



CONTRACT AMENDMENT

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| f1. AMENDMENT #: <p style="text-align: center;">4</p> | 2. CONTRACT #: <p style="text-align: center;">YH17-0003-03</p> | 3. EFFECTIVE DATE OF AMENDMENT: <p style="text-align: center;">October 1, 2018</p> | 4. PROGRAM <p style="text-align: center;">DHCM – RBHA Maricopa NT-19</p> |
| 5. CONTRACTOR NAME AND ADDRESS: <p style="text-align: center;">Mercy Care 4350 E Cotton Center Blvd, Building D Phoenix, AZ 85040</p> | | | |
| 6. PURPOSE: To extend the Contract for the period October 1, 2018 through September 30, 2019 and to amend Sections: Contract Terms and Conditions, Scope of Work, Exhibits, and Endnotes. | | | |
| 7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: Contract Sections Amended: <ul style="list-style-type: none"> ➤ Contract Terms and Conditions ➤ Scope of Work ➤ Exhibits ➤ Endnotes <p>Therefore, this Contract is hereby REMOVED IN ITS ENTIRETY, including but not limited to all terms, conditions, requirements, and pricing and is amended, restated and REPLACED with the documents attached hereto as of the Effective Date of this Amendment. Refer to the individual Contract sections for specific changes.</p> <p>Refer to the individual Contract sections for specific changes.</p> | | | |
| 8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016). <p>EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.</p> <p>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT</p> | | | |
| 9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p> | | 10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p> | |
| TYPED NAME: | | TYPED NAME: | |
| TITLE: | | TITLE: | |
| DATE: | | DATE: | |

CONTRACT TERMS AND CONDITIONS

Refer to Title XIX Contract YH17-0001.

[END OF SECTION- CONTRACT TERMS AND CONDITIONS]

TABLE OF CONTENTS

1 INTRODUCTION 11

1.1 Overview..... 11

1.2 System Values and Guiding Principles..... 11

1.3 Integrated Health Care Service Delivery Principles for Persons with Serious Mental Illness . 11

2 ELIGIBILITY 12

2.1 Eligible Populations 12

2.2 Special Medicaid Eligibility-Members Awaiting Transplants..... 12

2.3 Non-Medicaid Eligible Populations..... 12

2.4 Eligibility and Member Verification..... 15

2.5 Medicaid Eligibility Determination..... 15

2.6 Federal Health Insurance Exchange..... 15

3 ENROLLMENT AND DISENROLLMENT 16

3.1 Enrollment and Disenrollment of Populations..... 16

3.2 Opt-Out for Cause 16

3.3 Prior Quarter Coverage 16

3.4 Prior Period Coverage 16

3.5 Hospital Presumptive Eligibility 17

4 SCOPE OF SERVICES 17

4.1 Overview..... 17

4.2 General Requirements for the System of Care 17

4.3 General Requirements 17

4.4 Authorization of Services 17

4.5 Behavioral Health Covered Services..... 17

4.6 Behavioral Health Service Delivery..... 25

4.7 Behavioral Health Services for Adult Members (Adult System of Care) 25

4.8 Behavioral Health Services for Child Members (Children’s System of Care) 26

4.9 Children at Risk of Removal from Own Home..... 26

4.10 Physical Health Care Covered Services..... 28

| | | |
|------|---|-----------|
| 4.11 | Integrated Health Care Service Delivery for SMI Members..... | 29 |
| 4.12 | Health Education and Health Promotion Services | 29 |
| 4.13 | American Indian Member Services..... | 29 |
| 4.14 | Medications | 29 |
| 4.15 | Laboratory Testing Services | 29 |
| 4.16 | Crisis Services Overview..... | 29 |
| 4.17 | Crisis Services-General Requirements | 30 |
| 4.18 | Crisis Services-Telephone Response | 30 |
| 4.19 | Crisis Services-Mobile Crisis Teams | 30 |
| 4.20 | Crisis Services-Crisis Stabilization Settings..... | 30 |
| 4.21 | Pediatric Immunizations and the Vaccines for Children Program..... | 30 |
| 4.22 | Medicaid School Based Claiming Program (MSB) | 30 |
| 4.23 | Special Health Care Needs | 30 |
| 4.24 | Special Assistance for SMI Members..... | 30 |
| 4.25 | Psychiatric Rehabilitative Services-Employment | 30 |
| 4.26 | Psychiatric Rehabilitative Services-Peer Support | 30 |
| 4.27 | Psychiatric Rehabilitative Services-Housing..... | 30 |
| 4.28 | Prevention Services..... | 32 |
| 5 | CARE COORDINATION AND COLLABORATION | 33 |
| 5.1 | Care Coordination | 33 |
| 5.2 | Care Coordination for Dual Eligible SMI Members | 33 |
| 5.3 | Coordination with AHCCCS Contractors and Primary Care Providers | 33 |
| 5.4 | Collaboration with System Stakeholders | 33 |
| 5.5 | Collaboration to Improve Health Care Service Delivery | 33 |
| 5.6 | Collaboration with Peers and Family Members..... | 33 |
| 5.7 | Collaboration with Tribal Nations and Providers..... | 34 |
| 5.8 | Coordination for Transitioning Members..... | 34 |
| 6 | PROVIDER NETWORK | 34 |
| 6.1 | Network Development..... | 34 |
| 6.2 | Network Development for Integrated Health Care Service Delivery | 34 |
| 6.3 | Network Management..... | 34 |

| | | |
|----------|--|-----------|
| 6.4 | Out of Network Providers | 34 |
| 6.5 | Material Change to Provider Network | 34 |
| 6.6 | Provider Affiliation Transmission | 35 |
| 7 | PROVIDER REQUIREMENTS | 35 |
| 7.1 | Provider Registration/Termination Requirements | 35 |
| 7.2 | Provider Manual Requirements..... | 35 |
| 7.3 | Specialty Contracts..... | 35 |
| 7.4 | Primary Care Provider Requirements..... | 35 |
| 7.5 | Maternity Care Provider Requirements | 35 |
| 7.6 | Federally Qualified Health Centers and Rural Health Clinics..... | 35 |
| 8 | MEDICAL MANAGEMENT | 35 |
| 8.1 | General Requirements | 35 |
| 8.2 | Justice System Reach-in Care Coordination | 35 |
| 8.3 | Utilization Data Analysis and Data Management | 35 |
| 8.4 | Prior Authorization and Referral Management | 35 |
| 8.5 | Notice of Adverse Benefit Determination..... | 36 |
| 8.6 | Concurrent Review..... | 36 |
| 8.7 | Discharge Planning..... | 36 |
| 8.8 | Inter-rater Reliability..... | 36 |
| 8.9 | Retrospective Review..... | 36 |
| 8.10 | Development and/or Adoption of Practice Guidelines | 36 |
| 8.11 | New Medical Technologies and New Uses of Existing Technologies | 36 |
| 8.12 | Continuity and Care Coordination | 36 |
| 8.13 | Disease Management..... | 36 |
| 8.14 | Care Management Program..... | 36 |
| 8.15 | Care Management Program-General Requirements | 36 |
| 8.16 | Drug Utilization Review..... | 37 |
| 8.17 | Medical Management Reporting Requirements..... | 37 |
| 8.18 | Additional Authorization Requirements | 37 |
| 9 | APPOINTMENT AND REFERRAL REQUIREMENTS..... | 37 |
| 9.1 | Appointments for Behavioral Health Services | 37 |

| | | |
|-------|---|-----------|
| 9.2 | Additional Appointment Requirements for SMI Members | 38 |
| 9.3 | Referral Requirements | 38 |
| 9.4 | Disposition of Referrals | 39 |
| 9.5 | Referral for a Second Opinion | 39 |
| 10 | QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT | 39 |
| 10.1 | General Requirements | 39 |
| 10.2 | Credentialing | 39 |
| 10.3 | Accreditation | 39 |
| 10.4 | Incident, Accident and Death Reporting | 39 |
| 10.5 | Quality of Care Concerns and Investigations | 40 |
| 10.6 | Performance Measures | 40 |
| 10.7 | Performance Improvement Projects (PIPs) | 41 |
| 10.8 | Data Collection Procedures | 41 |
| 10.9 | Member Satisfaction Survey | 41 |
| 10.10 | Provider Monitoring | 41 |
| 10.11 | Engaging Members through Technology | 41 |
| 10.12 | Quality Management Reporting Requirements | 41 |
| 11 | COMMUNICATIONS | 41 |
| 11.1 | Member Information | 41 |
| 11.2 | Dissemination of Information | 41 |
| 11.3 | Translation Services | 41 |
| 11.4 | Member Handbooks | 42 |
| 11.5 | Provider Directory | 42 |
| 11.6 | Member Newsletters | 42 |
| 11.7 | Health Promotion | 42 |
| 11.8 | Marketing | 42 |
| 11.9 | Website Requirements | 42 |
| 11.10 | Social Networking Activities | 42 |
| 11.11 | Outreach | 42 |
| 11.12 | Member Identification Cards | 42 |
| 12 | CULTURAL COMPETENCY | 42 |

| | | |
|-------|--|----|
| 12.1 | General Requirements | 43 |
| 12.2 | Accommodating AHCCCS Members..... | 43 |
| 13 | GRIEVANCE AND APPEAL SYSTEM | 43 |
| 13.1 | General Requirements | 43 |
| 13.2 | Member Grievances | 45 |
| 13.3 | TXIX/XXI Member Appeals..... | 45 |
| 13.4 | Claim Disputes | 45 |
| 13.5 | Grievance and Appeal System Reporting Requirements..... | 46 |
| 13.6 | SMI Grievances | 46 |
| 13.7 | SMI Appeals..... | 46 |
| 14 | CORPORATE COMPLIANCE | 46 |
| 15 | FINANCIAL MANAGEMENT | 46 |
| 15.1 | General Requirements | 47 |
| 15.2 | Performance Bond..... | 47 |
| 15.3 | Financial Reports | 47 |
| 15.4 | Financial Viability/Performance Standards..... | 47 |
| 15.5 | Health Insurance Providers Fee (HIPF) | 47 |
| 15.6 | Compensation | 48 |
| 15.7 | Capitation Adjustments | 48 |
| 15.8 | Payments | 48 |
| 15.9 | Community Reinvestment | 48 |
| 15.10 | Recoupments..... | 48 |
| 15.11 | Financial Responsibility for Referrals and Coordination with CMDP, DDD, and the Courts ... | 48 |
| 15.12 | Advances, Equity Distributions, Loans, and Investments | 48 |
| 15.13 | Member Billing and Liability for Payment..... | 49 |
| 15.14 | Medicare Services and Cost Sharing Requirements..... | 49 |
| 15.15 | Capitalization Requirements..... | 49 |
| 15.16 | Coordination of Benefits and Third Party Liability Requirements..... | 49 |
| 15.17 | Post-Payment Recovery Requirements | 49 |
| 15.18 | Retroactive Recoveries..... | 49 |
| 15.19 | Total Plan Case Requirements | 49 |

| | | |
|-------|--|------------------------------|
| 15.20 | Joint and Mass Tort Cases..... | 49 |
| 15.21 | Value-Based Purchasing (VBP)..... | 50 |
| 15.22 | Special Provisions for Payment..... | 50 |
| 15.23 | Physician Incentives | Error! Bookmark not defined. |
| 15.24 | Delivery System and Provider Payment Initiatives..... | Error! Bookmark not defined. |
| 15.25 | Other Financial Obligations | Error! Bookmark not defined. |
| 15.26 | Sources of Revenue | 50 |
| 15.27 | Non-Title XIX/XXI Encounter Valuation for Grant, County, Non-Title XIX/XXI and Other Funds | 51 |
| 15.28 | Profit Limit for Non-Title XIX/XXI Funds..... | 51 |
| 15.29 | Mortgages and Financing of Property | 51 |
| 15.30 | Management of Federal Block Grant Funds and other Federal Grants | 51 |
| 16 | PROVIDER AGREEMENT REIMBURSEMENT..... | 53 |
| 16.1 | Nursing Facility Reimbursement..... | 53 |
| 17 | SYSTEMS AND DATA EXCHANGE REQUIREMENTS..... | 53 |
| 17.1 | Overview..... | 53 |
| 17.2 | Systems Function and Capacity | 54 |
| 17.3 | Encounter Data Reporting..... | 54 |
| 17.4 | Enrollment and Capitation Transaction Updates..... | 54 |
| 17.5 | Claims and Encounter Submission Processing Requirements | 54 |
| 17.6 | General Claims Processing Requirements | 54 |
| 17.7 | Claims System Reporting | 54 |
| 18 | ADMINISTRATIVE REQUIREMENTS | 54 |
| 18.1 | Written Policies and Procedures | 54 |
| 18.2 | AHCCCS Guidelines, Policies and Manuals | 54 |
| 18.3 | Organizational Structure..... | 54 |
| 18.4 | Member and Peer Involvement and Participation | 54 |
| 18.5 | Staffing Requirements..... | 54 |
| 18.6 | Workforce Development Program and Reporting Requirements..... | 55 |
| 18.7 | Medical Records | 55 |
| 18.8 | Consent and Authorization | 55 |

| | | |
|-------|--|----|
| 18.9 | Advance Directives..... | 55 |
| 18.10 | Continuity of Operations and Recovery Plan | 55 |
| 18.11 | Emergency Preparedness..... | 55 |
| 18.12 | Legislative, Legal and Regulatory Issues..... | 55 |
| 18.13 | Pending Issues | 56 |
| 18.14 | Copayments..... | 56 |
| 18.15 | Telephone Performance Standards | 57 |
| 18.16 | SMI Eligibility Determination | 57 |
| 18.17 | Material Change to Business Operations | 57 |
| 18.18 | Change in Contractor Organizational Structure | 57 |
| 18.19 | Affiliated Corporation and Prohibition Against Direct Service Delivery | 57 |
| 19 | MONITORING AND OPERATIONAL REVIEWS (OR) | 57 |
| 19.1 | Periodic Reporting Requirements..... | 57 |
| 19.2 | Readiness reviews | 57 |
| 19.3 | Record Retention..... | 57 |
| 19.4 | Requests for Information..... | 57 |
| 19.5 | Surveys..... | 58 |
| 19.6 | Monitoring and Independent Review of the Contractor | 58 |
| 19.7 | Administrative Actions..... | 58 |
| 20 | SUBCONTRACTING REQUIREMENTS | 58 |
| 20.1 | Subcontract Relationships and Delegation | 58 |
| 20.2 | Hospital Subcontracting and Reimbursement | 58 |
| 20.3 | Management Services Agreement and Cost Allocation Plan | 58 |
| 20.4 | Prior Approval | 58 |
| 20.5 | AHCCCS Minimum Subcontract Provisions..... | 58 |
| 20.6 | Subcontracting Reporting Requirements | 58 |
| | EXHIBIT-1: DEFINITIONS | 60 |
| | EXHIBIT-2, RESERVED | 61 |
| | EXHIBIT-3: MEDICARE PARTICIPATION FOR DUAL ELIGIBLE SMI MEMBERS | 61 |
| | EXHIBIT-4: RESERVED | 61 |
| | EXHIBIT-5: RESERVED | 61 |

EXHIBIT-6: RESERVED 61

EXHIBIT-7: RESERVED 61

EXHIBIT-8: RESERVED 61

EXHIBIT-9: DELIVERABLES 62

EXHIBIT-10: MARICOPA ZIP CODES 71

EXHIBIT-11: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS 71

EXHIBIT-12: RESERVED 71

EXHIBIT-13: RESERVED 71

EXHIBIT-14: RESERVED 71

EXHIBIT-15: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS 71

EXHIBIT-16: PROVIDER CLAIM DISPUTE STANDARDS 71

EXHIBIT-17: RESERVED 71

EXHIBIT-18: CONTRACTOR’S EXPENDITURE REPORT (CER) INSTRUCTIONS..... 71

1 INTRODUCTION

This Contract describes the responsibilities for provision of Non-Title XIX/XXI, services for Title XIX and Non-Title XIX/XXI, members accessing behavioral health services. For ease of reference, the sections in this Contract correspond to the related sections in the Title XIX Contract YH17-0001. The Contractor shall adhere to all requirements and provisions of the Title XIX YH17-0001 Contract for all populations under this Contract except when noted 'Exempt'. In instances where the requirements and provisions of the Title XIX Contract YH17-0001 apply to the populations under this Contract, the following text is used: "Refer to Title XIX Contract YH17-0001." In instances where the requirements and provisions of both Title XIX Contract YH17-0001 and supplementary requirements apply to the populations under this Contract, the following text is used: "Refer to Title XIX Contract YH17-0001 and." In instances where language contained in this Contract differs from the Title XIX YH17-0001 Contract, the language in this Contract will prevail only with regard to administration of the Non-Title XIX/XXI services provided to populations under this Contract. In addition, this Contract provides for State only funded pregnancy termination services.

No requirements related to the coverage of physical health services specified in the Title XIX YH17-0001 Contract are applicable herein, including instances when this Contract refers to the Title XIX Contract.

Based on funding availability, the U.S. Government may make additional grant funding available to AHCCCS for the populations served under this Contract ("Future Grant"). At its sole discretion, AHCCCS may notify the Contractor in writing of an offer to become a sub-recipient of the Future Grant and the requirements of the Future Grant. Should the Contractor agree to be a sub-recipient of the Future Grant, it shall notify AHCCCS in writing of the acceptance of AHCCCS' offer. The Contractor's acceptance of this grant funding shall amend this Contract to obligate the Contractor to fulfill all requirements of the Future Grant ("Future Grant Amendment"). All other provisions of this Contract shall remain unchanged and shall apply to any Future Grant Amendment. If a provision of the Future Grant Amendment conflicts with this Contract, the Future Grant Amendment shall control.

The Arizona Association of Health Plans: To assist in reducing the burden placed on providers and to enhance Contractor collaboration, the Contractor is required to be a member of the Arizona Association of Health Plans (AzAHP). AzAHP is an organization dedicated to working with elected officials, AHCCCS, Health Care Plans, health care providers, and consumers to keep quality health care available and affordable for all Arizonans.

1.1 Overview

Refer to Title XIX Contract YH17-0001

1.2 System Values and Guiding Principles

Refer to Title XIX Contract YH17-0001

1.3 Integrated Health Care Service Delivery Principles for Persons with Serious Mental Illness

Refer to Title XIX Contract YH17-0001

2 ELIGIBILITY

2.1 Eligible Populations

Refer to Title XIX Contract YH17-0001

2.2 Special Medicaid Eligibility-Members Awaiting Transplants

Refer to Title XIX Contract YH17-0001

2.3 Non-Medicaid Eligible Populations

The Contractor shall be responsible to provide covered behavioral health services to non-Medicaid eligible children and adults subject to available funding allocated to the Contractor.

- Non-Medicaid eligible children and adults
- Substance Abuse Block Grant (SABG) recipients
- The Contractor shall submit an annual plan as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - Identified methodology and data used to identify populations to be served for Prevention of Substance Use and treatment of Substance Use Disorders (SUD) including SAMHSA's identified priority populations and specific underserved populations, which must at a minimum include proactively identifying adolescents, transitional aged youth, and those who have SUD at risk of attempting suicide;
 - Outreach efforts to reach identified populations;
 - Strategy to fully expend funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community;
 - Identified providers to serve the populations, including provider name, locations, contact information, programs/levels of care offered, specialty populations served, and capacity, to include caseload ratios that allow for adequate access to individualized services in a timely manner;
 - Identified services to meet the needs;
 - Plan for coordinating with other Health Plans for Non-Title XIX/XXI funded state only services;
 - Plan for coordinating with other Health Plans for access to Non-Title XIX/XXI funding for members who lose their Title XIX/XXI eligibility; and
 - Additional information as directed by AHCCCS.

- The Contractor shall submit an annual report as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - The corresponding information from the preceding annual plan;
 - Identification of any barriers that occurred in accomplishing the plan as well as steps to address barriers moving forward;
 - Description of actions throughout the course of the year monitoring expenditures and making adjustments in a timely manner to best meet the needs of the community;
 - All required information for SAMHSA's annual reporting requirements;
 - All required information for the annual legislative reporting requirements; and
 - Additional information as directed by AHCCCS.

- The Contractor shall submit documentation for annual operational review and site visit as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - Documentation of compliance with SABG treatment requirements;
 - Documentation of compliance with 45 CFR 96.132(b) stating that any facility for treatment services or prevention activities that is receiving amounts from a Block Grant, continuing education in such services or activities (or both, as the case may be) shall be made available to employees of the facility who provide the services or activities;
 - Documentation of strategies and monitoring of targeted interventions to improve health outcomes including, but not limited to Social Determinants of Health (SDOH) and National Outcome Measures (NOMS);
 - Documentation of strategies and monitoring of enhancing the Recovery Oriented System of Care (ROSC);
 - Documentation of the use of and expansion of Evidence Based Practices and Programs (EBPPs) to fidelity;
 - Documentation of compliance with SABG prevention requirements;
 - Documentation of compliance with SABG HIV requirements;
 - Documentation of service provision strategically fully expending SABG funding;
 - Documentation of monitoring of SABG funded providers to SABG requirements to include monitoring tool used, chart reviews; secret shopper calls, conversations with clinicians, case managers, and clients; fidelity checks; and customer satisfaction surveys; and
 - Additional information as directed by AHCCCS.

- SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):
 - Pregnant women/teenagers who use drugs by injection,
 - Pregnant women/teenagers who use substances,
 - Other persons who use drugs by injection,
 - Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
 - All other clients with a substance use disorder, regardless of gender or route of use, (as funding is available).

- Persons must indicate active substance use within the previous 12-month period to be eligible for SABG funded services.
- Priority Population eligibility shall be posted and advertised at community provider locations and through strategic methods including, but not limited to street outreach programs, ongoing public service announcements, regular advertisements in local or regional print media, and posters placed in targeted areas and other locations where pregnant women, women with dependent children, persons who inject drugs, and uninsured or underinsured people with SUD who do not meet eligibility for Title XIX/XXI are likely to attend, in accordance with the specifications in 45 CFR 96.131(a)(1-4). Contractors shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, healthcare providers, and social services agencies.
- Mental Health Block Grant (MHBG) Recipients
- The Contractor shall submit annual plan as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - Identified methodology and data used to identify populations to be served including SAMHSA's identified priority populations and specific underserved populations, which must at a minimum include proactively identifying children with Serious Emotional Disturbance (SED) at risk of removal through Department of Child Safety (DCS), children within the school systems, eligible individuals for First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI) services, and those who have SMI/SED/FEP/ESMI at risk of attempting suicide;
 - Strategy to fully expend funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community;
 - Outreach efforts to reach identified populations;
 - Identified providers to serve the populations, including provider name, locations, contact information, programs/levels of care offered, specialty populations served, and capacity to include caseload ratios that allow for adequate access to individualized services in a timely manner;
 - Identified services to meet the needs;
 - Plan for coordinating with other Health Plans for Non-Title XIX/XXI funded state only services;
 - Plan for coordinating with other Health Plans for access to Non-Title XIX/XXI funding for members who lose their Title XIX/XXI eligibility;
- The Contractor shall submit an annual report as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - Documentation of compliance with MHBG SMI/SED treatment requirements;
 - Documentation of compliance with FEP/ESMI requirements;
 - Documentation of strategies and monitoring of targeted interventions to improve health outcomes including, but not limited to Social Determinants of Health (SDOH) and National Outcome Measures (NOMS);

- Documentation of strategies and monitoring of enhancing the Recovery Oriented System of Care (ROSC);
 - Documentation of the use of and expansion of Evidence Based Practices and Programs (EBPPs) to fidelity;
 - Documentation of service provision strategically fully expending MHBG funding;
 - Documentation of monitoring of MHBG funded providers to MHBG requirements to include monitoring tool used, chart reviews; secret shopper calls, conversations with clinicians, case managers, and clients; fidelity checks; and customer satisfaction surveys; and
 - Additional information as directed by AHCCCS.
- MHBG funds are used to provide services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED)

2.4 Eligibility and Member Verification

Refer to Title XIX Contract YH17-0001

2.5 Medicaid Eligibility Determination

Exempt

2.6 Federal Health Insurance Exchange

The Contractor and contracted providers must educate and encourage Non-Title XIX/XXI SMI members to enroll in a qualified health plan through the Federal health insurance exchange and offer assistance for those choosing to enroll during open enrollment periods and qualified life events. The following applies for members who enroll in a qualified health plan through the Federal insurance exchange:

- Members enrolled in a qualified health plan through the Federal health insurance exchange continue to be eligible for Non-Title XIX/XXI covered services that are not covered under the exchange plan.
- Non-Title XIX/XXI funds may not be used to cover premiums, deductibles, or co-pays associated with qualified health plans through the Federal exchange or other third party liability premiums, deductibles, or co-pays except for the circumstances listed below:
 - Coverage of premiums and copays for Medicare Part D for members designated for members designated SMI members, or
 - Coverage of high cost deductibles and copays, paid exclusively through Substance Use Disorder Service Funds authorized by the Opioid Epidemic Act, for Opioid Use Disorder treatment. See ACOM Policy 434.
 - The Contractor must issue approval prior to any utilization of Non-Title XIX/XXI funding for services otherwise covered under a qualified plan through the Federal exchange.

3 ENROLLMENT AND DISENROLLMENT

3.1 Enrollment and Disenrollment of Populations

Refer to Title XIX Contract YH17-0001, and:

- The Contractor shall comply with the requirements in the Technical Interface Guidelines (TIG).
- Defer to AHCCCS, which has exclusive authority to designate who will be enrolled and disenrolled as Non-Medicaid eligible members.
- For a Non-Title XIX/XXI eligible person to be enrolled, providers must submit an 834 enrollment transaction to the Contractor.

3.2 Opt-Out for Cause

Exempt

3.3 Prior Quarter Coverage

Refer to Title XIX Contract YH17-0001

3.4 Prior Period Coverage

Refer to Title XIX Contract YH17-0001, and Prior Period Coverage for GMH/SU or Non-CMDP Child members who are initially eligible as Non-Title XIX and assigned to a RBHA and who transition to Title XIX eligibility:

- The GMH/SU or Non-CMDP Child member retains behavioral health assignment with the RBHA Contractor through the Title XIX PPC period.
- The GMH/SU or Non-CMDP Child member is enrolled with the AHCCCS Complete Care Contractor for physical health services through the Title XIX PPC period.
- The RBHA Contractor is responsible for payment of all behavioral health claims for medically necessary Non-Title XIX and Title XIX behavioral health covered services provided to these GMH/SU or Non-CMDP Child members who are initially eligible as Non-Title XIX and assigned to a RBHA during the prior period coverage timeframe.
- The AHCCCS Complete Care Contractor is responsible for payment of all physical health claims for medically necessary Title XIX physical health covered services during the PPC period and prospectively.

- The member is enrolled with the AHCCCS Complete Care Contractor for both physical and behavioral health Title XIX services the day following the date AHCCCS is notified of the member's TXIX eligibility.

3.5 Hospital Presumptive Eligibility

Refer to Title XIX Contract YH17-0001

4 SCOPE OF SERVICES

4.1 Overview

Refer to Title XIX Contract YH17-0001

4.2 General Requirements for the System of Care

Refer to Title XIX Contract YH17-0001

4.3 General Requirements

Refer to Title XIX Contract YH17-0001

4.4 Authorization of Services

Refer to Title XIX Contract YH17-0001

4.5 Behavioral Health Covered Services

Refer to Title XIX Contract YH17-0001, and AMPM Exhibit 300-2A, AMPM Exhibit 300-2B, AMPM Policy 320-T, and the Contractor shall:

- Ensure the delivery of medically necessary and clinically appropriate covered behavioral health services to eligible members in conformance with the AHCCCS Covered Behavioral Health Services Guide.
- Deliver covered behavioral health services under the Mental Health (MHBG) Block Grant, the Substance Abuse Prevention and Treatment Block Grant (SABG) and other grant funding as available.
- In accordance with 42 CFR Part 54, persons receiving substance use disorder treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
- At the time of intake, all behavioral health subcontractors providing substance use disorder treatment or recovery support services under the SABG must notify persons of this right using AMPM Policy 320-T, Attachment A, Notice to Individuals Receiving

Substance Use Services. Providers must document that the person has received notice in the person's comprehensive clinical record.

- Persons receiving substance use disorder treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
- Behavioral health subcontractors providing substance abuse services under the SABG must notify persons of this right using AMPM Policy 320-T. Providers must document that the person has received notice in the person's comprehensive clinical record.
- If a person objects to the religious character of a behavioral health provider, the provider must refer the person to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the Contractor of the referral and ensure that the person makes contact with the alternative provider.
- The Contractor must develop and make available policies and procedures that indicate who and how providers should notify the Contractor of these referrals.
- Submit reports on use of MHBG and SABG programs and funds in accordance with Block Grant reporting requirements, and as specified in Exhibit-9, Deliverables.

Deliver covered behavioral health services in accordance with the terms of the Intergovernmental Agreement (IGA) between AHCCCS and all County agreements for pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes. See AMPM Policy 320-U.

Substance Abuse Block Grant (SABG): The Contractor shall ensure Agreements are in place for the following:

- Improve the process for referring the individuals to treatment facilities that can provide the individuals to the treatment modality that is most appropriate for the individuals.
- Education on services or activities (or both, as the case may be) shall be made available to employees of the facility who provide the services or activities. The Contractor shall ensure that such programs include a provision for continuing education for employees of the facility in its funding agreement.
- In accordance with 45 CFR 96.132(c), the Contractor shall coordinate and monitor prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services).
- In accordance with 45 CFR 96.132(e), the Contractor shall have a system to protect and monitor from inappropriate disclosure of patient records maintained by the Contractor in connection with an activity funded under the program involved or by any entity which is

receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations, including [42 CFR part 2]. This system shall include provisions for and documentation of ongoing employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures.

- AHCCCS Capacity Management Waitlist System is used by all SABG Treatment Providers.
- The Contractor shall submit the SABG Agreements Report as specified in Exhibit-9, Deliverables.
- The Contractor shall ensure Capacity Management will:
 - In compliance with 45 CFR 96.132(a), create and monitor the process for referring individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; the utilization of a toll-free number for programs to report available capacity and waiting list data; and the utilization of standardized assessment procedures that facilitate the referral process.
 - Provide notification upon reaching 90% of its capacity to admit individuals to the program within seven days,
 - Ensure that each individual who requests, and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than:
 - 14 days after making the request for admission to such a program; or
 - 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.
 - Carry out activities to encourage individuals in need of such treatment to undergo such treatment. The Contractor shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method.
 - The Model shall require that outreach efforts include the following:
 - Selecting, training and supervising outreach workers,
 - Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including [42 CFR part 2],

- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV,
- Recommend steps that can be taken to ensure that HIV transmission does not occur, and
- Encouraging entry into treatment.

The Contractor shall develop effective strategies for monitoring programs compliance with this section. The Contractor shall report under the requirements of 45 CFR 96.122(g) on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.

Independent Peer Review: The purpose of independent peer review is to review the quality and appropriateness of treatment services. The Contractor shall:

- Participate in the Independent Peer Review and provide member charts that are randomly pulled by AHCCCS. The Contractor will ensure the expected forms are included in the electronic chart. Documents are indicated below but are not limited to:
 - Admission criteria/intake process,
 - Assessments,
 - Treatment planning, including appropriate referral, (e.g., prenatal care and tuberculosis and HIV services),
 - Documentation of implementation of treatment services,
 - Discharge and continuing care planning; and
 - Indications of treatment outcomes.
- The Contractor shall develop procedures for the implementation of the results of the Independent Peer Review.

The following services shall be provided to all SABG populations:

Tuberculosis Services: The Contractor shall require any entity receiving amounts from the Grant for operating a program of treatment for substance abuse to follow procedures and document how the program will address:

- At the time of intake will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as defined in [45 CFR 96.121] to each individual receiving treatment for such abuse,
- In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services, and
- Will implement infection control procedures designed to prevent the transmission of tuberculosis, including the following:
 - Screening of patients,
 - Identification of those individuals who are at high risk of becoming infected,

- Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including [42 CFR part 2], and
- Will conduct case management activities to ensure that individuals receive such services.

Human Immunodeficiency Virus (HIV) or Communicable Diseases Services:

- With respect to individuals undergoing treatment for substance abuse, the Contractor shall, make available to the individuals early intervention services for HIV disease as defined in [45 CFR 96.121] at the sites at which the individuals are undergoing such treatment,
- The Contractor shall, provide early intervention services for HIV in geographic areas of the State that have the greatest need and rural areas,
- The Contractor shall require programs to establish linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services, and
- Behavioral health providers shall provide specialized, evidence-based treatment and recovery support services for all SABG populations.
- The Contractor shall ensure the following issues do not pose barriers to access to obtaining substance use treatment to all populations:
 - Case management,
 - Child care, and
 - Transportation
- The following services must be made available to SABG special populations:
 - Behavioral health providers must provide specialized, gender-specific treatment and recovery support services for females who are pregnant or have dependent children and their families in outpatient/residential treatment settings.
 - Services are also provided to mothers who are attempting to regain custody of their children.
 - Services must treat the family as a unit.
 - As needed, providers must admit both mothers and their dependent children into treatment.
 - - The following services are provided or arranged as needed:
 - Referral for primary medical care for pregnant females,
 - Referral for primary pediatric care for children,

- Gender-specific substance abuse treatment, and
 - Therapeutic interventions for dependent children.
- The Contractor must ensure the following issues do not pose barriers to access to obtaining substance use treatment:
 - Child care,
 - Case management, and
 - Transportation.
- The Contractor must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must include at a minimum the posting of fliers at community provider locations and through strategic methods including, but not limited to street outreach programs, ongoing public service announcements, regular advertisements in local or regional print media, and posters placed in targeted areas and other locations where pregnant women and women with dependent children who are uninsured or underinsured and do not meet eligibility for Title XIX/XXI are likely to attend; notifying the right of pregnant females and females with dependent children to receive substance use treatment services at no cost. Contractors shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, healthcare providers, and social services agencies.
- The Contractor must develop and make available to providers specific language with regards to providing the specialty program services for women and children.
- Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care. Provision of interim services must be documented in the member's chart as well as reported to AHCCCS through the online residential waitlist. Interim services are required for Non-Title XIX/XXI members who are maintained on an actively managed waitlist.
- Title XIX/XXI eligible persons who also meet a priority population type may not be placed on a waitlist.

- For pregnant females the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all IVDUs the requirement is within 14 calendar days.
- The minimum required interim services include education and referral that cover:
 - Prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C and other communicable diseases,
 - Effects of substance use on fetal development,
 - Risk assessment/screening,
 - Referrals for HIV, Hepatitis C, and tuberculosis screening and services, and
 - Referrals for primary and prenatal medical care.
- Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only) The purpose of interim services is to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease for priority population members awaiting placement in a Residential Treatment Facility.

Oxford House Model: If the Contractor chooses to use SABG general treatment funds to implement the National Best Practice of the Oxford House Model, the Contractor shall provide an Oxford House Model Implementation Plan for AHCCCS approval prior to implementation as specified in Exhibit-9, Deliverables. At a minimum, the Plan shall adequately address the required information contained in AHCCCS' SAMHSA approved Oxford House Model and shall include the information detailing how the services provided by Oxford House will be operationalized. The Plan shall include:

- A description and plan for:
 - Hiring and training of outreach workers,
 - How outreach workers will be involved in the community to collaborate with treatment providers to enhance and supplement behavioral health treatment services,
 - The role of outreach workers in facilitating applications for individuals who are incarcerated or in residential treatment services to facilitate transitions directly into a home,
 - How many new homes per year are required to be opened,
 - Coordination with outreach workers, Oxford House central office and the Contractor,
 - Coordination of outreach workers with outreach workers in other regions of the state/other states ,
 - Communication between RBHA, Oxford House, and AHCCCS,
 - Procedures for adherence to the Oxford House Model,

- Procedures for opening new homes,
 - Procedures to address individuals with sex offenses, arson charges, or significant violent crimes,
 - Procedures for addressing/reporting on critical incidents,
 - Publicizing availability of resources and bed availability through the Contractor,
 - Monitoring methods and frequency,
 - Naloxone availability and training,
 - Inclusion of individuals who are receiving MAT services in homes,
 - Inclusion of individuals with SMI or co-occurring behavioral health diagnoses in the homes as well as partnership with other housing entities that provide behavioral health specific housing for individuals that may be more appropriate in that setting, and
 - Procedures for working with individuals who relapse and how they will be connected to assistance by the outreach workers.
- Verification of Oxford House registration through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Inventory of Behavioral Health Services (I-BHS) for Arizona.
 - Draft of the proposed contract and budget with Oxford House for AHCCCS review and approval.
 - Financial Reporting
 - A template of the financial report that will be required from Oxford House to invoice their services,
 - Oxford House must provide financial reports to the Contractor. The Contractor is required to provide these financial reports to AHCCCS on a quarterly basis as specified in Exhibit-9, Deliverables. The reports must demonstrate that the funds are within the budget/contract provided. The amounts included in the financial reports will be included as a capacity credit in the 85% encounter valuation requirement, and
 - The Financial Reports must be reconciled to the SABG Expenditure tables submitted annually.
 - Once approved by AHCCCS, the Contractor shall provide the required services, oversight, and deliverables as described in the approved Plan and shall submit an annual report, as specified in Exhibit-9, Deliverables, provided by Oxford House for its respective GSA(s) comparable to the reports listed on the Oxford House website: www.oxfordhouse.org/userfiles/file/evaluations.php.

Mental Health Services Block Grant (MHBG)

- The MHBG provides non-Title XIX/XXI behavioral health services to adults with SMI and children with SED. MHBG funds are only to be used for allowable services identified in the AHCCCS Covered Behavioral Health Services Guide for Non-Title XIX/XXI members with SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members. Members shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG.

- The MHBG must be used to:
 - Ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services, as well as mental health services and supports,

 - Promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,

 - Ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults,
- Promote recovery and community integration for adults with SMI and children with SED, and
- The Contractor shall not be responsible to pay for the costs associated with pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes unless prior payment arrangements have been made with another entity (e.g. County, hospital, provider).
- The Contractor and its providers must comply with State recognized tribal court orders for Title XIX/XXI and Non-Title XIX/XXI SMI persons. When tribal providers are also involved in the care and treatment of court ordered tribal members, the Contractor and its providers must involve tribal providers to ensure the coordination and continuity of care of the members for the duration of court ordered treatment (COT) and when members are transitioned to services on the reservation, as applicable. The Contractor is encouraged to enter into agreements with tribes to address behavioral health needs and improve the coordination of care for tribal members. See AMPM Policy 320-U and ACOM Policy 423.
- Domestic Violence (DV) Offender Treatment.
 - For Non-TXIX/XXI eligible person's court ordered for DV treatment, the individual can be billed for the DV services. See ACOM Policy 423.

4.6 Behavioral Health Service Delivery

Refer to Title XIX Contract YH17-0001

4.7 Behavioral Health Services for Adult Members (Adult System of Care)

Refer to Title XIX Contract YH17-0001, and the Contractor shall:

- Implement the following service delivery programs for members with SMI consistent with U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) established program models:
 - Assertive Community Treatment (ACT),

- Permanent Supportive Housing,
 - Supported Employment, and
 - Consumer Operated Services.
- The Contractor shall monitor and report annually, the fidelity to the service delivery programs using the AHCCCS adopted measurement instrument, for example, the SAMHSA Fidelity Scale or General Organizational Index and submit a Fidelity Review Report as specified in Exhibit-9, Deliverables. A single Fidelity Review Report shall be submitted to include all population served (Title XIX and Non-Title XIX).

4.8 Behavioral Health Services for Child Members (Children's System of Care)

Refer to Title XIX Contract YH17-0001

4.9 Children at Risk of Removal from Own Home

- The Contractor shall utilize Substance Abuse Block Grant (SABG) funds and Mental Health Block Grant (MHBG) funds to provide behavioral health and substance use services to the non-Title XIX/XXI parent/guardian/custodian of a Title XIX/XXI, Non-Title XIX/XXI, or Title XXI/XXI child/children who is at risk of being removed from their home by the Department of Child Safety (DCS) and is eligible under the Block Grant eligibility criteria. AHCCCS shall provide the Contractor with monthly "Fast Pass" data files that include information about children who are at risk of being removed from their home.
- The Contractor shall ensure the Non-Title XIX/XXI parents, guardians, or custodians of a child who is at risk of being removed from the family receive the services and supports needed to preserve the family unit and enable the SED child to remain in the home. These services should include, but are not limited to, life skills training such as parenting classes, skill building, and anger management. The Contractor shall adhere to eligibility requirements as specified in the Section of this Contract for eligibility criteria for the MHBG/SABG Grants.
- The Contractor shall develop family centered processes that promote and support family independence, stability, self-sufficiency, and child safety.
- The Contractor shall designate staff who shall be responsible for care coordination to ensure the non-Title XIX/XXI parent, guardian, or custodian has access to available services and resources.

The Contractor's designated staff shall maintain documentation of the following:

- Identify the child at risk of being removed,
- Identify the child's non-Title XIX/XXI parent/guardian/custodian,
- Develop and distribute evidence based outreach materials to support the parent/guardian/ custodian,

- Engage the child's parent/guardian/custodian,
- Seek agreement from the parent/guardian/custodian to make a behavioral health referral,
- Offer to facilitate a warm transfer to assist with scheduling the intake appointment with the behavioral health provider,
- Follow up to ensure the provider contacts the parent/guardian/custodian as expeditiously as the situation requires but no later than 72 hours of receipt of the referral,
- Assist the parent/guardian/custodian in removing any barriers in scheduling an appointment and subsequent appointments, including transportation,
- Ensure a behavioral health assessment and preliminary Service Plan are developed as expeditiously as the situation requires but no later than 7 days of the initial intake appointment that identifies interventions and services,
- Ensure the first service begins as expeditiously as the situation requires but no later than 23 days of the completed assessment,
- Coordinate with the parent/guardian/custodian and provider to optimize service delivery, and
- Coordinate the transition of the provision and reimbursement of services to the appropriate funding source if:
 - The child is subsequently removed from the home, or
 - The parent, guardian, or custodian becomes Title XIX/XXI eligible.
- The Contractor's designated staff shall also maintain documentation of parents/guardians/custodians who refuse to enter into services and efforts made by the Contractor designated staff to encourage engagement.
- The Contractor shall submit a monthly report, as specified in the RBHA Contract, Exhibit 9, Deliverables, to the AHCCCS System of Care and Grants Unit as follows:
 - The number of children identified as being at risk of being removed from their home,
 - The number of parents who agree to receive services,
 - The number of referrals made to intake,
 - The number of parents/guardians/custodians receiving services:
 - The number of parents/guardians/custodians who qualify for MHBG funding due to being determined as having a serious mental illness (SMI),
 - The number of parents/guardians/custodians who qualify for SABG funding due to being determined as having a substance use disorder (SUD),
 - The number of parents/guardians/custodians who qualify for MHGB funding due to their child/children being determined to have a serious emotional disturbance (SED).
- The types of services provided,
- The number of parents/guardians/custodians contacted by the provider within 72 hours of receiving the referral,
- The number of parents/guardians/custodians with a developed Service Plan within 7 days of the initial intake appointment,
- The number of parents/guardians/custodians whose services began within 23 days of the assessment.
 - The number of:

- Children eventually removed from home by DCS,
- Parents/guardians/custodians who transitions to Title XIX/XXI, and
- Parents/guardians/custodians who complete services and exit the pre-removal initiative.

4.10 Physical Health Care Covered Services

To the extent not covered by the Title XIX YH18-0001 Contract, the Contractor agrees to provide the following services:

Pregnancy Terminations: Pregnancy terminations which are medically necessary according to the medical judgment of a licensed physician who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:

- Creating a serious physical or mental health problem for the pregnant member,
- Seriously impairing a bodily function of the pregnant member,
- Causing dysfunction of a bodily organ or part of the pregnant member,
- Exacerbating a health problem of the pregnant member, or
- Preventing the pregnant member from obtaining treatment for a health problem.

Conditions, Limitations and Exclusions: The attending physician must acknowledge that a pregnancy termination has been determined medically necessary by submitting the *Certificate of Necessity for Pregnancy Termination* and clinical information that supports the medical necessity for the procedure, as referenced in AMPM Policy 410. This form must be submitted to the appropriate assigned Contractor Medical Director or designee for enrolled pregnant members, or the AHCCCS Chief Medical Officer or designee for Fee-For-Service (FFS) members. The Certificate must certify that, in the physician's professional judgment, one or more of the above criteria have been met.

Pregnancy terminations must be provided in compliance with AMPM Policy 410.

All outpatient medically necessary covered services related to the pregnancy termination, for dates of service only on the day the pregnancy was terminated, will be considered for reimbursement at 100% of the lesser of the contractors paid amount or the AHCCCS Fee Schedule amount. Adjudicated encounters for these covered services provided to enrolled members will be used to determine reimbursement.

Moral or Religious Objections: The Contractor shall notify AHCCCS if, on the basis of moral or religious grounds, it elects to not provide or reimburse for a covered service. The Contractor shall submit a Proposal addressing members' access to services. AHCCCS does not intend to offer the services on a Fee-For-Service basis to the Contractor's members. If AHCCCS does not approve the Contractor's Proposal, AHCCCS will disenroll members who are seeking these services from the Contractor and assign members to another Contractor [42 CFR 438.56]. The Proposal must:

- Be submitted to AHCCCS in writing prior to entering into a contract with AHCCCS or at least 60 days prior to the intended effective date of the change in the scope of services based on moral or religious grounds,
- Place no financial or administrative burden on AHCCCS,
- Place no significant burden on members' access to the services,
- Be accepted by AHCCCS in writing, and
- Acknowledge an adjustment to capitation, depending on the nature of the proposed solution.

If AHCCCS approves the Contractor's Proposal for its members to access the services, the Contractor must immediately develop a policy implementing the Proposal along with a notification to members of how to access these services. The notification and policy must be consistent with the provisions of 42 CFR 438.10 and shall be approved by AHCCCS prior to dissemination. The notification must be provided to newly assigned members within 12 days of enrollment, and must be provided to all current members at least 30 days prior to the effective date of the Proposal [42 CFR 438.102(a)(2)a].

4.11 Integrated Health Care Service Delivery for SMI Members

Exempt

4.12 Health Education and Health Promotion Services

Refer to Title XIX Contract YH17-0001

4.13 American Indian Member Services

Refer to Title XIX Contract YH17-0001

4.14 Medications

- **Members with SMI (whether funded through State Funds or MHBG):** Refer to Title XIX Contract YH17-0001, and
- **Members receiving services through SABG:** SABG funding should be directed to service delivery. The Contractor should utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified in the most recent AHCCCS Drug List under SUD Treatment covered medications are excluded from this restriction.

4.15 Laboratory Testing Services

Refer to Title XIX Contract YH17-0001

4.16 Crisis Services Overview

Refer to Title XIX Contract YH17-0001

4.17 Crisis Services-General Requirements

Refer to Title XIX Contract YH17-0001

4.18 Crisis Services-Telephone Response

Refer to Title XIX Contract YH17-0001

4.19 Crisis Services-Mobile Crisis Teams

Refer to Title XIX Contract YH17-0001

4.20 Crisis Services-Crisis Stabilization Settings

Refer to Title XIX Contract YH17-0001

4.21 Pediatric Immunizations and the Vaccines for Children Program

Exempt

4.22 Medicaid School Based Claiming Program (MSB)

Exempt

4.23 Special Health Care Needs

Refer to Title XIX Contract YH17-0001

4.24 Special Assistance for SMI Members

Refer to Title XIX Contract YH17-0001

4.25 Psychiatric Rehabilitative Services-Employment

Refer to Title XIX Contract YH17-0001

4.26 Psychiatric Rehabilitative Services-Peer Support

Refer to Title XIX Contract YH17-0001

4.27 Psychiatric Rehabilitative Services-Housing

The Contractor shall:

- Develop and maintain a housing continuum for members determined to have SMI as well as all other eligible members in conformance with ACOM Policy 448.

- Collaborate with community stakeholders, State agency partners, Federal agencies and other entities to identify, apply for or leverage alternative funding sources for housing programs.
- Develop and manage State and Federal housing programs and deliver housing related services.
- Utilize all housing units previously purchased in the GSA, including units acquired through the use of HB2003, *Arnold vs. Sarn* and ComCare Trust funding for purposes of providing housing for SMI members.
- Evaluate and report annually the fidelity of the Housing program through utilizing SAMHSA's Permanent Supportive Housing toolkit and submit a Fidelity Review Report as specified in Exhibit-9, Deliverables. A single Fidelity Review Report shall be submitted to include all population served (Title XIX and Non-Title XIX).
- Comply with all federally funded and State funded housing requirements as directed by AHCCCS.
- Submit the deliverables related to the Housing Program as specified in Exhibit-9, Deliverables including an Housing Needs Assessment as described in ACOM Policy 448.
- The Housing Inventory shall include the following:
 - A listing of all of the **AHCCCS funded units** by address and how many were leased that month. Scattered sites can be listed in a lump sum by program type,
 - A full listing of available vouchers and vouchers leased. The definition of vouchers leased is the member has found a unit, leased up and assistance is being paid to a landlord. An issued voucher is not a leased voucher and should not be reported as such,
 - A listing of non-AHCCCS funded units by address and how many units are available. The number leased for non-AHCCCS funded units is not necessary, and
 - A listing of non-AHCCCS funded units by address and how many units are available. The number leased for non-AHCCCS funded units is not necessary.
- The Members Served/Utilization Report shall include the following:
 - The AHCCCS-provided Summary Template
 - Number of members served,
 - By member type,
 - By assistance type (subsidy, utility, rapid rehousing), and
 - The number of units built, rehabbed or acquired in a given month
 - A summary of the number of AHCCCS funded units available broken out by scattered sites community living and those purchased with AHCCCS funding. The Housing Inventory numbers are to be rolled up into the Members Served/Utilization Report.
 - A summary number of units actually leased in each of the categories above.
 - A separate breakout of the addresses of all of the AHCCCS funded units available and leased.

- The Contractor shall not utilize State funding sources in any capacity at unlicensed boarding homes, or other similar unlicensed facilities.
- Mercy Maricopa shall provide appropriate referrals of AHCCCS members determined to have Serious Mental Illness for the Arizona Department of Housing and AHCCCS SMI Housing Trust Fund collaborative project. The referrals shall be based upon a waitlist ranking of eligible individuals experiencing homelessness including acuity scores. The RBHA will provide, directly to the property owner or management agent, the rental assistance for the identified and eligible AHCCCS members with rental assistance such that the household will pay not greater than an amount equal to 30% of the member's adjusted monthly income. Other permanent housing and general supportive services will be provided as needed and at the discretion of the AHCCCS member and Mercy Maricopa. The provision of the supportive services is not contingent upon the AHCCCS member's housing and/or rental assistance. Lastly, Mercy Maricopa shall incorporate a report of the census of AHCCCS members residing on the property in Housing Inventory deliverable, as specified Exhibit 9, Deliverables.

4.28 Prevention Services

The Contractor shall:

- Administer a prevention system.
- Conduct an annual Regional Prevention Needs Assessment identifying unmet prevention needs in the targeted communities. The needs assessment must include the following elements: existing substance use and abuse prevention efforts, data collection to justify program planning and evaluation, trends about substances use and/or abuse, training capacity, prescription drug addiction prevalence, resources and referral process available, demographics of population, evaluation, strengths, and barriers to treatment, and sustainability plan.
- Partner/Participate at the Arizona Suicide Prevention Coalition and other Community Networks including: faith based organizations, primary care providers, special populations (e.g. LGBTQ networks, underage drinking, women services, rural networks, older adults).
- Conduct annual site visits as part of MHBG/SABG Operational Reviews to HIV Early Intervention Service providers where the AHCCCS HIV Coordinator, Contractor HIV Coordinator, and provider staff and supervisors are present. The site visits must be conducted and reported within the first and third quarter of the year.
- Administer a minimum of 1 test per \$600 in SABG HIV services funding.
- Collect progress reports from subcontracted providers, training provided to HIV Coordinators, HIV Early Intervention Services Providers and other Ad hoc related HIV Prevention issues as specified in Exhibit-9, Deliverables.

- Submit a Prevention Progress Report including but not limited to community network collaborations, coalition efforts, prevention providers meetings, trainings, and community events outreach activities and annual site visits to each RBHA receiving SABG funds.
- Submit an annual Strategic Prevention Plan including the activities for delivering and sustaining effective prevention services. The Strategic Prevention Plan implementation addresses how to prevent the onset and reduce the progression of substance misuse problems in targeted communities strategically.
- Conduct annual site visits to each RBHA receiving SABG funds where AHCCCS Prevention Coordinator, Contractor Prevention Coordinator, and Provider staff, coalition's, members, and relevant program coordinators are present.
- Submit reports including: Annual Plan including Prevention Program Description and Prevention Planned Allocation of Funds, Expenditure Reports, Performance Indicators and Accomplishments, and Ad hoc reports required for each region receiving SABG Prevention funding, as specified in Exhibit-9 Deliverables.

5 CARE COORDINATION AND COLLABORATION

5.1 Care Coordination

Refer to Title XIX Contract YH17-0001 and AMPM Policy 541

5.2 Care Coordination for Dual Eligible SMI Members

Refer to Title XIX Contract YH17-0001

5.3 Coordination with AHCCCS Contractors and Primary Care Providers

Refer to Title XIX Contract YH17-0001

5.4 Collaboration with System Stakeholders

Refer to Title XIX Contract YH17-0001 and the Contractor shall meet, agree upon, and reduce to writing collaborative protocols with each County, District, or Regional Office of the Arizona Department of Economic Security/Rehabilitative Services Administration.

5.5 Collaboration to Improve Health Care Service Delivery

Refer to Title XIX Contract YH17-0001

5.6 Collaboration with Peers and Family Members

Refer to Title XIX Contract YH17-0001

5.7 Collaboration with Tribal Nations and Providers

Refer to Title XIX Contract YH17-0001

5.8 Coordination for Transitioning Members

Refer to Title XIX Contract YH17-0001

6 PROVIDER NETWORK**6.1 Network Development**

Refer to Title XIX Contract YH17-0001 and ACOM Policy 415

6.2 Network Development for Integrated Health Care Service Delivery

Exempt

6.3 Network Management

Refer to Title XIX Contract YH17-0001 and ACOM Policy 415, and submit deliverables related to Prevention Services reporting as specified in Exhibit-9, Deliverables, and

- **Network Court Ordered Evaluation (COE) Management:** - The Contractor shall ensure the Pre-Petition Screening and COE processes are implemented and monitored in compliance with AMPM Policy 320-U and submit deliverables related to Pre-Petition Screening and COE reporting as specified in Exhibit-9, Deliverables.

6.4 Out of Network Providers

Refer to Title XIX Contract YH17-0001

6.5 Material Change to Provider Network

Refer to Title XIX Contract YH17-0001 and the Contractor shall:

- Offer a full array of service providers to meet the needs of the actual and anticipated number of persons eligible to receive services under this Contract,
- Notify AHCCCS within seven (7) business days of notifying provider or receiving notification from a provider receiving AHCCCS-administered grant funding will be terminating their contract with the Contractor, and
- Submit deliverables related to Provider Network change reporting as specified in Exhibit-9, Deliverables.

6.6 Provider Affiliation Transmission

Refer to Title XIX Contract YH17-0001

7 PROVIDER REQUIREMENTS**7.1 Provider Registration/Termination Requirements**

Refer to Title XIX Contract YH17-0001, and the Contractor shall require that all entities receiving SABG or MHBG funds to obtain and maintain an Inventory of Behavioral Health Services (I-BHS) number through SAMHSA.

7.2 Provider Manual Requirements

Refer to Title XIX Contract YH17-0001

7.3 Specialty Contracts

Exempt

7.4 Primary Care Provider Requirements

Exempt

7.5 Maternity Care Provider Requirements

Exempt

7.6 Federally Qualified Health Centers and Rural Health Clinics

Exempt

8 MEDICAL MANAGEMENT**8.1 General Requirements**

Refer to Title XIX Contract YH17-0001

8.2 Justice System Reach-in Care Coordination

Refer to Title XIX Contract YH17-0001 and AMPM Policy 1020

8.3 Utilization Data Analysis and Data Management

Refer to Title XIX Contract YH17-0001

8.4 Prior Authorization and Referral Management

35 of 71

Refer to Title XIX Contract YH17-0001

8.5 Notice of Adverse Benefit Determination

Refer to Title XIX Contract YH17-0001

8.6 Concurrent Review

Refer to Title XIX Contract YH17-0001

8.7 Discharge Planning

Refer to Title XIX Contract YH17-0001 and AMPM Policy 320-O

8.8 Inter-rater Reliability

Refer to Title XIX Contract YH17-0001

8.9 Retrospective Review

Refer to Title XIX Contract YH17-0001

8.10 Development and/or Adoption of Practice Guidelines

Refer to Title XIX Contract YH17-0001

8.11 New Medical Technologies and New Uses of Existing Technologies

Refer to Title XIX Contract YH17-0001

8.12 Continuity and Care Coordination

Refer to Title XIX Contract YH17-0001 and AMPM Policy 541

8.13 Disease Management

Refer to Title XIX Contract YH17-0001

8.14 Care Management Program

Refer to Title XIX Contract YH17-0001

8.15 Care Management Program-General Requirements

Refer to Title XIX Contract YH17-0001

8.16 Drug Utilization Review

Refer to Title XIX Contract YH17-0001

8.17 Medical Management Reporting Requirements

Refer to Title XIX Contract YH17-0001

8.18 Additional Authorization Requirements

Refer to Title XIX Contract YH17-0001 and the Contractor shall comply with member notice requirements as outlined in ACOM Policy 444.

9 APPOINTMENT AND REFERRAL REQUIREMENTS

9.1 Appointments for Behavioral Health Services

Refer to Title XIX Contract YH17-0001, and for all populations covered under this Contract, the Contractor shall provide appointments to members as follows:

- Emergency appointments within 24 hours of referral, including, at a minimum, the requirement to respond to hospital referrals for Non-Title XIX/XXI members with SMI, and
- Accept and respond to emergency referrals of Non-Title XIX/XXI members with SMI 24 hours a day, seven days a week. Emergency referrals do not require prior authorization. Emergency referrals include those initiated for Non-Title XIX/XXI with SMI members admitted to a hospital or treated in the emergency room.

Response Times for Designated Behavioral Health Services under the SABG Block Grant:

| WHEN | WHAT | WHO |
|---|--|--|
| Behavioral health services provided within a timeframe indicated by clinical need, but no later than 48 hours from the referral/initial request for services. | Any needed covered behavioral health service, including admission to a residential program if clinically indicated; If a residential program is temporarily unavailable, an attempt shall be made to place the person within another provider agency facility, including those in other geographic service areas. If capacity still does not exist, the person shall be placed on an actively managed residential wait list and interim services must be provided until the | Pregnant women/teenagers referred for substance use treatment (includes pregnant injection drug users and pregnant substance users) and Substance-using females with |

| WHEN | WHAT | WHO |
|---|---|--|
| | individual is admitted. Interim services include: counseling/education about HIV and Tuberculosis (include the risks of transmission), the risks of needle sharing and referral for HIV and TB treatment services if necessary, counseling on the effects of alcohol/drug use on the fetus and referral for prenatal care. | dependent children, including those attempting to regain custody of their child(ren) |
| Behavioral health services provided within a timeframe indicated by clinical need but no later than 14 days following the initial request for services/referral. All subsequent behavioral health services must be provided within timeframes according to the needs of the person. | Includes any needed covered behavioral health services; Admit to a clinically appropriate substance use treatment program (can be residential or outpatient based on the person’s clinical needs); if unavailable, interim services must be offered to the person. Interim services shall minimally include education/interventions with regard to HIV and tuberculosis and the risks of needle sharing and must be offered within 48 hours of the request for treatment. | All other injection drug users |
| Behavioral health services provided within a timeframe indicated by clinical need but no later than 23 days following the initial assessment. All subsequent behavioral health services must be provided within timeframes according to the needs of the person. | Includes any needed covered behavioral health services. | All other persons in need of substance use treatment |

9.2 Additional Appointment Requirements for SMI Members

Refer to Title XIX Contract YH17-0001

9.3 Referral Requirements

Refer to Title XIX Contract YH17-0001 and, AMPM Policy 580, and accept and respond to emergency referrals of and Non-Title XIX/XXI members with SMI 24 hours a day, seven days a week. Emergency referrals do not require prior authorization. Emergency referrals include those initiated for Non-Title XIX/XXI with SMI members admitted to a hospital or treated in the emergency room.

9.4 Disposition of Referrals

Refer to Title XIX Contract YH17-0001

9.5 Referral for a Second Opinion

Refer to Title XIX Contract YH17-0001

10 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT**10.1 General Requirements**

Refer to Title XIX Contract YH17-0001 and:

- Provide quality care and services to eligible members, regardless of payer source or eligibility category.
- The Contractor shall have local staff available 24 hours per day, seven days per week to work with AHCCCS and/or other State agencies, such as Arizona Department of Health Services on urgent issue resolutions. Urgent issue resolutions include Immediate Jeopardies (IJ), fires, or other public emergency situations. These staff shall have access to information necessary to identify members who may be at risk and their current health/service status, the ability to initiate new placements/services, and have the ability to perform status checks at affected facilities and perform ongoing monitoring, if necessary.
- The Contractor shall comply with requirements to assure member rights and responsibilities in conformance with Contract YH17-0001, ACOM Policy 444, ACOM Policy 446, and AMPM Policy 320-R and the AHCCCS policy on Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons and the AHCCCS Medical Policy Manual [42 CFR 438.100(a)(2)]; and comply with any other applicable Federal and State laws (such as Title VI of the Civil Rights Act of 1964, etc.) including other laws regarding privacy and confidentiality [42 CFR 438.100(d)].

10.2 Credentialing

Refer to Title XIX Contract YH17-0001

10.3 Accreditation

Refer to Title XIX Contract YH17-0001

10.4 Incident, Accident and Death Reporting

Refer to Title XIX Contract YH17-0001

10.5 Quality of Care Concerns and Investigations

Refer to Title XIX Contract YH17-0001, and

- Establish mechanisms to assess the quality and appropriateness of care provided to members, including members with special health care needs [42 CFR 438.420(b)(4)].
- Develop a process that requires the provider to report incidents of abuse, neglect, exploitation, injuries, high profile cases, suicide attempts, human rights violations, and unexpected death to the Contractor.
- Develop a process to report incidents of healthcare acquired conditions, abuse, neglect, exploitation, injuries, high profile cases, suicide attempts, human rights violations, and unexpected death to AHCCCS Quality Management. Refer to the T-XIX Contract for specifics on how to report to AHCCCS.
- Develop and implement policies and procedures that analyze quality of care issues through identifying the issue, initial assessment of the severity of the issue, and prioritization of action(s) needed to resolve immediate care needs when appropriate.
- Establish a process to ensure that staff having contact with members or providers are trained on how to refer suspected quality of care issues to quality management. This training must be provided during new employee orientation and annually thereafter.
- Establish mechanisms to track and trend member and provider issues, which includes, but is not limited to, investigation and analysis of quality of care issues, abuse, neglect, exploitation, high profile cases, suicide attempts, human rights violations and unexpected deaths. The resolution process must include:
 - Acknowledgement letter to the originator of the concern,
 - Documentation of all steps utilized during the investigation and resolution process including onsite investigations as appropriate,
 - Follow-up with the member to assist in ensuring immediate health care needs are met,
 - Closure/resolution letter that provides sufficient detail to ensure that the member has an understanding of the resolution of their issue, any responsibilities they have in ensuring all covered, medically necessary care needs are met, and a Contractor contact name/telephone number to call for assistance or to express any unresolved concerns,
 - Documentation of implemented Corrective Action Plan(s) (CAPs) or action(s) taken to resolve the concern along with documented follow-up and evaluation of CAPs or actions,
 - Analysis of the effectiveness of the interventions taken, and
 - Implement mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs.

10.6 Performance Measures

Exempt

10.7 Performance Improvement Projects (PIPs)

- Comply with requests from AHCCCS to implement performance improvement activities as needs or opportunities arise.
- Develop and maintain mechanisms to solicit feedback and recommendations from key stakeholders, subcontractors, members, and family members to monitor service quality and to develop strategies to improve member outcomes and quality improvement activities related to the quality of care and system performance.

10.8 Data Collection Procedures

Provide data and documentation to AHCCCS as requested for purposes of monitoring, oversight, and quality/performance improvement.

10.9 Member Satisfaction Survey

Refer to Title XIX Contract YH17-0001

10.10 Provider Monitoring

Refer to Title XIX Contract YH17-0001

10.11 Engaging Members through Technology

Refer to Title XIX Contract YH17-0001

10.12 Quality Management Reporting Requirements

Refer to Title XIX Contract YH17-0001

11 COMMUNICATIONS

11.1 Member Information

Refer to Title XIX Contract YH17-0001 and ACOM Policy 404, ACOM Policy 406 and ACOM Policy 433.

11.2 Dissemination of Information

Refer to Title XIX Contract YH17-0001

11.3 Translation Services

Refer to Title XIX Contract YH17-0001

11.4 Member Handbooks

Refer to Title XIX Contract YH17-0001 and provide the Contractor's Member Handbook to each member as follows:

- For Non-Title XIX/XXI members within 12 business days of the member receiving the initial behavioral health covered service.

11.5 Provider Directory

Refer to Title XIX Contract YH17-0001

11.6 Member Newsletters

Refer to Title XIX Contract YH17-0001

11.7 Health Promotion

Refer to Title XIX Contract YH17-0001 and the Contractor shall ensure all providers receiving SABG funds have posters displayed in accordance with [45 CFR 96.131].

11.8 Marketing

Refer to Title XIX Contract YH17-0001

11.9 Website Requirements

Refer to Title XIX Contract YH17-0001

11.10 Social Networking Activities

Refer to Title XIX Contract YH17-0001 and ACOM Policy 425

11.11 Outreach

Refer to Title XIX Contract YH17-0001 and AMPM Policy 1040

11.12 Member Identification Cards

Exempt

12 CULTURAL COMPETENCY

12.1 General Requirements

Refer to Title XIX Contract YH17-0001

12.2 Accommodating AHCCCS Members

Refer to Title XIX Contract YH17-0001

13 GRIEVANCE AND APPEAL SYSTEM

13.1 General Requirements

For all populations eligible for services under this Contract, the Contractor shall:

- Implement and administer a Grievance and Appeal System for members, subcontractors and providers which include processes for the following:
 - Provision of required Notice to members,
 - Member Grievance,
 - SMI Grievance,
 - SMI Appeal,
 - Claim Dispute, and
 - Access to the State fair hearing system.
- Ensure a Grievance and Appeal System that complies with all applicable requirements in the Federal and State laws and regulations, AHCCCS' Contractor Operations Manual, AHCCCS Medical Policy Manual, A.A.C. Title 9, Chapter 21, Article 4, and the requirements under this Contract.
- In addition to the grievance and appeals procedures described herein, the Contractor shall also make available the grievance and appeals processes described in Arizona Administrative Code Title 9, Chapter 21, Article 4 for persons determined under Arizona law to be seriously mentally ill.
- Not delegate or subcontract the administration or performance of the Member Grievance, SMI Grievance, SMI Appeal, or Claim Dispute processes.
- Provide written notification of the Contractor's Grievance and Appeal System processes to all subcontractor and providers at the time of entering into a subcontract.
- Provide written notification with information about Contractor's Grievance and Appeal System to members in the Member Handbook in conformance with the Contract Section on, Member Handbooks.
- Provide written notification to members at least 30 days prior to the effective date of a change in a Grievance and Appeal System policy.

- Administer all Grievance and Appeal System processes competently, expeditiously, and equitably for all members, subcontractors, and providers to ensure that member grievances, appeals, SMI grievances, and claim disputes are effectively and efficiently adjudicated and/or resolved.
- Continuously review Grievance and Appeal System data to identify trends and opportunities for system improvement; take action to correct identified deficiencies; and otherwise implement modifications which improve Grievance and Appeal System operations and efficiency.
- Comply with the provisions in the Contract Section on, *Administrative Requirements*, which shall include having all professional, paraprofessional, and clerical/administrative resources to represent the Contractor's, subcontractor's and/or provider's interests for Grievance and Appeal System cases that rise to the level of an administrative or judicial hearing or proceeding, except for a claim dispute. In the event of a claim dispute, the Contractor and the claimant are responsible to provide the necessary professional, paraprofessional and administrative resources to represent each of its respective interest. Absent written agreement to the contrary, the Contractor shall be responsible for payment of attorney fees and costs awarded to a claimant in any administrative or judicial proceeding.
- Provide AHCCCS with any Grievance and Appeal System information, report, or document within the time specified within AHCCCS' request.
- Fully cooperate with AHCCCS in the event AHCCCS decides to intervene in, participate in or review any Notice, Member Grievance, SMI Grievance, SMI Appeal or Claim Dispute or any other Grievance and Appeal System process or proceeding. Contractor shall comply with or implement any AHCCCS directive within the time specified pending formal resolution of the issue.
- Consider the best clinical interests of the member when addressing provider or member Grievance and Appeal System-related concerns. When such concerns are communicated to designated staff, communicate the concern, at a minimum and when appropriate, to Contractor's senior management team, AHCCCS leadership, government officials, legislators, or the media.
 - Conduct a review and take any clinical interventions, revisions to service planning or referrals to Contractor's Care Management Program as indicated when the data shows that a particular member is an outlier by filing repetitive grievances and/or appeals. See AMPM Policy 320-O.
 - Regularly review Grievance and Appeal System data to identify members that utilize Grievance and Appeal System processes at a significantly higher rate than others.
 - Submit quarterly reports to AHCCCS, in a prior-approved format, of SMI grievances, SMI Appeals, non-TXIX/TXXI member grievances/complaints, and non-TXIX/TXXI provider claim disputes as specified in Exhibit-9, Deliverables.

- Designate a qualified individual staff person to collaborate with AHCCCS to address provider or member Grievance and Appeal System-related concerns consistent with the requirements of this Contract.
- Require the designated individual staff person to perform the following activities:
 - Collect necessary information,
 - Consult with the treatment team, Contractor's CMO or a Care Manager for clinical recommendations when applicable,
 - Develop communication strategies in accordance with confidentiality laws, and
 - Develop a written plan to address and resolve the situation to be approved by AHCCCS when applicable, prior to implementation.

13.2 Member Grievances

The Contractor shall:

- Develop and maintain a dedicated department to acknowledge, investigate, and resolve member grievances. The distinct department should be accessible to members, providers and other stakeholders via a designated phone number that can be accessed directly or by a telephone prompt on the Contractor's messaging system.
- Respond to and resolve member grievances in a courteous, responsive, effective, and timely manner.
- Actively engage and become involved in resolving member grievances in a manner that holds subcontractors and providers accountable for their actions that precipitated or caused the complaint.
- Not engage in conduct to prohibit, discourage or interfere with a member's or a provider's right to assert a member grievance, appeal, SMI grievance, claim dispute or use any Grievance and Appeal System process.
- Submit response to the resolution of member grievances as directed by AHCCCS.
- Efforts to resolve member grievances through the member grievance process do not preclude access to applicable appeal and SMI grievance processes.

13.3 TXIX/XXI Member Appeals

Refer to Title XIX Contract YH17-0001

13.4 Claim Disputes

The Contractor shall:

- Provide subcontractors with the Contractor's Claim Dispute Policy at the time of entering into a subcontract. The Contractor shall provide non-contracted providers with the Contractor's Claim Dispute Policy with a remittance advice. The Contractor shall send the remittance advice and policy within 45 days of receipt of a claim.

13.5 Grievance and Appeal System Reporting Requirements

The Contractor shall submit all deliverables related to the Grievance and Appeal System as specified in Exhibit-9, Deliverables.

13.6 SMI Grievances

The Contractor shall:

- Develop and maintain an SMI Grievance process as delineated in A.A.C. Title 9, Chapter 21, Article 4 that supports the protection of the rights of SMI members and has mechanisms to correct identified deficiencies on both an individual and systemic level.
- Require SMI Grievance investigators to be certified by Council on Licensure, Enforcement and Regulation (CLEAR) or by an equivalent certification program identified by the Contractor, which must be submitted to AHCCCS for prior approval.
- Refer to ACOM Policy 446.

13.7 SMI Appeals

The Contractor shall:

- Implement all SMI appeal processes as delineated in A.A.C. Title 9, Chapter 21, Article 4, in a manner that offers appellants an opportunity to present an appeal in person at a convenient time and location for the member, and provide the privacy required by law.
- Require all staff facilitating in-person SMI appeal conferences to have training in mediation, conflict resolution or problem solving techniques.
- Refer to ACOM Policy 444.

14 CORPORATE COMPLIANCE

Refer to Title XIX Contract YH17-0001

15 FINANCIAL MANAGEMENT

15.1 General Requirements

Refer to Title XIX Contract YH17-0001

15.2 Performance Bond

Refer to Title XIX Contract YH17-0001 and ACOM Policy 305, and

The Contractor shall provide a Performance Bond or substitute security in an amount equal to or greater than 100% of the Non-Title XIX/XXI payment due to the Contractor in the first month of the Contract Year. The Contractor shall provide the Performance Bond or substitute security no later than 30 days following notification by AHCCCS of the amount. Thereafter, AHCCCS shall review the Non-Title XIX/XXI payment amounts of the Contractor on a monthly basis to determine if the Performance Bond must be increased.

If the amount of the Performance Bond or substitute security falls below 90% of the monthly Non-Title XIX/XXI amount, the amount of the performance bond or substitute security must be increased to at least 100% of the monthly Non-Title XIX/XXI payment amount.

AHCCCS will calculate and monitor the Title XIX/XXI and Non-Title XIX/XXI performance bond amounts as one figure. The Contractor may meet the Title XIX and Non-Title XIX/XXI performance bond requirements with one performance bond or substitute security.

15.3 Financial Reports

Refer to Title XIX Contract YH17-0001, and the Contractor shall provide an annual Single Audit Report prepared in accordance with [2 CFR Part 200 Subpart F] (whether for profit or non-profit) and an approved cost allocation plan. Notwithstanding the [2 CFR Part 200 Subpart F] regulations, the Contractor shall include the SABG and MHBG as major programs for the purpose of this Contract. Additional agreed upon procedures and attestations may be required of the Contractor's auditor as determined by AHCCCS [42 CFR 438.3(m)].

15.4 Financial Viability/Performance Standards

Refer to Title XIX Contract YH17-0001, ACOM Policy 305, and:

- Total Non-Title XIX/XXI Administrative Expenses divided by total Non-Title XIX/XXI Revenue shall be less than or equal to 8%.
- Total Non-Title XIX/XXI Service Expense divided by total Non-Title XIX/XXI Revenue shall be no less than 88.3%.

15.5 Health Insurance Providers Fee (HIPF)

Exempt and:

- AHCCCS does not reimburse the Contractor for any Health Insurance Providers Fee payments on non-Title XIX/XXI revenue.

15.6 Compensation

Exempt and:

- Non-Title XIX/XXI payments are not subject to Premium Tax. See ACOM Policy 304 for additional details.
- See also Contract Section *Enrollment and Disenrollment* for information regarding Prior Period Coverage for members transitioning to Title XIX from RBHA Non-Title XIX eligibility.
- **Reconciliation of Title XIX Behavioral Health PPC Expenses:** AHCCCS shall make a payment to the Contractor for Title XIX behavioral health covered service medical expenses provided during the prior period coverage timeframe to GMH/SU and non-CMDP members who are initially eligible as Non-Title XIX and assigned to a RBHA and who then transition to Title XIX eligibility. The payment shall include administrative funding and premium tax components. These expenses and revenue are excluded from any other reconciliation of the Contractor's service expenses.

15.7 Capitation Adjustments

Exempt

15.8 Payments

Refer to Contract YH17-0001

15.9 Community Reinvestment

Refer to Title XIX Contract YH17-0001

15.10 Recoupments

Refer to Title XIX Contract YH17-0001

15.11 Financial Responsibility for Referrals and Coordination with CMDP, DDD, and the Courts

Refer to Title XIX Contract YH17-0001 and ACOM Policy 423, Language regarding per diem claims for inpatient hospital services are Exempt

15.12 Advances, Equity Distributions, Loans, and Investments

Refer to Title XIX Contract YH17-0001

15.13 Member Billing and Liability for Payment

Exempt

15.14 Medicare Services and Cost Sharing Requirements

For Medicare Part D the Contractor shall utilize State funds to pay or reimburse Medicare Part D cost sharing for dual eligible members or Non-Title XIX/XXI Medicare eligible SMI members in accordance with ACOM Policy 201.

15.15 Capitalization Requirements

The Contractor shall demonstrate the maintenance of minimum capitalization (net assets/equity (not including on-balance sheet Performance Bond, due from the affiliates, guarantees of debts/pledges/assignments, and Other Assets deemed restricted by AHCCCS)) requirement equal to 90% of the monthly Non-Title XIX/XXI payments to the Contractor.

The Contractor shall maintain the capitalization requirement in addition to the requirements specified in the Contract section on, *Performance Bond*.

15.16 Coordination of Benefits and Third Party Liability Requirements

Refer to Title XIX Contract YH17-0001, and:

- Grant funding is the payor of last resort for Title XIX/XXI covered services which have been exhausted and Non-Title XIX/XXI covered services, and for Non-Title XIX/XXI members for any services. Refer to AHCCCS Financial Reporting Guide for RBHA Contractors.
- See ACOM Policy 426, and ACOM Policy 434

15.17 Post-Payment Recovery Requirements

Refer to Title XIX Contract YH17-0001

15.18 Retroactive Recoveries

Refer to Title XIX Contract YH17-0001

15.19 Total Plan Case Requirements

Refer to Title XIX Contract YH17-0001

15.20 Joint and Mass Tort Cases

Refer to Title XIX Contract YH17-0001

15.21 Value-Based Purchasing (VBP)

Refer to Title XIX Contract YH17-0001 and ACOM Policy 307

15.22 Special Provisions for Payment

Exempt

15.23 Sources of Revenue

AHCCCS Shall:

- Annually prepare the Non-Title XIX/XXI Allocation Schedule, which is subject to change during the fiscal year, to specify the Non-Title XIX/XXI non-capitated funding sources by program including MHBG and SABG Federal Block Grant funds, State General Fund appropriations, county and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title XIX/XXI funding.
- Make payments to Contractor according the Non-Title XIX/XXI Allocation Schedule which includes all administrative costs to the Contractor. Payments shall be made in 12 monthly installments through the Contract Year no later than the 10th business day of each month. AHCCCS retains the discretion to make payments using an alternative payment schedule.
- Make payments to Contractor that are conditioned upon the availability of funds authorized, appropriated and allocated to AHCCCS for expenditure in the manner and for the purposes set forth in this Contract.
- Not be responsible for payment to Contractor for any purchases, expenditures, or subcontracts made by the Contractor in anticipation of funding.
- The Contractor shall manage available funding in order to continuously provide services throughout the funding period.
- The Contractor shall submit Exhibit-18 Contractor's Expenditure Report (CER) with supporting documentation for reimbursement of certain Non-TXIX general funds for housing acquisition/renovation, SMI Housing Trust funds, or grant funds as outlined in the Allocation Schedule and/or terms of Allocation letter.
- In accordance with A.R.S. §35-190, State General Funds are appropriated by legislature and must be expended (based on dates of service) by June 30 of each year at both the Contractor and contracted provider levels. Any general funds allocated for housing must be spent in accordance with approved housing plan.

15.24 Non-Title XIX/XXI Encounter Valuation for Grant, County, Non-Title XIX/XXI and Other Funds

The Contractor shall:

- Submit the volume of Non-Title XIX/XXI encounters so that the valuation level equals 85% of the total service revenue without inclusion of any crisis capacity credit.
- Have the discretion to recoup the difference between a subcontractor's total value of encounters submitted to the Contractor and 85% of the subcontractor's total service revenue contract amount.
AHCCCS shall:
- Monitor the value of submitted encounters on a quarterly basis.
- Have the discretion to calculate an encounter valuation penalty if the contractor does not meet the above volume requirement.

15.25 Profit Limit for Non-Title XIX/XXI Funds

Refer to ACOM Policy 323, and AHCCCS shall:

- On a State fiscal year basis, not allow the Contractor to earn a profit from allocated funds for Supported Housing, Crisis and Non-Title XIX/XXI SMI. There is no maximum loss for Non-Title XIX/XXI funded programs.
- Establish a profit limit on the Contractor's potential profits from the SABG, MHBG, County, and Non-Title XIX/XXI Other funds.
- Refer to ACOM Policy 323 for additional information.

15.26 Mortgages and Financing of Property

AHCCCS shall be under no obligation to assist, facilitate, or help the Contractor secure the mortgage or financing if a Contractor intends to obtain a mortgage or financing for the purchase of real property or construction of buildings on real property.

15.27 Management of Federal Block Grant Funds and other Federal Grants

The Contractor shall be authorized to expend:

- Substance Abuse Block Grant funds (SABG) for planning, implementing, and evaluating activities to prevent and treat substance use and related activities addressing HIV and tuberculosis services;

- Mental Health Block Grant funds (MHBG) for services for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED), Evidence Based Practices for First Episode Psychosis; and
- Other Federal grant funding as allocated by AHCCCS as directed for purposes set forth in the Federal grant requirements

The Contractor shall:

- Manage, record, and report Federal Grant funds in accordance with the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), [2 CFR Part 200], and Federal grant requirements.
- Report financial information related to Federal Grants in conformance with the AHCCCS Financial Reporting Guide for RBHA Contractors.
- Comply with all terms, conditions, and requirements of the SABG and MHBG Block Grants, including but not limited to:
 - Confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
 - Charitable Choice Provisions; Final Rule [42 CFR Part 54 and 54a],
 - Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule [45 CFR 96.45, 96.51, and 96.120-121],
 - Health Omnibus Programs Extension Act of 1988, Subtitle E General Provisions, November 4, 1988 (P.L.100-607) (.pdf) (42 U.S.C. 300ee-5),
 - Children's Health Act of 2000 (P.L. 106-310), October 17, 2000,
 - ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992, and
 - Public Health Service Act (includes Title V and Title XIX).
- Develop and maintain fiscal controls in accordance with authorized activities of the Federal Block Grants and other Federal Grant funds, this Contract, and the AMPM Policy 320-T, the MHBG and SABG FAQs on the AHCCCS website, State of Arizona Accounting Manual (SAAM), and [2 CFR Part 200].
- Report MHBG and SABG grant funds and services separately and provide information related to block grant expenditures to AHCCCS upon request.
- Submit Contractor and provider level expenditure data to AHCCCS consistent with the annual funding levels in the AHCCCS Allocation Schedule for certain allocations of the SABG including substance use treatment services, crisis services, primary prevention services, specialty programs and services for pregnant women and women with dependent children and HIV Early Intervention Services and the MHBG including SED and SMI services and Evidenced Based Practices (EBP) for First Episode Psychosis.
- Manage the Federal Block Grant funds during each fiscal year to make funds available for obligation and expenditure until the end of the fiscal year for which the funds were paid. When making transfers involving Federal Block Grant funds, the Contractor shall comply with the requirements in accordance with the Federal Block Grant Funds Transfers Cash

Management Improvement Act of 1990 and any rules or regulations promulgated by the U.S. Department of the Treasury including, [31 CFR Part 205] and the State of Arizona Accounting Manual (SAAM).

- Not discriminate against non-governmental organizations on the basis of religion in the distribution of Block Grant funds.
- **Not** expend Federal Block Grant funds for any of the following prohibited activities:
 - Inpatient hospital services,
 - Acute Care or physical health care services including payment of copays,
 - Make cash payments to intended recipients of health services,
 - Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - Purchase major medical equipment,
 - To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds,
 - Provide financial assistance to any entity other than a public or non-profit private entity,
 - Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS,
 - Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see grants.nih.gov/grants/policy/salcap_summary.htm,
 - Purchase treatment services in penal or correctional institutions in the State of Arizona,
 - Flex funds purchases; or
 - Sponsorship for events and conferences.
- Comply with prevention funds management, and
- Comply with all terms, conditions, and requirements for any Federal Grant funding as outlined in AHCCCS allocation schedule and letters.

16 PROVIDER AGREEMENT REIMBURSEMENT

16.1 Nursing Facility Reimbursement

Exempt

17 SYSTEMS AND DATA EXCHANGE REQUIREMENTS

17.1 Overview

Refer to Title XIX Contract YH17-0001

17.2 Systems Function and Capacity

Refer to Title XIX Contract YH17-0001

17.3 Encounter Data Reporting

Refer to Title XIX Contract YH17-0001

17.4 Enrollment and Capitation Transaction Updates

Refer to Title XIX Contract YH17-0001

17.5 Claims and Encounter Submission Processing Requirements

Refer to Title XIX Contract YH17-0001 and submitted encounters for services delivered to Non-Title XIX/XXI enrolled persons must be submitted in the same manner and timeframes as described in the AHCCCS Encounter Manual.

17.6 General Claims Processing Requirements

Refer to Title XIX Contract YH17-0001

17.7 Claims System Reporting

Refer to Title XIX Contract YH17-0001

18 ADMINISTRATIVE REQUIREMENTS**18.1 Written Policies and Procedures**

Refer to Title XIX Contract YH17-0001

18.2 AHCCCS Guidelines, Policies and Manuals

Refer to Title XIX Contract YH17-0001

18.3 Organizational Structure

Refer to Title XIX Contract YH17-0001

18.4 Member and Peer Involvement and Participation

Refer to Title XIX Contract YH17-0001

18.5 Staffing Requirements

Refer to Title XIX Contract YH17-0001 and the Contractor shall have the following Organizational Staff:

- Housing Administrator:
 - Resides in Arizona within the assigned Geographic Service Area,
 - Acts as the interagency liaison with Arizona Department of Housing (ADOH), and
 - Manages and oversees housing programs, including grants, special housing planning initiatives, and development and expansion of housing availability for members.

- Other SABG Requirements:
 - The Contractor must designate:
 - A lead substance use treatment coordinator who will be responsible for ensuring Contractor compliance with all SABG requirements,
 - A women's treatment coordinator,
 - An opioid treatment coordinator, and
 - An HIV early intervention services coordinator.

18.6 Workforce Development Program and Reporting Requirements

Refer to Title XIX Contract YH17-0001

18.7 Medical Records

Refer to Title XIX Contract YH17-0001 and AMPM Policy 940

18.8 Consent and Authorization

Refer to Title XIX Contract YH17-0001 and ACOM Policy 447

18.9 Advance Directives

Refer to Title XIX Contract YH17-0001

18.10 Continuity of Operations and Recovery Plan

Refer to Title XIX Contract YH17-0001

18.11 Emergency Preparedness

Refer to Title XIX Contract YH17-0001

18.12 Legislative, Legal and Regulatory Issues

Refer to Title XIX Contract YH17-0001, and the Contractor shall comply with the following:

- ACOM Policy 448
- Application for Housing Development Under the AZ Dept. of Health Services, or its successor
- Maricopa Integrated Health Systems (MIHS) IGA for Psychiatric Residency Training Program including collaboration with MIHS on outpatient clinic rotations

- City of Phoenix Central City Addiction Recovery Center (CCARC) Agreement
- ISA between AHCCCS and ADOH ISA for Housing Technical Assistance
- ISA between AHCCCS and ADOH for Administration of Housing Funds
- Maricopa County IGA
- ISA between AHCCCS and ADES-RSA
- Substance Abuse Informational Materials
- SABG/MHBG Joint Block Grant Planning Application, and
- SABG/MHBG Frequently Asked Questions (FAQs)

18.13 Pending Issues

Refer to Title XIX Contract YH17-0001, and as policies, guides, and other documents are transitioned to AHCCCS, publishing of AHCCCS final integrated policies and other guidance documents may be delayed. In the interim, should the Contractor require clarification regarding Contract provisions and associated policies, guides or manuals incorporated by reference, the Contractor may contact AHCCCS/DHCM for further instruction. To the extent there is a DBHS policy which provides directive and it does not conflict with existing Contract provisions, the Contractor should consult those documents until such time that AHCCCS provides updates. DBHS Policies, Guides and Manuals are available on the AHCCCS website for reference.

18.14 Copayments

Refer to Title XIX Contract YH17-0001 and for individuals who are Non-Title XIX/XXI eligible persons who are determined to have a Serious Mental Illness, AHCCCS has established a copayment to be charged to these members for covered services (A.R.S. §36-3409). The Contractor is required to comply with the following:

- Copayment requirements are not applicable to services funded by the Substance Abuse Block Grant (SABG) or Mental Health Block Grant (MHBG).
- Copayments are not assessed for crisis services or collected at the time crisis services are provided.
- Persons determined to have a SMI must be informed prior to the provision of services of any fees associated with the services (R9-21-202(A)(8)), and providers must document such notification to the person in his/her comprehensive clinical record.
- Copayments assessed for Non-Title XIX/XXI persons determined to have a SMI are intended to be payments by the member for all covered behavioral health services, but copayments are only collected at the time of the psychiatric assessment and psychiatric follow up appointments.
- Copayments are:
 - A fixed dollar amount of \$3,
 - Applied to in network services, and

- Collected at the time services are rendered.
- The Contractor must establish methods to encourage a collaborative approach to resolve non-payment issues, which may include the following:
 - Engage in informal discussions and avoid confrontational situations,
 - Re-screen the person for AHCCCS eligibility, and
 - Present other payment options, such as payment plans or payment deferrals, and discuss additional payment options as requested by the person.
- Individuals receiving services through SABG, MHBG, and discretionary grants are not assessed copays. See AMPM Policy 320-T.

18.15 Telephone Performance Standards

Refer to Title XIX Contract YH17-0001

18.16 SMI Eligibility Determination

Refer to Title XIX Contract YH17-0001

18.17 Material Change to Business Operations

Refer to Title XIX Contract YH17-0001

18.18 Change in Contractor Organizational Structure

Refer to Title XIX Contract YH17-0001

18.19 Affiliated Corporation and Prohibition Against Direct Service Delivery

Refer to Title XIX Contract YH17-0001

19 MONITORING AND OPERATIONAL REVIEWS (OR)**19.1 Periodic Reporting Requirements**

Refer to Title XIX Contract YH17-0001

19.2 Readiness reviews

Refer to Title XIX Contract YH17-0001

19.3 Record Retention

Refer to Title XIX Contract YH17-0001

19.4 Requests for Information

Refer to Title XIX Contract YH17-0001

19.5 Surveys

Refer to Title XIX Contract YH17-0001

19.6 Monitoring and Independent Review of the Contractor

Refer to Title XIX Contract YH17-0001

19.7 Administrative Actions

Refer to Title XIX Contract YH17-0001

20 SUBCONTRACTING REQUIREMENTS

20.1 Subcontract Relationships and Delegation

Refer to Title XIX Contract YH17-0001 and Prevention Subcontracts:

- For prevention service delivery subcontracts, the Contractor shall:
 - Require the subcontractor to comply with the Strategic Prevention Plan Model,
 - Require the subcontractor to specify the work to be performed; type, duration and scope of the prevention strategy to be delivered; and approximate number of participants to be served,
 - Require the subcontractor to describe the evaluation methods to monitor performance and with the specific reporting requirements,
 - Require the subcontractor to comply with SABG requirements, and
 - Not incorporate prevention requirements into subcontracts for other covered services.

20.2 Hospital Subcontracting and Reimbursement

Exempt

20.3 Management Services Agreement and Cost Allocation Plan

Refer to Title XIX Contract YH17-0001

20.4 Prior Approval

Refer to Title XIX Contract YH17-0001

20.5 AHCCCS Minimum Subcontract Provisions

Refer to Title XIX Contract YH17-0001

20.6 Subcontracting Reporting Requirements

Refer to Title XIX Contract YH17-0001

EXHIBIT-1: DEFINITIONS

Refer to Title XIX Contract YH17-00 and:

MENTAL HEALTH BLOCK GRANT (MHBG)

An annual formula grant that provides Federal grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) created pursuant to Division B, Title XXXII, and Section 3204 of the Children's Health Act of 2000. It supports Non-Title XIX/XXI services for children with a serious emotional disturbance (SED), adults determined to have a SMI, and evidence-based practices for first episode psychosis.

NON-TITLE XIX/XXI FUNDING

Fixed, non-capitated funds, including but not limited to funds from MHBG, SABG, County, other funds and State appropriations (excluding State appropriations for State match to support Title XIX and Title XXI programs), which are used to fund services to Non-Title XIX/XXI eligible persons and for medically necessary services not covered by Title XIX or Title XXI programs.

NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI PERSON

An individual who needs or may be at risk of needing covered health-related services, but does not meet Federal and State requirements for Title XIX or Title XXI eligibility.

NON-TITLE XIX/XXI SED MEMBER

A Non-Title XIX/XXI member who has met the criteria to be designated with Serious Emotional Disturbance (SED).

NON-TITLE XIX/XXI SMI MEMBER

A Non-Title XIX/XXI member who has met the criteria to be designated as Seriously Mentally Ill.

SUBSTANCE ABUSE BLOCK GRANT (SABG)

An annual formula grant that provides Federal grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) that supports primary prevention services and treatment services for persons with substance use disorders. It is used to plan, implement and evaluate activities to prevent and treat substance use. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users.

EXHIBIT-2, RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-3: MEDICARE PARTICIPATION FOR DUAL ELIGIBLE SMI MEMBERS

Refer to Title XIX Contract YH17-0001

EXHIBIT-4: RESERVED

Exempt

EXHIBIT-5: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-6: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-7: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-8: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-9: DELIVERABLES

Refer to Title XIX Contract YH17-0001 and:

The following table is a summary of the periodic reporting requirements for the Contractor and is subject to change at any time during the term of the contract. The table is presented for convenience only and should not be construed to limit the Contractor's responsibilities in any manner. Content for all deliverables is subject to review. AHCCCS may assess sanctions if it is determined that late, inaccurate or incomplete data is submitted.

The deliverables listed below are due by 5:00 PM Arizona Time on the due date indicated. If the due date falls on a weekend or a State Holiday, the due date is 5:00 PM Arizona Time on the next business day.

All deliverables which are noted to be submitted via SharePoint are to be submitted to the SharePoint Contract Compliance site at: compliance.azahcccs.gov. Should AHCCCS modify the submission process for deliverables AHCCCS shall provide a letter of instruction to the Contractor outlining changes to the deliverable submission process.

Refer to Contractor Chart of Deliverables below

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/ Policy | Send To | Submitted Via |
|---|-----------|--|--------------------------------------|--|---|--|---------------|
| BEHAVIORAL HEALTH GRIEVANCE AND APPEALS | Quarterly | Serious Mental Illness (SMI) Grievance, Appeal Member Grievances/Complaints and Provider Claims Dispute Report | 30 days after quarter end | Grievance and Appeal System Requirements | ACOM Policy 444 | Office Chief, BH Grievance and Appeals | SharePoint |
| DHCM FINANCE | Ad Hoc | Annual Non-XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source (If applicable) | 30 Days after Final Audit Submission | Financial Reports | AHCCCS Financial Reporting Guide For RBHA Contractors | DHCM Finance Consultant | SharePoint |
| DHCM FINANCE | Ad Hoc | Final Non-Title XIX Profit Limit Template (If applicable) | 30 Days after Final Audit Submission | Financial Reports | AHCCCS Financial Reporting Guide For RBHA Contractors | DHCM Finance Manager | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/ Policy | Send To | Submitted Via |
|--------------|-----------|--|---|-------------------|---|---------------------------|--|
| DHCM FINANCE | Annually | Draft Audited Financial Statements and Single Audit Report | 90 days after Contractor's Fiscal Year end | Financial Reports | AHCCCS Financial Reporting Guide For RBHA Contractors | DHCM Financial Consultant | SharePoint |
| DHCM FINANCE | Annually | Final Audited Financial Statements and Single Audit Report | 120 days after Contractor's Fiscal Year end | Financial Reports | AHCCCS Financial Reporting Guide For RBHA Contractors | DHCM Financial Consultant | SharePoint |
| DHCM FINANCE | Annually | Notification of Unexpended Funds | March 31 | Financial Reports | N/A | Financial Consultant | Email and Notification to the DHCM Finance Manager |
| DHCM FINANCE | Annually | SABG/MHBG Reports | October 15 and upon AHCCCS request | Finance | N/A | Financial Consultant | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/Policy | Send To | Submitted Via |
|-----------------|-----------|---|--|-----------------------------------|---|-------------------------------------|--|
| DHCM FINANCE | Monthly | Contractor Expenditure Report | 15 th day of the month following the expenditure period | Financial Management Compensation | Exhibit-18 | Financial Consultant | BHSInvoices@azahcccs.gov |
| DHCM FINANCE | Monthly | SFYTD Non-Title XIX/XXI Statement of Activities and Schedule A Disclosure (due monthly from January – May, excluding March) | 30 days after January, February, April and May month end | Financial Reports | AHCCCS Financial Reporting Guide for RBHA Contractors | DHCM Finance Consultant | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Block Grant Report | Upon Request | System of Care | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Community Development Corporation or Non-Profit Entity Contract Services Management Plan | Upon Request | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/ Policy | Send To | Submitted Via |
|-----------------|-----------|---|--|------------------|-------------------|-------------------------------------|---------------|
| DHCM OPERATIONS | Ad Hoc | Housing Related Support Services Plan | Upon Request | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Initial Housing Plan | 60 days prior to Contract start date and upon AHCCCS request | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Internal Property Acquisition Maintenance and Inspection Plan | Upon Request | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Material Change to Provider Network (Grants) | Within 7 days of notification | System of Care | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Oxford House Model Implementation Plan | 90 Days Prior to Implementation | SABG | N/A | System of Care/Grants Administrator | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/ Policy | Send To | Submitted Via |
|-----------------|-----------|--|--|-------------------|----------------------|--|---------------|
| DHCM OPERATIONS | Ad Hoc | Real Property Transaction Notice | Within 15 days of Transaction | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Regional Prevention Needs Assessment | (Suspended) | Prevention | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | SABG Capacity Management Report | Upon Request and within 7 days of notification | SABG | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Strategic Prevention Plan | (Suspended) | Prevention | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Ad Hoc | Housing Needs Assessment | Upon Request | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Annually | Fidelity Review Report (TXIX and Non-TXIX) | September 15 2019 and Annually thereafter | Scope of Services | N/A | DHCM Operations and Compliance Officer | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/Policy | Send To | Submitted Via |
|-----------------|-----------|---|--|------------------|------------------|-------------------------------------|---------------|
| DHCM OPERATIONS | Annually | Housing Spending Plan | No later than 30 days from notification by AHCCCS that State funds have been allocated for housing development | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Annually | Oxford House Model Annual Report (For RBHAs with Approved Plan) | 90 days after Annual Contract Date | SABG | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Annually | Peer Review Chart | December 15 | SABG | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Annually | SABG/Prevention/MH BG Block Grant Report | October 15 | System of Care | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Annually | SABG/Prevention/MH BG Plan | July 1 | System of Care | N/A | System of Care/Grants Administrator | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/Policy | Send To | Submitted Via |
|-----------------|-----------|---|-------------------------------------|--|-------------------|-------------------------------------|---------------|
| DHCM OPERATIONS | Annually | SABG/Prevention/MH BG Operational Review | April 1 | System of Care | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Monthly | Housing: Housing Inventory | 15 th of the month | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Monthly | Housing: Members Served/Utilization Report | 15 th of the month | Housing | N/A | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Monthly | Removal Risk Report | 15 th of the prior month | Behavioral Health Services for Child Members | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Quarterly | Oxford House Financial Reports (for RBHAs with approved Plan) | 30 days after quarter end | SABG | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Quarterly | Pre-Petition Screening/Court Ordered Evaluation (COE) Report | 15 days after quarter end | Provider Network | AMPM Policy 320-U | System of Care/Grants Administrator | SharePoint |

EXHIBITS

EXHIBIT-9: DELIVERABLES

CONTRACT/RFP NO. YH17-0003

| Area | Timeframe | Report | When Due | Contract Section | Reference/ Policy | Send To | Submitted Via |
|-----------------|---------------|---|------------------------------------|------------------|-------------------|-------------------------------------|---------------|
| DHCM OPERATIONS | Quarterly | RBHA Supervisory Care Home Quarterly Census Report | 30 days after quarter end | Housing | ACOM Policy 448 | AHCCCS Housing Administrator | SharePoint |
| DHCM OPERATIONS | Quarterly | SABG Priority Population Wait List Report | 30 days after quarter end | System of Care | AMPM Policy 320-T | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Semi-Annually | HIV Activity Report | 60 days after January 1 and July 1 | Prevention | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Semi-Annually | Prevention Progress Report | 60 days after January 1 and July 1 | Prevention | N/A | System of Care/Grants Administrator | SharePoint |
| DHCM OPERATIONS | Semi-Annually | SABG Treatment Providers Oversight Monitoring Report | 60 days after January 1 and July 1 | SABG | N/A | System of Care and Grants | SharePoint |
| DHCM OPERATIONS | Semi Annually | Site Visits - HIV Early Intervention Service Providers Report | 60 days after January 1 and July 1 | Prevention | N/A | System of Care and Grants | SharePoint |

EXHIBIT-10: MARICOPA ZIP CODES

Refer to Title XIX Contract YH17-0001

EXHIBIT-11: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS

- **Capitation Rates:** Exempt
- **Contractor Specific Requirements:** Refer to Title XIX Contract YH17-0001

EXHIBIT-12: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-13: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-14: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-15: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS

Refer to Title XIX Contract YH17-0001 and ACOM Policy 444 and 446

EXHIBIT-16: PROVIDER CLAIM DISPUTE STANDARDS

Refer to Title XIX Contract YH17-0001

EXHIBIT-17: RESERVED

Refer to Title XIX Contract YH17-0001

EXHIBIT-18: CONTRACTOR'S EXPENDITURE REPORT (CER) INSTRUCTIONS

Refer to the AHCCCS Contractor Guides & Manuals section of the AHCCCS website for the AHCCCS Contractor Expenditure Report (CER) Form and Instructions.