in 2004. Nine new germs spread by mosquitos and ticks have been discovered or introduced since 2004. Dengue virus, Zika Virus, West Nile virus, Malaria, Chikungunya virus, California serogroup viruses, St. Louis encephalitis virus, Eastern equine encephalitis virus and Yellow fever virus, all spread by mosquito bites, have been identified in the U.S. and territories since 2016.

“Zika, West Nile, Lyme, and chikungunya—a growing list of diseases caused by the bite of an infected mosquito, tick, or flea—have confronted the U.S. in recent years, making a lot of people sick. And we don’t know what will threaten Americans next,” said CDC Director Robert R. Redfield, M.D. “Our Nation’s first lines of defense are state and local health departments and vector control organizations, and we must continue to enhance our investment in their ability to fight against these diseases.”

The CDC states that the U.S. is not fully prepared to control and manage this increasing health threat. “About 80% of vector control organizations lack critical prevention and control capacities.” Public Health programs are still being developed in most states, including AZ, to test and track diseases and the mosquitos and ticks that spread them. The CDC is working to provide funding to help develop and improve lab testing and vaccines for these diseases. They are partnering with local health departments, universities and international groups to detect and respond to these disease threats. In the meantime, it is up to healthcare providers to educate the public about protecting themselves from the diseases that are being caused by the bite of an infective mosquito, tick or flea.



In Arizona, mosquitos pose the biggest threat for spreading disease. Please make sure your patients understand what symptoms could be out there. The most common diseases spread by mosquitos include:

- West Nile Virus (WNV), an infection that may have no symptoms. In those that do have symptoms, they are usually mild, and include fever, headache and nausea. In rare cases that virus can enter the brain and it can be life threatening. WNV is present across the U.S. and is the top mosquito –borne disease in AZ.
- Zika Virus, a viral infection that causes symptoms in one out of five people. Symptoms are usually mild and include rash, fever, joint pain and pink eye. Zika can be spread from mother to baby during pregnancy and can cause serious birth defects. It can also be spread during sex from one partner to another. There have been a few outbreaks of Zika in the Southern U.S.

Preventing mosquito bites- **Please forward this information to your patients!**

- Use insect repellent when going outdoors. Make sure it contains one of these ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, or para-menthane-diol. Follow the instructions on the label. Do not spray insect repellent directly onto children, rather spray it onto your hands and rub onto child’s skin. Do not use repellent on children under 2 years, use protective netting and clothing for protection.

## What Bites You.....May Hurt You (continued)

- Cover up. Wear long sleeves, long pants and socks when outdoors. Mosquitos can bite through thin clothes. Spraying clothes with a repellent like permethrin can help prevent bites. Do not apply permethrin directly to skin.
- Get rid of mosquito breeding sites. Empty standing water from your house and yard. The water could be in flower pots, gutters, buckets, pool covers, pet water dishes, etc.
- If you plan to travel, get information about the areas you will be going to. See a health care provider familiar with travel medicine 4 to 6 weeks before your trip. The CDC offers this website for up to date information about travel destinations.

<https://www.passporthealthusa.com/locations/az/phoenix/22/>

The CDC offers several printable information sheets, for the public, on protection and prevention against mosquito bites. They are listed below.

How to protect from mosquito bites

<https://www.cdc.gov/zika/pdfs/MosqPrevInUS.pdf>

Mosquito bite prevention for the United States

[https://www.cdc.gov/chikungunya/pdfs/fs\\_mosquito\\_bite\\_prevention\\_us.pdf](https://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_us.pdf)

Arizona Fact Sheet for mosquito and tick-borne disease cases, 2004-2016

<https://www.cdc.gov/ncezid/dvbd/vital-signs/pdfs/State-Profile-AZ-P.pdf>

Works Cited

<https://medlineplus.gov/mosquitobites.html>

<https://www.cdc.gov/vitalsigns/vector-borne/>

<https://www.cdc.gov/media/releases/2018/p0501-vs-vector-borne.html>

[https://www.cdc.gov/mmwr/volumes/67/wr/mm6717e1.htm?s\\_cid=mm6717e1](https://www.cdc.gov/mmwr/volumes/67/wr/mm6717e1.htm?s_cid=mm6717e1)



## Medicaid Fraud and Abuse: How to Report It

Anyone suspecting Medicaid fraud, waste, or abuse should report it. Health care fraud, waste, and abuse can involve patients, physicians, pharmacists, beneficiaries, and medical equipment companies.

You do not have to leave your name when reporting suspected Medicaid fraud. You can leave the information on the CMDP Corporate Compliance Hotline voice mail box at 602-771-3555.

The following information is helpful when reporting alleged fraud:

- Name of the CMDP member on their CMDP card
- Date of service
- Estimated amount of money involved
- Description of the suspected fraudulent acts

## Billing Members is Prohibited

Under most circumstances, CMDP Out-of-Home caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona Administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

## Verifying Eligibility

Member Services is the main point of contact for calls to CMDP. Member Services helps caregivers and members with questions, concerns or problems about healthcare services. The Member Services department answers questions about enrollment, eligibility and member identification cards.

A Member Services Representative can also receive all of the above-requested information via email at [CMDPMemberServices@azdcs.gov](mailto:CMDPMemberServices@azdcs.gov).

Please state your request along with the member's name and CMDP ID number.

## CMDP ID Cards

Each CMDP member is provided a health plan identification (ID) card. Providers should request to see the member's CMDP ID card each time a member presents themselves for services.

The CMDP ID card has a unique identifying number assigned by CMDP. This number starts with 00. The CMDP ID number is not the same as the AHCCCS ID number. Make a copy of the member's CMDP ID card to ensure use of the correct ID number at future visits.

A caregiver may present a Notice to Provider form, in lieu of a CMDP ID card. If the member does not have his/her ID card available at the time of service they should never be denied treatment.

Please call CMDP Member Services during standard business hours at 602-351-2245 or 1-800-201-1795 to verify eligibility and enrollment.

## CMDP Needs YOU to E-Prescribe

Over the last few years Arizona Health Care Cost Containment System (AHCCCS) has worked with CMDP to increase e-prescribing rates amongst our providers. This has proven to be successful as CMDP provider e-prescribing rates have increased 6%, helping us reach our goal.

**In the first quarter of 2018, 65% of CMDP prescriptions are completed through E-Prescribing!**

CMPD is not done yet, the provider services department continues to offer education around the benefits of e-prescribing and encourages all providers within our Preferred Provider Network to practice e-prescribing. If you would like additional education or have questions please contact Provider Services: [CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov)

### Did you know?

E-Prescribing provides a variety of benefits to providers including:

- Improved access to clinical decision support
- Improved practice efficiency
- Improved medication adherence
- Reduced risk of medication errors and reduced potential for fraud or tampering

<https://healthcurrent.org/information-center/e-prescribing/>



# Language Line



Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation.

**American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.

# Benefits of Cultural Competence

All of us are programmed by our culture. This determines our behaviors and attitudes.

**Culturally competent health care:** Health care services should respect the culture of members. Medically necessary covered services are culturally competent when they fit the member. They should be based on the member's needs.

**Benefits of cultural competency:** Most people think their own values and customs are best. They may expect other cultures to share those views. Some benefits of having culturally competent health care services are listed below.

Social Benefits	Health Benefits	Business Benefits
<ul style="list-style-type: none"><li>Increases mutual respect and understanding between patient and organization</li><li>Increases trust</li><li>Promotes inclusion of all community members</li><li>Increases community participation and involvement in health issues</li><li>Assists patients and families in their care</li><li>Promotes patient and family responsibilities for health</li></ul>	<ul style="list-style-type: none"><li>Improves patient data collection</li><li>Increases preventive care by patients</li><li>Reduces care disparities in the patient population</li><li>Increases cost savings from a reduction in medical errors, number of treatments and legal costs</li><li>Reduces the number of missed medical visits</li></ul>	<ul style="list-style-type: none"><li>Incorporates different perspectives, ideas and strategies into the decision-making process</li><li>Decreases barriers that slow progress</li><li>Moves toward meeting legal and regulatory guidelines</li><li>Improves efficiency of care services</li><li>Increases the market share of the organization</li></ul>

Source: American Hospital Association, 2013.

**Member Services as a resource:** Use the Member Services Unit as a resource for child-specific, culturally competent health care services and/or providers, such as:

- A specific language, gender, ethnic, geo-graphical, or specialized health care provider for the individual needs of a member
- Health care services responsive to a member's cultural or religious beliefs
- Translation services for health care appointments when a language-specific provider is unavailable
- Interpretation services orally or for the hearing impaired
- Written health care information in a native language
- Health care information in an alternative format for the visually impaired.

CMDP wants members to get health care services that are best for them. Please contact Member Services for questions and information at 602-351-2245.

Health Research & Educational Trust. (2013, June). *Becoming a culturally competent health care organization*. Chicago, IL: Illinois. Health Research & Educational Trust accessed at <http://www.hpoe.org/resources/ahahret-guides/1395>.



# Provider Services Resources

The following information is provided to assist you in staying connected with other organizations and helpful information CMDP associates with. We strive to keep you connected and informed. We will be providing additional resources in future newsletters.

- Arizona Health Care Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers health care programs to serve Arizona residents.  
[www.azahcccs.gov](http://www.azahcccs.gov)
- Arizona Health Care Cost Containment System (AHCCCS) provider registration. The *Provider Registration* process is required to those who provide medical care services (including primary care doctors, transportation, etc) to AHCCCS beneficiaries.  
<https://www.azahcccs.gov/PlansProviders/NewProviders/packet.html>
- Children's Rehabilitative Services (CRS): A program that provides medical care and support services to children and youth who have chronic and disabling conditions.  
<http://www.uhccommunityplan.com/>
- Vaccines for Children (VFC): A federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.  
<http://www.cdc.gov/vaccines/programs/vfc/index.html>
- Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.  
[www.ecbt.org](http://www.ecbt.org)
- Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition whose efforts are to partner with both the public and private sectors to immunize Arizona's children.  
[www.whyimmunize.org](http://www.whyimmunize.org)
- American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.  
[www.aap.org](http://www.aap.org)
- For CMDP members only, the PEDS tool may be used to screen all infants and children (up to the age of 8), because all CMDP members are considered at-risk and/or identified as having developmental delays. These children may be screened at each EPSDT visit. The PEDS Tool certification may be obtained from [www.pedstest.com](http://www.pedstest.com) or [www.forepath.org](http://www.forepath.org)  
Providers can utilize an on-line PEDS Tool training session provided by the Arizona Chapter of the American Academy of Pediatrics (AzaAP) at <https://azpedialearning.org/test1.asp>
- The Arizona Early Intervention Program (AZEIP) provides support to families of children birth to three years of age, with disabilities or special developmental needs, and helps them to build on their children's strengths, enhancing and promoting growth, development and learning.
  - Online: <https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx>  
This is the fastest and most efficient method for professional referrals. To receive confirmation of the assigned AZEIP provider, please include your work email address and you will be notified.
  - Contact the local AZEIP office: <https://extranet.azdes.gov/AZEIP/FamilyInfo/FamilyInformation/FamilyInfo.aspx>

# Comprehensive Medical and Dental Program

“Serving Arizona's Children in out-of-home care”

(602)351-2245

800 201-1795

<https://dcs.az.gov/cmdp>

## Fax Numbers

Claims.....(602) 265-2297  
Provider Services.....(602) 264-3801  
Behavioral Services.....(602) 351-8529  
Medical Services .....(602) 351-8529  
Member Services.....(602) 264-3801

## Email Address

Claims.....[CMDPclaimsquestions@azdcs.gov](mailto:CMDPclaimsquestions@azdcs.gov)  
Provider Services.....[CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov)  
Behavioral Services.....[CMDPBHC@azdcs.gov](mailto:CMDPBHC@azdcs.gov)  
Member Services.....[CMDPMemberServices@azdcs.gov](mailto:CMDPMemberServices@azdcs.gov)  
CMDP Nurse.....[CMDPNurse@azdcs.gov](mailto:CMDPNurse@azdcs.gov)



**ARIZONA**  
DEPARTMENT  
*of* CHILD SAFETY  
Comprehensive Medical  
and Dental Program

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.