

SECTION G: NON-TITLE XIX/XXI ACC-RBHA CONTRACT

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SECTION B: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS

Capitation Rates: EXEMPT

Contractor Specific Requirements: Refer to Title XIX/XXI Contract #YH19-0001

[END OF SECTION B: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS]

SECTION C: DEFINITIONS

Refer to #YH19-0001 and:

AHCCCS ALLOCATION SCHEDULE	The schedule prepared by AHCCCS that specifies the Non-Title XIX/XXI non-capitated funding sources by program including MHBG and SABG Federal Block Grant funds, Discretionary 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.
AHCCCS ALLOCATION LETTER	Communication provided by AHCCCS to identify funding not otherwise included in the "Original" Allocation Schedule and specific terms and conditions for receipt of Non-Title XIX/XXI Funding.
DISCRETIONARY GRANT	A grant (or cooperative agreement) for which the federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
FORMULA GRANT	Allocations of federal funding to states, territories, or local units of government determined by distribution formulas in the authorizing legislation and regulations. To receive a Formula Grant, the entity shall meet all the eligibility criteria for the program, which are pre-determined and not open to discretionary funding decisions.
GENERAL FUND	The primary fund of a government that is used to record all assets and liabilities not assigned to a fund used for some specific purpose. AHCCCS receives specific appropriations of the General Fund for Non-Title XIX/XXI behavioral health services from the Arizona State Legislature.
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	Human Immunodeficiency Virus (HIV) is a Sexually Transmitted Infection (STI) that damages white blood cells that are very important in helping the body fight infection and disease.

HIV EARLY INTERVENTION SERVICES	Human Immunodeficiency Virus (HIV) Early Intervention Services includes appropriate pretest counseling, testing for HIV, including tests to confirm the presence of HIV, to diagnose the extent of the deficiency in the immune system, and to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from the disease. Appropriate post-test counseling and Therapeutic measures will also be provided [42 USC § 300x-24(b)(7)].
MEMBER	REFER TO NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI INDIVIDUAL
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), individuals with a Serious Mental Illness (SMI) designation, 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 Individuals and for medically necessary services not covered by Title XIX or Title XXI programs.
NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI INDIVIDUAL	An eligible individual who is enrolled in AHCCCS, as specified in A.R.S. § 36-2931, § 36-2901, and A.R.S. § 36-2981. Also, an eligible 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 SMI MEMBER	A Non-Title XIX/XXI Member who has met the criteria to be designated as Seriously Mentally Ill.

PRIORITY POPULATION

Populations that are acknowledged within specific grant or funding requirements, which are identified as the only allowable population subset to spend those specific funds. Priority Populations are identified using demographic information. Different grants or funding sources may have varying Priority Populations.

SUBSTANCE ABUSE BLOCK GRANT (SABG) - FORMERLY REFERRED TO AS SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPT)

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 individuals 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 Human Immunodeficiency Virus (HIV) and tuberculosis disease in high-risk substance users.

[END OF SECTION C: DEFINITION]

SECTION D: PROGRAM REQUIREMENTS**1. PURPOSE, APPLICABILITY, AND INTRODUCTION**

This Contract describes the responsibilities for provision of Non-Title XIX/XXI behavioral health services for Title XIX/XXI and Non-Title XIX/XXI Members. In addition, this Contract provides for State only funded pregnancy termination services.

For ease of reference, the sections in this Contract correspond to the related sections in the ACC-RBHA Title XIX/XXI Contract #YH19-0001. The Contractor shall adhere to all requirements and provisions of the Title XIX/XXI #YH19-0001 Contract for all populations under this Contract except when noted 'Exempt.'

1. In instances where the requirements and provisions of the Title XIX/XXI Contract #YH19-0001 apply to the populations under this Contract, the following text is used:
 - **Refer to Title XIX/XXI Contract #YH19-0001**
2. In instances where the requirements and provisions of both Title XIX/XXI Contract #YH19-0001 and additional requirements apply to the populations under this Contract, the following text is used:
 - **Refer to Title XIX/XXI Contract #YH19-0001 and:**
3. In instances where the requirements and provisions of the Title XIX/XXI Contract #YH19-0001 do not apply to the populations under this Contract, the following text is used:
 - **"Exempt"**
4. In instances where the requirements and provisions of the Title XIX/XXI Contract #YH19-0001 do not apply to the populations under this Contract; however, alternative requirements apply to the populations under this Contract the following text is used:
 - **"Exempt and:"**

In instances where language contained in this Contract differs from the Title XIX/XXI #YH19-0001 Contract, the language in this Contract prevails only regarding administration of the Non-Title XIX/XXI services provided to populations under this Contract.

No requirements related to the coverage of physical health services specified in the Title XIX/XXI #YH19-0001 Contract are applicable herein, including instances when this Contract refers to the Title XIX/XXI Contract.

Services provided under this Contract are primarily funded by the County Intergovernmental Agreements (IGAs), MHBG, SABG, or State General Fund.

Block Grants: Arizona's SABG and the MHBG are federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The grants have specific requirements for Managed Care Organizations (Contractors) and community provider agencies to adhere to as they best meet the needs of individuals in Arizona with substance use disorders and/or behavioral health needs. AHCCCS develops and submits to SAMHSA, annually, a statewide Block Grant Application and Plan describing the State's system of care, establishes goals and objectives, and meets the requirements of Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act and Title 42, Chapter 6A, Subchapter XVII of the United States Code.

The Assessment and Plan is made available on the AHCCCS website.

Mental Health Block Grant: The MHBG program's objective is to support the recipients in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act. SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Recipients can be flexible in the use of funds for both new and unique programs or to supplement their current activities. In addition to providing MHBG awards, CMHS provides recipients with technical assistance (TA). The TA supports the use of evidence-based programs. Refer to AMPM Policy 320-T1.

Substance Abuse Block Grant: The SABG is a Formula Grant which program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other recipients under the SABG. SAMHSA's Center for Substance Abuse Treatment's (CSAT) Performance Partnership Branch, in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of State Programs, administers the SABG. Effective July 1, 2021, AHCCCS discontinued allocating the portion of the SABG used for prevention services to the ACC-RBHAs. AHCCCS retains this portion of the SABG funding and directly contracts with providers for prevention services. Refer to AMPM Policy 320-T1.

Discretionary and Other Federal Grants: A grant for which the federal awarding agency generally may select the recipient from among all eligible recipients may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded. Refer to AMPM Policy 320-T1.

Other Non-Title XIX/XXI Services and Non-Federal Funding: This funding represents a variety of funding sources including, but not limited to, appropriated State General Fund, non-appropriated State General Fund, SMI Housing Trust Funds, County, and Local funds. Refer to AMPM Exhibit 300-2B and AMPM Policy 320-T2.

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 recipient of the Future Grant and the requirements of the Future Grant. Should the Contractor agree to be a 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.

System Values and Guiding Principles: Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall administer and ensure delivery of services consistent with these additional values, principles, and goals:

1. Reduce the impact of substance use and mental illness on communities,

2. Increase availability of services for diverse and underserved populations,
3. Plan, implement, and evaluate activities that prevent and treat mental illness and substance use,
4. Support the development of, and provision of, comprehensive community mental health services,
5. Ensure continuous quality improvement,
6. Promote health care system improvement and ensure compliance, and
7. Improve data collection and reporting activities.

2. ELIGIBILITY

Refer to Title XIX/XXI Contract #YH19-0001 and:

Discretionary and Other Federal Grants Eligibility: This funding can be used for members as set forth in the various Federal Grant requirements and as specified in the terms and conditions of the Contract and/or AHCCCS Allocation Letters. Refer to AMPM Policy 320-T1.

Eligibility for Federal Health Insurance Exchange: The Contractor and providers shall educate and encourage Non-Title XIX/XXI SMI Members to enroll in a qualified health plan through the Federal health insurance exchange and assist 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 copays 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:

1. Coverage of premiums and copays for Medicare Part D for SMI Members, or
2. Coverage of high cost deductibles and copays, paid exclusively through Substance Use Disorder Service Funds authorized by the Arizona Opioid Epidemic Act SB 1001, Laws 2018, First Special Session, for Opioid Use Disorder treatment, and through the Children's Behavioral Health Services Fund. Refer to ACOM Policy 434.

Medicaid Eligibility Determination: The Contractor shall ensure providers have processes in place to comply with A.R.S. § 36-3408 (eligibility for behavioral health service system; screening process; required information) and AMPM Policy 650 for the provision of assistance to individuals requiring behavioral health services who are not currently Title XIX/XXI eligible/enrolled.

Mental Health Block Grant Eligibility: MHBG funds are used to provide services for individuals with a Serious Mental Illness (SMI) designation, children with Serious Emotional Disturbance (SED), and individuals with First Episode Psychosis (FEP). Treatment during incarceration is an allowable use of the MHBG within the SMI and SED populations, provided that the treatment services, as well as the provider of such services, meets the statutory requirements of the MHBG. Prior to the use of MHBG funds for individuals that are incarcerated, the Contractor shall submit a Plan to Use MHBG Funds for Incarcerated Populations as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Non-Title XIX/XXI Eligible Individuals: The Contractor is responsible to provide medically necessary covered behavioral health services, including Non-Title XIX/XXI covered services, to Non-Title XIX/XXI eligible children and Non-Title XIX/XXI eligible adults subject to available funding allocated to the Contractor.

Non-Title XIX/XXI Covered Services for Title XIX/XXI Individuals: The Contractor is responsible for the delivery of medically necessary Non-Title XIX/XXI covered services to Title XIX/XXI members enrolled in the following programs subject to available funding allocated to the Contractor:

1. AHCCCS Complete Care (ACC),
2. CHP,
3. TRBHA,
4. ACC-RBHA,
5. AIHP,
6. ALTCS E/PD (unless the service is otherwise available to the member), and
7. DES/DDD (unless the service is otherwise available to the member).

Other Non-Title XIX/XXI Services and Funding Eligibility (Excluding Block Grant and Discretionary Grant): This funding can be used to provide medically necessary covered behavioral health services to members as specified in AMPM Policy 320-T2 subject to available funding allocated to the Contractor.

Substance Abuse Block Grant Eligibility: SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):

1. Pregnant women (including teenagers) who use drugs by injection,
2. Pregnant women (including teenagers) who use substances,
3. Other persons who use drugs by injection,
4. Substance using women (including teenagers) with dependent children and their families, including females who are attempting to regain custody of their children, and
5. All other individuals with a substance use disorder, regardless of age, gender, or route of use (as funding is available).

Individuals shall indicate active substance use within the previous 12-month period to be eligible for SABG funded treatment services.

Priority Population specific to SABG 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, individuals who inject drugs, and uninsured or underinsured people with SUD who do not meet eligibility for Title XIX/XXI are likely to attend, as specified in 45 CFR 96.131(a)(1-4). Refer to AMPM Policy 320-T1. The Contractor shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, health care providers, and social services agencies.

For all other grant funding, the Contractor shall work with providers to ensure publications and marketing materials follow all grants specifications based on each grant's unique requirements. Submissions may be subject to review by the AHCCCS Marketing Committee based on each grant's requirements.

Refer to AMPM Policy 320-T1, AMPM Policy 320-T2, and AMPM Exhibit 300-2B.

3. ENROLLMENT AND DISENROLLMENT

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall comply with the requirements in the Technical Interface Guidelines (TIG).

The Contractor shall defer to AHCCCS, which has exclusive authority to designate who will be enrolled and disenrolled as a Non-Title XIX/XXI Member. Non-Title XIX/XXI eligibility/enrollment information is submitted to the Contractor from providers and the Contractor is responsible to submit this information to AHCCCS via a Non-Title XIX/XXI eligibility process.

The Contractor shall ensure that all Non-Title XIX/XXI eligible members who have no utilization within a 120 day period are disenrolled by submitting an 834 disenrollment transaction to AHCCCS. AHCCCS will also periodically verify that this action is occurring, and if it is identified that members are not being terminated as required, AHCCCS will provide individual Contractor direction on identified records and Administrative Action may be taken.

Prior to submission of an 834 disenrollment form, the Contractor shall comply with the re-engagement requirements detailed in AMPM Policy 1040 to ensure adequate services have been offered to the member during the 120 day period of no utilization.

Opt-Out for Cause: EXEMPT

Prior Period Coverage: Prior Period Coverage for members who are initially eligible as Non-Title XIX and assigned to an ACC-RBHA and who transition to Title XIX eligibility:

1. The member retains behavioral health assignment with the ACC-RBHA Contractor through the Title XIX PPC period,
2. The member is enrolled with the ACC (which may be an ACC-RBHA) or CHP Contractor for physical health services through the Title XIX PPC period,
3. The ACC-RBHA Contractor is responsible for payment of all behavioral health claims for medically necessary Non-Title XIX/XXI behavioral health covered services provided to these members who are initially eligible as Non-Title XIX and assigned to an ACC-RBHA during the prior period coverage timeframe,
4. The Contractor of Enrollment (ACC or CHP) 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, and
5. The member is enrolled with the Contractor of Enrollment (ACC or CHP) for both physical and behavioral health Title XIX services the day following the date AHCCCS is notified of the member's Title XIX eligibility.

4. ANNUAL AND OPEN ENROLLMENT CHOICE - EXEMPT

5. PEER AND FAMILY INVOLVEMENT AND PARTICIPATION

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall utilize peer and family delivered support services/specialists and embed peer and family voice at all levels of the system. The Contractor shall apply the same provisions as specified in AMPM Policy 963 and AMPM Policy 964 for its Non-Title XIX/XXI Members and submit Peer/Recovery Support Specialist (PRSS) and Credentialed Parent/Family Support Specialist Involvement in Service Delivery as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

6. AUTO-ASSIGNMENT ALGORITHM – EXEMPT

7. ACCOMMODATING AHCCCS MEMBERS

Refer to Title XIX/XXI Contract #YH19-0001

8. TRANSITION ACTIVITIES

Refer to Title XIX/XXI Contract #YH19-0001 and:

Transitions Involving Individuals Experiencing Homelessness: Transitions involving individuals experiencing homelessness, including those residing in Permanent Supportive Housing (PSH), shall include, at minimum, care coordination to ensure all Service Plan needs are met including goals for attaining and/or maintaining housing. This care coordination shall include a review, and update, if necessary, of the individual's current plan for attaining or maintaining housing, coordination with any outreach, Community Based Organizations (CBOs), or agencies providing homeless or other supportive services related to their homelessness or PSH placement, and an in-person visitation (voluntarily for individual) to assess the individuals living situation.

For all individuals residing in PSH, individuals may continue PSH using subsidy and placement subject to terms of the lease. If requested, individuals shall be allowed to maintain housing related supportive services for up to six months from prior service. The provider/entity shall facilitate transfer and continuity of care.

9. SCOPE OF SERVICES

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 shall:

1. 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,
2. Place no financial or administrative burden on AHCCCS,
3. Place no significant burden on members' access to the services,
4. Be accepted by AHCCCS in writing, and
5. 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 shall immediately develop a policy implementing the Proposal along with a notification to members of how to access these services. The notification and policy shall be consistent with the provisions of 42 CFR 438.10 and shall be approved by AHCCCS prior to dissemination. The notification shall be provided to newly assigned members within 12 days of enrollment and shall be provided to all current members at least 30 days prior to the effective date of the Proposal.

Behavioral Health Services: Refer to Title XIX/XXI Contract #YH19-000 and:

The Contractor shall:

1. Ensure the delivery of medically necessary and clinically appropriate covered behavioral health services to members in conformance with AMPM Policy 320-T1, AMPM Policy 320-T2, and AMPM Exhibit 300-2B,
2. Deliver covered behavioral health services under the MHBG, the SABG, and other funding as available,
3. Ensure, as specified in 42 CFR Part 54, that individuals receiving substance use disorder treatment services under the SABG be informed of their right to receive services from a provider to whose religious character they do not object. If an individual objects to the religious character of a behavioral health provider, the provider shall refer the individual to an alternative provider within seven days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers shall notify the Contractor of the referral and ensure that the individual contacts the alternative provider. The Contractor shall develop and make available policies and procedures that indicate who and how providers shall notify the Contractor of these referrals. The Contractor shall ensure behavioral health providers providing substance use services under the SABG, notify individuals of this right; refer to AMPM Policy 320-T1. Providers shall document that the individual has received notice in the individual's medical record, and
4. Submit to AHCCCS a SABG/MHBG Treatment Providers Oversight Monitoring Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Non-Title XIX/XXI services include:

1. Auricular Acupuncture,
2. Childcare,
3. Supportive Housing,
4. Mental Health Services (formerly known as traditional healing),
5. Rent/utility subsidies and relocation service,
6. Room and Board,
7. Supportive Housing rent/utility subsidies and relocation services managed by the AHCCCS Housing Administrator, and
8. Children's Behavioral Health Services delivered as a result of a referral from an educational institution, in compliance with A.R.S. § 36-3436.01

Refer to AMPM Policy 320-T1, AMPM Policy 320-T2, and AMPM Exhibit 300-2B.

Behavioral Health Residential Facility: The Contractor shall apply AHCCCS-approved Behavioral Health Residential Facility (BHRF) Medical Necessity Criteria for its Non-Title XIX/XXI Members as required for Title XIX/XXI populations and report as specified in Attachment F3, Contractor Chart of Deliverables. Should the Contractor adopt criteria from other sources, the Contractor shall submit a copy of the source document for approval prior to utilization of the criteria.

Block Grants: Refer to the Table below for a summary of funding types, eligible populations, and activities.

	POPULATION		MEMBER ELIGIBILITY		ELIGIBLE ACTIVITY				
	SMI	GMH/SU	Title XIX	Non-Title XIX	Fixed Site	Scattered Site	One Time Support	Capital	Support Services
BLOCK GRANTS	YES	NO	NO	YES	NO	NO	NO	NO	YES

The Contractor shall submit reports as follows.

The Contractor shall submit a SABG/MHBG Block Grant Plan as specified in Section F, Attachment F3, Contractor Chart of Deliverables indicating the following information for both Block Grants (SABG) and (MHBG), and for all eligible and Priority Populations as specified in AMPM 320-T1.

The Contractor shall submit a SABG/MHBG Block Grant Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Mental Health Block Grant: Utilizing MHBG funding, the Contractor shall provide behavioral health services for individuals with an SMI designation, children with SED, and individuals with First Episode Psychosis (FEP). Refer to AMPM Policy 320-T1 and AMPM Exhibit 300-2B.

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).

First Episode Psychosis: The Contractor shall submit FEP Program Status Reports for programs and services as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The annual FEP Program Status Report takes the place of the fourth quarter FEP Program Status Report.

Serious Emotional Disturbance: The Contractor shall submit SED Program Status Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Substance Abuse Block Grant: Utilizing SABG funding, the Contractor shall provide treatment and long-term recovery and support services for Priority Populations established by SAMHSA and as specified in Section D, Paragraph 2, Eligibility. SABG funds are also used to provide Early Intervention Services for Human Immunodeficiency Virus (HIV) and tuberculosis disease for high-risk individuals who use substances.

The Contractor shall ensure SABG Agreements are in place for the following:

1. 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,
2. 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,
3. As specified in 45 CFR 96.132(c), the Contractor shall coordinate and monitor treatment activities with the provision of other appropriate services (including health, social, correctional, criminal justice, educational, vocational rehabilitation, and employment services),
4. As specified in 45 CFR 96.132(e), the Contractor shall have a system to protect and monitor 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 comply 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 confidentiality requirements and the fact that disciplinary action may occur for inappropriate disclosures, and
5. AHCCCS SABG Priority Population Waitlist is used by all SABG Treatment Providers. The Contractor shall monitor the providers' utilization of the AHCCCS SABG Priority Population Waitlist and ensure technical assistance is given to providers with members on the AHCCCS SABG Priority Population Waitlist. The Contractor shall submit a SABG Priority Population Waitlist Report, as specified in AMPM Policy 320-T1 and Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall submit the SABG Agreements Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall ensure Capacity Management by the following:

1. In compliance with 45 CFR 96.132(a), create and monitor the process for referring individuals to treatment facilities that can provide 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.
2. Ensure that each individual who requests and needs treatment for injection drug use is admitted to a program of such treatment not later than:
 - a. 14 days after making the request for admission, or
 - b. 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.
3. Carry out activities to encourage individuals in need of treatment to undergo such treatment. The Contractor shall require entities to use outreach models that are scientifically sound, or if no 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.
4. The Model shall require that outreach efforts include the following:

- a. Selecting, training and supervising outreach workers,
 - b. Contacting, communicating and following-up with high risk substance users, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2,
 - c. Promoting awareness among injection drug users about the relationship between injecting drug use and communicable diseases such as HIV,
 - d. Recommend steps that can be taken to ensure that HIV transmission does not occur, and
 - e. Encouraging entry into treatment.
- f. Provide notification (SABG Capacity Management Report) upon reaching 90 percent of its capacity to admit individuals to the program as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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 addresses the following:

1. At the time of intake, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as specified in 45 CFR 96.121 to each individual receiving treatment for such abuse,
2. 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, refer the individual to another provider of tuberculosis services,
3. Implement infection control procedures designed to prevent the transmission of tuberculosis, including the following:
 - a. Screening of patients,
 - b. Identifying those individuals who are at high risk of becoming infected,
 - c. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2, and
 - d. Conducting case management activities to ensure that individuals receive such services.

The Contractor shall submit SABG TB Services Treatment Procedure and Protocol as specified in Section F, Contractor Chart of Deliverables.

Human Immunodeficiency Virus or Communicable Diseases Services: With respect to individuals undergoing treatment for substance use, the Contractor shall, make available to the individuals, Early Intervention Services for HIV disease as specified in 45 CFR 96.121 at the sites at which the individuals are undergoing such treatment.

The Contractor shall conduct a site visit to HIV Early Intervention Services Providers where the Contractor's HIV coordinating staff, provider staff, and supervisors are present. The site visit shall include the attendance of at least one HIV educational class. SABG HIV Site Visit Report documentation shall be submitted as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall collect and submit SABG HIV Activity Reports from providers, training materials provided to HIV coordinating staff, and HIV Early Intervention Services Providers, and other ad hoc reports related to HIV Prevention issues as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

HIV Early Intervention Services Providers who accept funding under the SABG shall provide HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) licensure requirements. Any provider planning to perform waived rapid HIV tests shall develop a quality assurance plan designed to ensure any HIV testing is performed accurately. Refer to Centers for Disease Control Quality Assurance Guidelines. HIV Early Intervention Services Providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, as specified in A.R.S. § 36-470. HIV rapid testing kits shall be obtained from the Arizona Department of Health Services (ADHS) Office of HIV Prevention. HIV Early Intervention Services Providers shall establish a memorandum of Understanding (MOU) with their local County Health Department to define how data and information is shared. The number of the confirmatory lab slip shall be retained and recorded by the provider. This same number shall be used for reporting in the Luther Evaluation Web database managed by ADHS, as required by the Centers for Disease Control and Prevention (CDC). Providers shall use the Luther database to submit HIV testing data after each test administered.

Behavioral health providers shall provide specialized, gender-specific, treatment as specified by AHCCCS, and recovery support services for females who are pregnant or have dependent children and their families in outpatient/residential treatment settings. Services shall be provided to mothers who are attempting to regain custody of their children. Services shall treat the family as a unit. As needed, providers shall admit both mothers and their dependent children into treatment. The following services shall be provided or arranged as needed:

1. Referral for primary medical care for pregnant females,
2. Referral for primary pediatric care for children,
3. Gender-specific substance use treatment, and
4. Therapeutic interventions for dependent children.

The Contractor shall ensure the following issues do not pose barriers to access to obtaining substance use treatment:

1. Childcare,
2. Case management, or
3. Transportation.

The Contractor shall publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing shall 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.

The Contractor 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 shall 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: Services that are provided until an individual is admitted to a substance abuse treatment program. 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.

The minimum required interim services include counseling and education about the following:

1. Prevention of, and types of behaviors which increase, the risk of contracting HIV, Hepatitis C, and other communicable diseases,
2. Effects of substance use on fetal development,
3. Risks of needle-sharing,
4. Risks of transmission to sexual partners and infants,
5. Steps that can be taken to ensure that HIV and TB transmission does not occur,
6. Risk assessment/screening,
7. Referrals for HIV, Hepatitis C, and TB screening and treatment services,
8. Referrals for primary and prenatal medical care, and
9. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI Members only).

Provision of interim services shall be documented in the member's medical record as well as reported to AHCCCS through the AHCCCS SABG Priority Population Waitlist. Interim services are required for Non-Title XIX/XXI Members who are maintained on the AHCCCS SABG Priority Population Waitlist. Title XIX/XXI Individuals who also meet a Priority Population type may not be placed on the AHCCCS SABG Priority Population Waitlist.

For pregnant women, when appropriate treatment services are not available, interim services shall be offered within 48 hours and be provided until the member can be admitted to treatment.

For women with dependent children, interim services shall be offered within five calendar days and provided until the member can be admitted to treatment.

For injection drug users, interim services shall be offered within 14 calendar days and provided until the member can be admitted into treatment.

Oxford House: SAMHSA approved the Oxford House Model in June 2018. The Oxford House is a live-in residence for individuals in recovery from substance use disorders. An Oxford House is described as a democratically self-governed and self-supporting drug-free home. The Contractor shall monitor on an ongoing basis the use of SABG general treatment funds to implement the National Best Practice of the Oxford House Model to ensure compliance with the Implementation Plan previously approved by AHCCCS.

At a minimum, the Contractor shall monitor the Implementation Plan details specified below:

1. Hiring and training of outreach workers,
2. How outreach workers are involved in the community to collaborate with treatment providers to enhance and supplement behavioral health treatment services,
3. 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,
4. The number of new homes per year required to be opened,
5. Coordination with outreach workers, Oxford House central office and the Contractor,
6. Coordination of outreach workers with outreach workers in other regions of the state/other states,
7. Communication between ACC-RBHA, Oxford House, and AHCCCS,
8. Procedures for adherence to the Oxford House Model,
9. Procedures for opening new homes,
10. Procedures to address individuals with sex offenses, arson charges, or significant violent crimes,
11. Procedures for addressing/reporting on critical incidents,
12. Publicizing availability of resources and bed availability through the Contractor,
13. Monitoring methods and frequency,
14. Naloxone availability and training,
15. Inclusion of individuals who are receiving MAT services in homes,
16. Inclusion of individuals determined to have an 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,
17. Procedures for working with individuals who relapse and how they are connected to assistance by the outreach workers,
18. Verification of Oxford House registration through SAMHSA's Inventory of Behavioral Health Services (I-BHS) for Arizona,
19. Draft of the proposed contract and budget with Oxford House for AHCCCS review and approval, and
20. Financial Reporting:
 - a. A template of the financial report that is required from Oxford House to invoice their services,
 - b. Oxford House shall provide financial reports to the Contractor. The Contractor is required to provide these Oxford House Financial Reports to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The reports shall demonstrate that the funds are within the budget/contract provided. The amounts included in the financial reports are included as a capacity credit in the 85 percent encounter valuation requirement, and
 - c. The Financial Reports shall be reconciled to the SABG Expenditure tables submitted annually.

The Contractor shall continue to provide the required services, oversight, and deliverables as specified in the approved Plan and shall submit an Oxford House Model Report, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall continue to fund the contract for the Oxford House Model Outreach Workers to sustain and build upon the existing availability of the homes. If the Contractor decides to cease contracting to fund the Oxford House Model, the Contractor shall notify AHCCCS in writing by April 1 of the Contract Year to allow AHCCCS adequate time to plan to address sustaining the existing Outreach Workers and established homes, to prevent the homes from going without the support of Outreach Workers, and to follow the Best Practices.

Court Ordered Evaluation and Court Ordered Treatment: The Contractor shall deliver covered behavioral health services in accordance with the terms of the Intergovernmental Agreement (IGA) between AHCCCS and applicable Counties for pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes. The Contractor shall ensure the Pre-Petition Screening and Court Ordered Evaluation (COE) processes are implemented and monitored in compliance with Policy and submit deliverables related to Pre-Petition Screening and COE reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor and its providers shall comply with State recognized tribal court orders for Title XIX/XXI and Non-Title XIX/XXI SMI Members. When tribal providers are also involved in the care and treatment of court ordered tribal members, the Contractor and its providers shall 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.

Refer to AMPM Policy 320-U, AMPM Policy 320-T, ACOM Policy 423, and ACOM Policy 437.

Crisis Services: The Contractor is responsible for the provision of a full continuum of crisis services for up to 72 hours for Non-Title XIX/XXI Members and shall apply the same service requirements, as specified in AMPM Policy 590, AMPM Policy 320-T1, AMPM Policy 320-T2. The Contractor shall analyze, track, and trend crisis service data for Non-Title XIX/XXI Members in order to improve the delivery of crisis services and comply with data reporting requirements, specified in Section F, Attachment F3, Contractor Chart of Deliverables. Separate reporting deliverables for Non-Title XIX/XXI Members are not required, however the Contractor shall include relevant crisis system data per the reporting templates, as indicated.

Discretionary and Other Federal Grants Services: Services provided are dependent on the Grant [e.g., Arizona State Opioid Response (SOR)]. Refer to AMPM Policy 320-T1.

AHCCCS Housing Administrator Functions: AHCCCS contracts directly with a statewide Housing Administrator to oversee administration of its Non-TXIX/XXI general fund housing subsidy and support program. Housing Administrator duties in regard to management of AHP resources is described in the Housing Administrator contract, ACOM Policy 448 as well as in the AHP Housing Guidebook and Operations Manual.

Contractor Provided Housing Programs: AHCCCS provides Non-Title XIX/XXI funding to the Contractor or providers to administer and operate the following programs:

Rapid Re-Housing–SAMHSA Grant Funding: Rapid Re-housing (RRH) is an evidence based supportive housing model in which housing rent subsidies are provided for a set period of time (generally up to one year) to assist member attain housing while working toward the member assuming responsibility for the full cost of the lease during the subsidy period.

As with other supportive housing models, members are provided with housing focused supportive services during the subsidy period to assist member/household with housing stability including securing income, improving life skills, crisis management, case management and addressing other issues including substance abuse and/or mental health. At the present time, all AHCCCS supported RRH are grant funded and all terms and standards are governed by AHCCCS grant agreements. RRH programs are not managed through the AHCCCS Housing Administrator nor are they included in ACOM Policy 448 or related policies.

Oxford House: Refer to Section D, Paragraph 9, Scope of Services, *Substance Abuse Block Grant*

SMI Housing Trust Fund-Capital Projects: Annually, AHCCCS receives Non-Title XIX/XXI SMI Housing Trust Funds. These funds are primarily used to fund capital projects related to the acquisition, construction, and development of housing for SMI Members as required by the legislative requirements. These funds are administered by AHCCCS and the process for requesting and allocating the SMI Housing Trust Fund is documented in ACOM Policy 448 and in the AHCCCS Housing Program Guidebook and Operations Manual.

Transitional Living Program/Flex Care-Non-Title XIX/XXI SMI General Fund Services: Transitional Living Programs and Flex Care provide high acuity members with an SMI designation and exiting homelessness, an institutional or inpatient setting with housing for approximately 120 days (longer stays of up to six months may be allowed based on programmatic need). to assist with transition to independent community-based housing. Transitional Living Programs shall provide on-site or coordinated supportive services based upon member needs. Program participants may pay up to 30 percent of any income for housing/rent. The Contractor may utilize funds for TLP housing/facility related costs or Flex Care block leasing of housing units. The Program shall have exit destination information on all members and at least 60 percent shall have positive exits (includes permanent housing settings, long term care based on member need and choice) and not return to homeless or other temporary or short term institutional setting (e.g., hospital, behavioral health residential facility, shelter, jail). Housing referrals are coordinated by the ACC-RBHA.

Other Non-Title XIX/XXI Services and Non-Federal Funding Services: Refer to AMPM Exhibit 300-2B and AMPM Policy 320-T2 for a description of all Non-Title XIX/XXI Funding.

Prescription Medications: Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractors, in aggregate, shall develop the following Drug Lists:

1. Crisis Drug List for Non-Title XIX/XXI individuals,
2. SMI Drug List for Non-Title XIX/XXI individuals,
 - a. The SMI Behavioral Health Drug List shall include medications to treat behavioral health diagnoses, including those used for the adverse effects of medications to treat behavioral health diagnoses, that are on the AHCCCS Drug List, and
 - b. Behavioral health medications that are not listed on the SMI Behavioral Health Drug List shall be available through the Contractor's prior authorization process.
3. SED Drug List for Non-Title XIX/XXI individuals, and
 - a. The SED Drug List shall include medications to treat behavioral health diagnoses, including those used for adverse effects of medications to treat behavioral health diagnoses, that are on the AHCCCS Drug List, and

- b. Behavioral health medications that are not listed on the SED Behavioral Health Drug List shall be available through the Contractor's prior authorization process.
4. SABG Drug List for Non-Title XIX/XXI individuals.

The Drug Lists shall be submitted to AHCCCS for prior approval as specified in Section F, Attachment F3, Contractor Chart of Deliverables and posted on each Contractor's website.

For all drug lists, 1-4 above, the Contractor may use the generic equivalent of a medication when the AHCCCS Drug List requires the brand name only product when providing prescription services to Non-Title XIX/XXI Individuals.

Refer to AMPM Policy 310-V.

The Contractor shall provide generic and branded reimbursement guarantees, an aggressive Maximum Allowable Cost (MAC) pricing program, generic dispensing rate guarantee, and utilization methodologies to dispense the least costly, clinically appropriate medication and report the rebates in conformance with requirements in the AHCCCS Financial Reporting Guide.

Crisis, SMI Non-Title XIX/XXI, SED, and SABG Drug Lists: The Contractor's subcontract with the PBM shall require the Pharmacy Benefit Manager (PBM) to reimburse prescription claims at the same reimbursement rates that are utilized for the Title XIX population. The subcontract shall also include the following terms for the Crisis, SMI Non-Title XIX/XXI, SED, and SABG Drug Lists:

1. The Contractor shall reimburse the PBM the exact amount of the actual payments made to pharmacies inclusive of the ingredient costs and the dispensing fees for prescription claims,
2. All revenues received by the PBM related to services provided for the Contractor shall be passed through to the Contractor, including but not limited to pricing discounts paid to the PBM, inflationary payments, clawbacks, fees, credits, grants, chargebacks, reimbursements, all rebates, and any other payments received by the PBM,
3. The Contractor shall pay the PBM an all-inclusive administrative fee, on a fixed and/or per script basis, for all administrative services provided under the PBM subcontract. The administrative fee shall not be funded directly or indirectly with revenues associated with credits, rebates, or other payments made to the PBM,
4. The PBM may charge a discrete administrative fee to the Contractor. In CYE 2022, AHCCCS suggests this fee should not be greater than the average of two dollars per paid prescription, including any fixed administrative charges. In CYE 2023, AHCCCS intends to require that this fee not be greater than the average of two dollars per paid prescription, including any fixed administrative charges. The discrete administrative fee shall be reported to AHCCCS in the quarterly financial reporting packages as directed in the AHCCCS Financial Reporting Guide. Refer to Section F, Attachment F3, Contractor Chart of Deliverables. Contractor pharmacy encounters must be submitted in accordance with the requirements in Section D, Paragraph 61, Encounter Data Reporting. The Contractor shall submit the PBM subcontract to AHCCCS in order to demonstrate compliance with the above provisions as stated in Section F, Attachment F3, Contractor Chart of Deliverables,
5. For all Contractors, including those contracting with a PBM that subcontracts with another PBM, the submitted encounter by the Contractor must be the actual payment to the pharmacy. The contracts, between the Contractor and the PBM or the PBM and its subcontracted PBM or any other identified subcontracts associated with the delivery or administration of the pharmacy benefit, shall be submitted to AHCCCS upon request,

6. For Contractors whose PBMs subcontract with a Pharmacy Services Administrative Organization (PSAO), the submitted pharmacy encounter to AHCCCS must include the actual payment to the pharmacy that provided the service, including the paid ingredient cost and dispensing fee,
7. The PBM subcontractor shall include language that requires the PBM to report rebates to the Contractor as specified in the AHCCCS Financial Reporting Guide,
8. The PBM subcontract shall include language that does not allow administrative costs to be collected and kept by the PBM for utilization that is related to the Contractor. All monies, including but not limited to, rebates and administrative fees collected by the PBM from a manufacturer, or other company representing the manufacturer, that relate to the prescription utilization under the MCO/PBM contract, shall be passed through to the Contractor, and
9. The Contractor shall not apply monies received for rebates or the administration of rebates against the administrative costs of the PBM contract.

Non-Title XIX/XXI SMI General Fund and Maricopa County Funds for Payment of Behavioral Health Drugs For Individuals Designated As SMI (Title XIX/XXI and Non-Title XIX/XXI): The Contractor shall utilize available Non-Title XIX/XXI SMI General Fund or Maricopa County Fund dollars, if applicable, to cover applicable Medicare Part D copayments and cost sharing amounts, including payments for the Medicare Part D coverage gap, for medications to treat behavioral health diagnoses for Title XIX/XXI and Non-Title XIX/XXI individuals determined to have an SMI, subject to the following:

1. Coverage of cost sharing is to be used only for federal and state reimbursable medications used to treat an SMI behavioral health diagnoses,
2. Medicare copayments and cost sharing are covered medications to treat an SMI behavioral health diagnoses when dispensed by an AHCCCS registered provider,
3. The payment of Medicare Part D copayments and cost sharing amounts for medications to treat an SMI behavioral health diagnoses for individuals determined to have SMI, shall be provided regardless of whether or not the provider is in the Contractor's provider network or whether or not prior authorization has been obtained,
4. The Contractor shall not apply pharmacy benefit utilization management edits when coordinating reimbursement for Medicare Cost Sharing for medications to treat an SMI behavioral health diagnoses for individuals determined to have an SMI,
5. When a request for a medication to treat an SMI behavioral health diagnoses has been denied by the Medicare Part D plan and the denial has been upheld through the appeals process, the Contractor shall evaluate the request and may elect to utilize Non-Title XIX/XXI SMI General Fund or Maricopa County Fund dollars, if applicable, to cover the cost of the non-covered Medicare Part D medication to treat an SMI behavioral health diagnosis,
6. The Contractor does not have the responsibility to make Medicare Part D copayments and cost sharing payments to pharmacy providers that are not AHCCCS registered. Refer to ACOM Policy 201, and
7. The Contractor shall ensure the PBM plan set up for Medicare cost sharing for individuals with an SMI designation is the same PBM set up for all ACC-RBHA PBM subcontractors as approved by AHCCCS in CYE 22.

MHBG funding shall be directed to service delivery including medication management and the coverage of prescription medications from the Non-Title XIX/XXI SED Drug List for eligible Non-Title XIX/XXI SED/SMI Members who do not otherwise have access or resources available to obtain medically necessary medications to treat their behavioral health conditions.

SABG funding shall be primarily directed to service delivery; however, Medication Assisted Treatments (MAT) identified in the Non-Title XIX/XXI SABG Drug List are excluded from this restriction.

Physical Health Services: To the extent not covered by the Title XIX/XXI #YH19-0001 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:

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

The attending physician shall acknowledge that a pregnancy termination has been determined medically necessary by submitting the Certificate of Necessity for Pregnancy Termination to the Contractor. This form shall be submitted to the Contractor's Medical Director and meet the requirements specified in AMPM Policy 410. Pregnancy terminations shall 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 percent 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.

Special Assistance: The Contractor shall apply the same provisions as specified in AMPM Policy 320-R for its Non-Title XIX/XXI SMI Members and submit the deliverables related to Special Assistance Services reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

10. SPECIAL HEALTH CARE NEEDS

Refer to Title XIX/XXI Contract #YH19-0001

11. BEHAVIORAL HEALTH SERVICE DELIVERY

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall deliver covered health services in accordance with the requirements of the funding source.

Adult System of Care: The Contractor shall implement the following service delivery programs for members determined to have SMI consistent with U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) established program models:

1. Assertive Community Treatment (ACT),
2. Permanent Supportive Housing (Refer to ACOM Policy 448),
3. Supported Employment (Refer to ACOM Policy 447), and
4. Consumer Operated Services.

The Contractor shall monitor and report 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 an SMI Targeted Services Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables. A single Report shall be submitted to include all populations served (Title XIX/XXI and Non-Title XIX/XXI).

Monitoring, Training, and Education: Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor is responsible for training staff and providers, in sufficient detail and frequency, to identify and screen for members' behavioral health needs. At a minimum, training shall include information regarding The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems and the Arizona Vision-Twelve Principles for Children Behavioral Health Service Delivery.

SMI Eligibility Evaluations and Determination: Refer to Title XIX/XXI Contract YH17-0001

SMI Decertification: Refer to Title XIX/XXI Contract YH17-0001

Children's System of Care: For child members, the Contractor shall ensure delivery of services in conformance with Arizona Vision-Twelve Principles for Children Behavioral Health Service Delivery and AMPM Policy 430; and shall abide by AHCCCS Appointment Standards specified in ACOM Policy 417. Additionally, the AMPM Behavioral Health Practice Tools, AMPM Chapter 200, shall be utilized.

Independent Peer Review: AHCCCS oversees Independent Case Reviews (ICRs) to meet the Peer Review requirement of the SABG to ensure the quality and appropriateness of treatment services and indications of treatment outcomes. An ICR interdisciplinary team from an independent agency completes case reviews. The Contractor shall participate in the Independent Peer Review and provide ICR Peer Review Data Pull and Attestation verifying the Data has been provided, as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The Contractor shall ensure the expected forms are included in the member's electronic medical record. Documents shall include below but are not limited to:

1. Admission criteria,
2. Assessments,
3. Treatment planning, including appropriate referral (e.g., prenatal care, TB, and HIV services),
4. Documentation of implementation of treatment services,
5. Discharge and continuing care planning, and
6. Indications of treatment outcomes.

The Contractor shall develop procedures for the implementation of the results of the Independent Peer Review.

Mental Health Omnibus: The SB1523 Mental Health Omnibus establishes the Children's Behavioral Health Services Fund, to be administered by AHCCCS and appropriates \$8 million for this purpose. The Fund is used to enter into an agreement with one or more Contractors for children's behavioral health services for children who are uninsured/underinsured, are referred for behavioral health services by an educational institution and have written parental consent to obtain the behavioral health services. The Contractor will be responsible to ensure the availability of behavioral health services and submit reporting as part of the Behavioral Health Services for School-Aged Children deliverable as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Mental Health Parity: EXEMPT

Outreach: The Contractor is responsible to organize, develop, implement, and document provider level trainings, materials, and implementation outcomes for Non-Title XIX/XXI services, including at minimum:

1. Services,
2. Availability,
3. Eligibility,
4. Referral processes, and
5. Outreach and engagement.

The Contractor shall not utilize State funding sources in any capacity at unlicensed boarding homes, or other similar unlicensed facilities (Oxford House is exempt from this licensure requirement since all Oxford House funding is provided through Federal Grants or non-State funded sources).

Substance Use Disorder Treatment Systems: The Contractor shall manage the Non-Title XIX/XXI SUD treatment system to be coordinated with Title XIX/XXI funding/payors, private insurance, tribal payors, and providers leading efforts to meet the needs of those with SUD in the GSA through a "no wrong door" model to maximize access to care. The Contractor shall:

1. Develop, manage, and monitor provider interventions addressing populations of focus, which include at minimum:
 - a. Individuals with an OUD living in rural and under-served urban areas,
 - b. Individuals with OUD being released from correctional settings,
 - c. Individuals experiencing homelessness or not having a safe recovery environment,
 - d. Pregnant and parenting women with OUDs,
 - e. Substance Exposed Newborns/Neonatal Abstinence Syndrome (SEN/NAS) comprehensively addressing the child and parents/families/guardians,
 - f. Individuals at risk of accidental overdose due to Fentanyl use, poly-substance use including, but not limited to stimulants, alcohol, benzodiazepines, and other Central Nervous System Suppressants,
 - g. Young adults ages 18-25 years,
 - h. Youth (age 16 and older) with OUD requiring access to MAT,
 - i. Individuals with Alcohol Use Disorder,
 - j. Individuals with Methamphetamine Use Disorder,
 - k. Individuals at risk of use of synthetic substances including, but not limited to "bath salts", "spice", and high-potency substances containing THC,
 - l. Individuals involved in the criminal justice system or at risk of becoming involved,
 - m. Individuals who have experienced trauma, toxic stress, or Adverse Childhood Experiences (ACEs),
 - n. Military service members/veterans and military/veteran family members,

- o. Tribal Members, and
 - p. Adults 55 years of age and older.
2. Organize, train, implement, and document provider-involved trainings/implementation on Arizona Initiatives including at a minimum:
 - a. Prescriber training reflecting opioid legislation,
 - b. Community-based education and awareness through coalitions,
 - c. Increase outreach and identification of under and uninsured individuals with SUD, with emphasis on OUD,
 - d. Increase navigation to SUD treatment, with emphasis on OUD,
 - e. Increase utilization of OUD treatment services,
 - f. Increasing accessibility of MAT (Med Units, COE support, Project ECHO for PPW),
 - g. Sustaining and Enhancing Naloxone Distribution,
 - h. Increasing Localized Community Opioid Prevention Efforts,
 - i. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts,
 - j. Expanding Navigation and Access to MAT through 24/7 access points (Medication Units, New OTPs and extending operating hours for OTPs),
 - k. Expansion and implementation of recovery supports,
 - l. Enhanced access and timeliness of Peer and Family Recovery Supports, and
 - m. Oxford House Model for Pregnant and Post-Partum women and their children.
 3. Monitor and report on the availability of OUD treatment services and submit an OUD Provider List as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
 4. Develop, manage, and monitor provider use of Evidence Based Programs and Practices including, but not limited to:
 - a. Assessment
 - b. Engagement,
 - c. Treatment planning,
 - d. Service delivery,
 - e. Inclusion of recovery interventions,
 - f. Discharge planning,
 - g. Relapse prevention planning,
 - h. Harm reduction efforts,
 - i. Data and outcome collection,
 - j. Post-discharge engagement,
 - k. Trauma Informed Care,
 - l. Gender based treatment,
 - m. Providing care and treatment to individuals based upon their unique needs, including for:
 - i. Individuals within the LGBTQIA+ community,
 - ii. Individuals who are involved with the Criminal Justice System, and
 - iii. Adolescents.
 - n. Development and use of Promising Practices if no EBPP is available.

EBPP shall be used by all providers for the treatment of SUD, including MAT, and shall be integrated into all services that the member receives, as appropriate.

12. AHCCCS GUIDELINES, POLICIES AND MANUALS

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall comply with the following information available on the AHCCCS website:

1. SABG and MHBG Block Grant Application, Assessment, and Plan,
2. SABG and MHBG Frequently Asked Questions (FAQs),
3. AHCCCS FAQs, and
4. Grants Administration website:
<https://azahcccs.gov/Resources/Grants/GrantsAdministration.html>.

13. MEDICAID SCHOOL BASED CLAIMING – EXEMPT

14. PEDIATRIC IMMUNIZATIONS AND THE VACCINES FOR CHILDREN PROGRAM – EXEMPT

15. STAFFING REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall submit the following items as specified in Section F, Attachment F3, Contractor Chart of Deliverables:

1. An organization chart with the Staff positions. The organization chart shall include the individual's name, title, location, and portion of time allocated to each Medicaid Contract and other non-Medicaid lines of business.
2. A functional organization chart of the key program areas, responsibilities, and reporting lines,
3. A listing of all Staff to include the following:
 - a. Individual's name,
 - b. Individual's title,
 - c. Individual's telephone number,
 - d. Individual's email address, and
 - e. Individual's location(s).
4. A list of all Staff functions and their locations; and a list of any functions that have moved outside of the State of Arizona in the past Contract Year.

For functions not required to be in State, the Contractor shall notify AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables, prior to moving functions outside the State of Arizona. The notification shall include an implementation plan for the transition.

The Contractor shall have the following Staff:

1. **Grants Administrator** who is responsible for the oversight of federally funded grants and all components of these grants. Sufficient staffing under this position shall be in place to ensure coordination for the following areas:
 - a. Substance Use Disorder treatment,
 - b. Women's treatment,
 - c. Opioid Use Disorder treatment,
 - d. HIV Early Intervention Services,
 - e. Serious Emotional Disturbance treatment, and
 - f. SMI treatment.

2. **Non-Title XIX/XXI Funding Coordinator** who is responsible for the oversight of Non-Title XIX/XXI funds excluding federally funded grants.

16. WRITTEN POLICIES AND PROCEDURES

Refer to Title XIX/XXI Contract #YH19-0001

17. MEMBER INFORMATION

Refer to Title XIX/XXI Contract #YH19-0001 and:

Member Handbooks: The Contractor shall provide the Contractor's Member Handbook to each Non-Title XIX/XXI Member within 12 business days of the member receiving the initial behavioral health covered service. The Member Handbook shall include information for members regarding Non-Title XIX/XXI services and how to access these services as specified in ACOM Policy 406. This information shall be combined with the Member Handbook submitted for the Title XIX/XXI Member Handbook as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall ensure all providers receiving SABG funds have posters displayed as specified in 45 CFR 96.131.

Member Identification Cards: EXEMPT

Member Information Materials: The Contractor shall apply the same provisions as specified in ACOM Policy 404 to any materials for Non-Title XIX/XXI Members that meet the Member Information Materials definition in ACOM Policy 404. Member Information materials shall be submitted as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Provider Directory: In addition to the requirements of ACOM Policy 406, the Contractor shall include in its provider directory information for providers that provide Non-Title XIX/XXI services.

18. SURVEYS

Refer to Title XIX/XXI Contract #YH19-0001 and:

For non-AHCCCS required surveys, the Contractor shall provide Survey Notification and Results as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

19. CULTURAL COMPETENCY

Refer to Title XIX/XXI Contract #YH19-0001

20. MEDICAL RECORDS

Refer to Title XIX/XXI Contract #YH19-0001

21. ADVANCE DIRECTIVES

Refer to Title XIX/XXI Contract #YH19-0001

22. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall provide quality care and services to 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 ADHS on urgent issue resolutions. Urgent issue resolutions include Immediate Jeopardies (IJ), fires, or other public emergency situations. These staff shall have:

1. Access to information necessary to identify members who may be at risk, including the identified members' current health/service status,
2. The ability to initiate new placements/services,
3. The ability to perform status checks at affected facilities, and
4. Perform ongoing monitoring, if necessary.

Data Collection Procedures: The Contractor shall provide data and documentation to AHCCCS as requested for purposes of monitoring, oversight, and quality/performance improvement.

Incident, Accident, and Death Reporting: The Contractor shall develop and implement policies and procedures that require individual and organizational providers to report to the Contractor, the Regulator, and other appropriate authorities, Incident, Accident and Death (IAD) Reports in conformance with requirements established by AHCCCS and as specified in AMPM Policy 961. IAD Reports concerning Non-Title XIX/XXI Individuals and Non-Title XIX/XXI Individuals receiving Non-Title XIX/XXI services shall be submitted in the same manner as reporting for Title XIX/XXI Individuals, as specified in AMPM Policy 961 and as specified in Attachment F3, Contractor Chart of Deliverables.

Performance Improvement Projects: The Contractor shall comply with requests from AHCCCS to implement Performance Improvement Projects (PIPs) as needs or opportunities arise. The Contractor shall also 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.

Performance Measures: EXEMPT and:

Refer to Section D, Paragraph 71, Pending Issues, *Performance Metrics*.

Quality of Care Concerns and Investigations: The Contractor shall establish and implement mechanisms to assess the quality and appropriateness of care provided to members, including members with special health care needs. The Contractor shall assess incidents for potential Quality of Care (QOC) concerns and report incidents concerning Non-Title XIX/XXI Individuals and Non-Title XIX/XXI Individuals receiving Non-Title XIX/XXI services to AHCCCS/DHCM, Quality Management in the same manner as reporting for Title XIX/XXI Individuals as specified in AMPM Chapter 900 and as specified in Attachment F3, Contractor Chart of Deliverables. The Contractor shall also report Adverse Actions to Provider to AHCCCS/DHCM, Quality Management Team as specified in Attachment F3, Contractor Chart of Deliverables.

Seclusion and Restraint: The Contractor shall follow local, State and Federal regulations and requirements related to Seclusion and Restraint (S&R). Reports regarding incidents of S&R for Non-Title XIX/XXI Individuals shall be submitted in the same manner as reporting for Title XIX/XXI Individuals as specified in AMPM Policy 962 and as specified in Section F, Attachment F3, Contractor Chart of Deliverables (A.R.S. § 36-513, A.R.S. § 41-3804).

23. MEDICAL MANAGEMENT

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall comply with member notice requirements for members determined to have an SMI as specified in ACOM Policy 444.

High Need/High Cost: The Contractor shall identify, monitor, and implement interventions for providing appropriate and timely care to members with high needs and/or high costs who have physical and/or behavioral health needs. The Contractor shall submit counts of distinct members that are considered to have High Cost Behavioral Health Needs based on Contractor criteria. For the identified members, the Contractor shall submit the number of prior authorizations and NOAs issued, as well as the concurrent and retrospective reviews of these for members identified within the State Fiscal Year (July 1-June 30). The Contractor shall submit the High Cost Behavioral Health Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Substance Use Treatment Programs: The Contractor shall submit an overview of the substance use treatment programs, organizations, and entities currently operating in its region and throughout the state for the State Fiscal Year (July 1 – June 30). The Contractor shall submit a single Substance Use Treatment Program Report to include all populations served (Title XIX/XXI and Non-Title XIX/XXI), and all information required for the annual legislative treatment report as specified in Section F, Attachment F3.

24. TELEPHONE PERFORMANCE STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001

25. GRIEVANCE AND APPEAL SYSTEM

Grievances for Title XIX/XXI Individuals with a Serious Mental Illness Designation Regarding Title XIX/XXI or Non-Title XIX/XXI services: Refer to Title XIX/XXI Contract #YH19-0001

Grievances for Title XIX/XXI Individuals without a Serious Mental Illness Designation Regarding Title XIX/XXI services: Refer to Title XIX/XXI Contract #YH19-0001

Grievances for Title XIX/XXI Individuals without a Serious Mental Illness Designation Regarding Non-Title XIX/XXI services: Refer to Title XIX/XXI Contract #YH19-0001

Grievances for Non-Title XIX/XXI Individuals with a Serious Mental Illness Designation: Refer to Title XIX/XXI Contract #YH19-0001

Grievances for Non-Title XIX/XXI Individuals without a Serious Mental Illness Designation: The Contractor shall develop and maintain a process to acknowledge, investigate, and resolve all Non-Title XIX/XXI member grievances.

The Contractor shall:

1. Respond to and resolve all Non-Title XIX/XXI member grievances in a courteous, responsive, effective, and timely manner,
2. 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, and
3. Refrain from engaging in conduct that prohibits, discourages, or interferes with a member's right to assert a member grievance.

Appeals for Individuals with a Serious Mental Illness Designation: The SMI Appeal process as specified in the Title XIX/XXI Contract #YH19-001 applies for the following:

1. Title-XIX/XXI members who are SMI and who are appealing a Non-Title XIX/XXI service, or
2. Non-Title XIX/XXI Members who are SMI and who are appealing a Non-Title XIX/XXI service or SMI Eligibility Determination.

Appeals for Non-Title XIX/XXI Individuals without a Serious Mental Illness Designation: For actions or decisions related to coverage of behavioral health services that fall outside of the Title XIX/XXI appeal process and/or the SMI appeal process, such as actions or decisions related to behavioral health services provided through state or federal grant funding, appeals shall be processed in accordance with the timelines and procedures specified in A.A.C. R9-34-213 and 216.

The Contractor shall submit a Non-Title XIX/XXI and SMI Grievance and Appeal Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

AHCCCS will conduct audits of Contractor SMI Grievance and SMI Appeal files on a periodic basis as deemed necessary to ensure compliance.

Provider Claim Disputes: For provider claim disputes:

For Non-Title XIX/XXI (SMI or Non-SMI) individuals seeking Non-Title XIX/XXI services, and for Title XIX/XXI (SMI or Non-SMI) individual seeking Non-Title XIX/XXI services, the Contractor shall utilize the timelines and procedures specified in A.A.C. R9-34-405.

The Contractor shall:

1. Provide non-contracted providers with the Contractor's Claim Dispute Policy with a remittance advice,
2. Send the remittance advice and policy within 45 days of receipt of a claim, and
3. At the time the Contractor enters into a subcontract, the Contractor shall provide all subcontractors with a copy of the Contractor's Claim Dispute Policy.

The Contractor is responsible for responding to requests from the AHCCCS Clinical Issue Resolution Unit involving member complaints, concerns, and issues brought to AHCCCS' attention by AHCCCS members, family members, providers, and other concerned parties. Upon request, the Contractor shall provide the Clinical Resolution Unit with a written summary that describes the steps taken to resolve the issue, including findings, the resolution, and if indicated, a need for corrections.

The Contractor shall acknowledge receipt of an issue referral expeditiously and according to the urgency and response timeframe identified by the AHCCCS/DHCM, Clinical Resolution Unit as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

26. NETWORK DEVELOPMENT

Refer to Title XIX/XXI Contract #YH19-0001 and:

Refer to ACOM Policy 415.

Network Development for Integrated Health Care Service Delivery: EXEMPT

27. PROVIDER AFFILIATION TRANSMISSION

Refer to Title XIX/XXI Contract #YH19-0001

28. NETWORK MANAGEMENT

Refer to Title XIX/XXI Contract #YH19-0001 and:

Material Change to Provider Network: The Contractor shall offer a full array of service providers to meet the needs of the actual and anticipated number of individuals eligible to receive services under this Contract.

The Contractor shall notify AHCCCS of a Material Change to the Provider Network within seven business days of notifying provider or receiving notification from a provider receiving AHCCCS-administered grant funding or provider offering Non-Title XIX/XXI services covered under this Contract will be terminating their contract with the Contractor as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Refer to ACOM Policy 415.

29. PRIMARY CARE PROVIDER STANDARDS – EXEMPT

30. MATERNITY CARE PROVIDER REQUIREMENTS – EXEMPT

31. REFERRAL MANAGEMENT PROCEDURES AND STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractors shall apply the same provisions as specified in AMPM Policy 580 provisions for the populations served under this Contract. The Contractor shall accept and respond to emergency referrals for Non-Title XIX/XXI Members determined to have an 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 Members determined to have an SMI who are admitted to a hospital or treated in the emergency room.

Referrals for Non-Title XIX/XXI Services: The Contractor shall have established processes in place to receive referrals for, and refer members to, Non-Title XIX/XXI services.

The Contractor shall assist members with how to access these services and shall coordinate care for the member as appropriate. Refer to AMPM Policy 320-T1 and AMPM Policy 320-T2.

The Contractor shall have a process for referral to Medicare, as applicable.

32. APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS, MONITORING, AND REPORTING

Refer to Title XIX/XXI Contract #YH19-0001 and:

Appointments for Behavioral Health Services: For all populations covered under this Contract, the Contractor shall comply with Title XIX/XXI behavioral health appointment standards as specified in ACOM Policy 417 in addition to those specified in the *Response Times for Designated Behavioral Health Services under the SABG* Table below.

RESPONSE TIMES FOR DESIGNATED BEHAVIORAL HEALTH SERVICES UNDER THE SABG		
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.	<p>Any needed covered behavioral health service, including admission to a residential program if clinically indicated.</p> <p>If a residential program is temporarily unavailable, an attempt shall be made to place the individual within another provider agency facility, including those in other GSAs. If capacity still does not exist, the individual shall be placed on the AHCCCS SABG Priority Population Waitlist and interim services shall be provided within 48 hours until the individual is admitted. Refer to Section D, Paragraph 10, Scope of Services.</p>	Pregnant women (including teenagers) referred for substance use treatment (includes pregnant injection drug users and pregnant substance users) and substance-using females with 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 shall be provided within timeframes according to the needs of the individual.	<p>Includes any needed covered behavioral health services.</p> <p>Admit to a clinically appropriate substance use treatment program (can be residential or outpatient based on the individual's clinical needs); if unavailable, interim services shall be offered to the individual within 48 hours. Refer to Section D, Paragraph 9, Scope of Services.</p>	All other injection drug users.

RESPONSE TIMES FOR DESIGNATED BEHAVIORAL HEALTH SERVICES UNDER THE SABG		
WHEN	WHAT	WHO
<p>Behavioral health services provided within a timeframe indicated by clinical need but no later than 23 days following the initial assessment, or 21 days following the initial assessment for persons in legal custody of the Department of Child Safety (DCS) and adopted children in accordance with A.R.S. § 8-512.01.</p> <p>All subsequent behavioral health services shall be provided within timeframes according to the needs of the individual.</p>	<p>Includes any needed Non-Title XIX/XXI covered behavioral health services.</p>	<p>All other individuals in need of substance use treatment.</p>

33. FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS – EXEMPT**34. PROVIDER MANUAL**

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall follow provider information requirements as specified in ACOM Policy 416.

35. PROVIDER ENROLLMENT/TERMINATION

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall require that all entities receiving SABG or MHBG funds obtain and maintain an Inventory of Behavioral Health Services (I-BHS) number through SAMHSA. The Contractor shall verify that providers have an I-BHS number prior to receiving SABG or MHBG funding.

36. SUBCONTRACTS

Refer to Title XIX/XXI Contract #YH19-0001

37. CLAIMS PAYMENT/HEALTH INFORMATION SYSTEM

Refer to Title XIX/XXI Contract #YH19-0001

38. SPECIALTY CONTRACTS – EXEMPT**39. HOSPITAL SUBCONTRACTING AND REIMBURSEMENT – EXEMPT****40. RESPONSIBILITY FOR NURSING FACILITY REIMBURSEMENT – EXEMPT**

41. PHYSICIAN INCENTIVES

Refer to Title XIX/XXI Contract #YH19-0001

42. MATERIAL CHANGE TO BUSINESS OPERATIONS

Refer to Title XIX/XXI Contract #YH19-0001

43. PERFORMANCE BOND OR BOND SUBSTITUTE

Refer to Title XIX/XXI Contract #YH19-0001 and:

It is not necessary that the Title XIX/XXI and Non-Title XIX/XXI performance bond or bond substitute be met with two separate performance bonds or bond substitutes.

Refer to ACOM Policy 305.

44. AMOUNT OF PERFORMANCE BOND OR BOND SUBSTITUTE

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall provide a performance bond or bond substitute in an amount equal to or greater than 100 percent 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 bond substitute no later than 30 days following notification by AHCCCS of the amount. It is the Contractor's responsibility to self-monitor the required performance bond or bond substitute amount and increase the amount when necessary.

When the amount of the performance bond or bond substitute falls below 90 percent of the monthly Non-Title XIX/XXI ACC-RBHA payment amount, the amount of the performance bond or bond substitute shall be increased to at least 100 percent of the monthly Non-Title XIX/XXI ACC-RBHA 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/XXI and Non-Title XIX/XXI performance bond requirements with one performance bond or bond substitute.

Refer to ACOM Policy 305.

45. ACCUMULATED FUND DEFICIT

Refer to Title XIX/XXI Contract #YH19-0001

46. ADVANCES, EQUITY DISTRIBUTIONS, LOANS, AND INVESTMENTS

Refer to Title XIX/XXI Contract #YH19-0001

47. FINANCIAL VIABILITY STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001 and:

Administrative Ratio: Total Non-Title XIX/XXI Administrative Expenses divided by the sum of total Non-Title XIX/XXI Revenue plus total Non-Title XIX/XXI Profit Limit shall be less than or equal to eight percent.

Capitalization Requirements: The Contractor shall demonstrate the maintenance of minimum capitalization (net assets/equity (not including on-balance sheet performance bond or bond substitute, due from affiliates, guarantees of debts/pledges/assignments, and other assets deemed restricted by AHCCCS)) requirement equal to 90 percent 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 Section D, Paragraph 43, Performance Bond or Bond Substitute.

Flat File Submissions: The Contractor shall utilize the flat file specifications as specified in the AHCCCS Financial Reporting Guide for the required Unaudited Financial Information for Contractor, Draft Audit Financial Information for Contractor, Final Audit Financial Information for Contractor, Draft Audit Financial Adjustments, and the Final Audit Financial Adjustments flat file submissions. The Contractor shall submit flat files through the FTP server, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Medical Expense Ratio: Total Non-Title XIX/XXI Medical/Service Expense divided by the sum of total Non-Title XIX/XXI Revenue plus total Non-Title XIX/XXI Profit Limit shall be no less than 88.3 percent.

Refer to ACOM Policy 305.

48. AFFILIATED CORPORATION

Refer to Title XIX/XXI Contract #YH19-0001

49. CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE

Refer to Title XIX/XXI Contract #YH19-0001

50. COMPENSATION

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall provide Draft and Final Audit Financial Reporting Packages, Single Audit Reports, Financial Statements, Notification of Unexpended Funds Report, and Non-Title XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source as specified in the AHCCCS Financial Reporting Guide and as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The Financial Statements shall be based on a cost allocation plan and Single Audits shall be prepared as specified in 2 CFR Part 200 Subpart F (whether for profit or non-profit). Notwithstanding the 42 CFR Part 200 Subpart F regulations, the Contractor shall include the SABG and MHBG as major programs for the purpose of this Contract. The Contractor shall have the Non-Title XIX/XXI Statement of Activities audited and signed by an independent Certified Public Accountant attesting usage of the cost allocation plan as specified in the AHCCCS Financial Reporting Guide. Additional agreed upon procedures and attestations may be required of the Contractor's auditor as specified by AHCCCS.

Non-Title XIX/XXI payments are not subject to premium tax. Refer to ACOM Policy 304.

Refer to Section D, Paragraph 3, Enrollment and Disenrollment for information regarding Prior Period Coverage for members transitioning to Title XIX from Non-Title XIX eligibility.

Expenses Impacted by Member Eligibility Changes: The Contractor shall appropriately account for any funding that is initially expensed as Non-Title XIX/XXI Funding and is then replaced with Title XIX funding due to member eligibility changes. The Contractor shall report these expenses as Title XIX and exclude the expenses from the Non-Title XIX/XXI financial statement reporting and reduce any SUDS or other applicable invoices submitted to AHCCCS that are impacted by the member's eligibility change.

Management of Block Grant and Discretionary Grant Funding: The Contractor shall be authorized to expend:

1. SABG for planning, implementing, and evaluating activities to treat substance use and related activities addressing HIV and TB services,
2. MHBG funds for services for individuals SMI, children with SED, Evidence Based Practices for FEP, and
3. Other Federal Grant funding as allocated by AHCCCS as directed for purposes as specified in the Federal Grant requirements.

The Contractor shall:

1. Comply with all obligations under Federal Grant funds as specified in 2 CFR Part 200,
2. Be responsible to notify in writing and monitor providers receiving Federal Block Grant funds and other Federal Grants as specified in 2 CFR Part 200,
3. Comply with AMPM Policy 320-T1 and any applicable communications received from AHCCCS,
4. Be responsible to notify and monitor providers on AMPM Policy 320-T1 and any applicable communications received from AHCCCS,
5. Manage, record, and report Federal Grant funds as specified in the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), 2 CFR Part 200, and Federal Grant requirements,
6. Report financial information related to Federal Grants in conformance with the AHCCCS Financial Reporting Guide,
7. Comply with all terms, conditions, and requirements of the SABG and MHBG, including but not limited to:
 - a. Confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
 - b. Charitable Choice Provisions; Final Rule [42 CFR Part 54 and 54a],
 - c. SABG [45 CFR 96.51, and 96.120-121],
 - d. 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),
 - e. Children's Health Act of 2000 (P.L. 106-310), October 17, 2000,
 - f. ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992, and
 - g. Public Health Service Act (includes Title V and Title XIX).
8. Develop and maintain fiscal controls in accordance with authorized activities of the Federal Block Grants and other Federal Grant funds, this Contract, AMPM Policy 320-T1, the MHBG and SABG FAQs on the AHCCCS website, State of Arizona Accounting Manual (SAAM), and 2 CFR Part 200,
9. Plan and Report MHBG and SABG funds and services separately and provide information related to Block Grant activities and expenditures through the Federal SABG/MHBG Activities and Expenditures Plan and the Federal SABG/MHBG Activities and Expenditures Report, accordingly, to AHCCCS upon request as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
10. Report additional information related to SABG and MHBG using the Federal SABG/MHBG Reports as

specified in Section F, Attachment F3, Contractor Chart of Deliverables,

11. Submit publication materials that are paid for by grant funding for prior approval as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Each publication material shall include the following disclaimer language: "This publication was made possible by SAMHSA Grant number [XXX]. The views expressed in these materials do not necessarily reflect the official policies or contractual requirements of the Arizona Health Care Cost Containment System (AHCCCS) or the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."
12. 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, 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 (FEP),
13. Manage the Federal Block Grant funds during each State Fiscal Year to make funds available for obligation and expenditure until the end of the State Fiscal Year for which the funds were paid. When making transfers involving Federal Block Grant funds, the Contractor shall comply with the requirements as specified in 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),
14. Not discriminate against non-governmental organizations on the basis of religion in the distribution of Federal Block Grant funds,
15. **Not** expend Federal Block Grant funds for any of the following prohibited activities:
 - a. Inpatient hospital services,
 - b. Physical health care services including payment of copays,
 - c. Make cash payments to members receiving or intending to receive health services,
 - d. Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - e. Purchase major medical equipment,
 - f. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds,
 - g. Provide financial assistance to any entity other than a public or non-profit private entity,
 - h. 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,
 - i. 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; refer to https://grants.nih.gov/grants/policy/salcap_summary.htm,
 - j. Purchase treatment services in penal or correctional institutions in the State of Arizona,
 - k. Flex funds purchases,
 - l. Sponsorship for events and conferences, or
 - m. Child Care, with the exception of SABG.
16. Comply with all terms, conditions, and requirements for any Federal Grant funding as specified in AHCCCS Allocation Schedule and letters, and
17. SAMHSA grant funds may not be used to directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. Refer to, e.g., 45 CFR 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance

with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration (DEA) and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

Management of Non-Title XIX/XXI Services and Funding (Excluding Block Grants and Discretionary Grants): The Contractor shall manage, record, and report Non-Title XIX/XXI funds as specified in the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM) and non-federal requirements. The Contractor shall:

1. Report financial information as specified in the AHCCCS Financial Reporting Guide, AHCCCS Contract, and/or ISA/IGAs,
2. Report Children’s Behavioral Health Services Fund expenditures and services through the Contractor Expenditure Report, including the number of referrals received for members to be served under this funding, the name of the school that submitted the referral, and the specific engagement efforts (outreach, marketing, etc.) undertaken by the contractor during the reporting period,
3. Comply with Confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
4. Develop and maintain fiscal controls in accordance with authorized activities, and
5. Designate a Non-Title XIX/XXI Funding Coordinator.

Non-Title XIX/XXI funding cannot be utilized for the following:

1. Cash payments to members receiving or intending to receive health services,
2. Purchase or improvement of land, purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
3. Purchase of major medical equipment,
4. Flex funds purchases,
5. Sponsorship for events and conferences, or
6. Childcare Services.

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.

Non-Title XIX/XXI Encounter Valuation for Grant, County, Non-Title XIX/XXI, and Other Funds: The Contractor shall:

1. Submit the volume of Non-Title XIX/XXI encounters so that the valuation level equals 85 percent of the total service revenue, and
2. Have the discretion to recoup the difference between a provider’s total value of encounters submitted to the Contractor and 85 percent of the provider’s total service revenue contract amount.

AHCCCS shall:

1. Monitor the value of submitted encounters on a quarterly basis, and
2. Have the discretion to calculate an encounter valuation sanction if the Contractor does not meet the above volume requirement.

Profit Limit for Non-Title XIX/XXI Funds: Refer to ACOM Policy 323 and:

The Contractor shall report a Final Non-Title XIX/XXI Profit Limit Template as specified in ACOM Policy 323, AHCCCS Financial Reporting Guide and Section F, Attachment F3, Contractor Chart of Deliverables.

1. On a State Fiscal Year basis, AHCCCS shall not allow the Contractor to earn a profit from allocated funds for General Fund Crisis and General Fund Non-Title XIX/XXI SMI.
2. There is no maximum loss for Non-Title XIX/XXI funded programs, and
3. AHCCCS shall establish a profit limit on the Contractor's potential profits from the SABG, MHBG SED, MHBG SMI, MHBG FEP, County, and Non-Title XIX/XXI Other funds. Refer to ACOM Policy 423.

Sources of Revenue: AHCCCS shall:

1. Annually prepare the AHCCCS Allocation Schedule, which is subject to change during the State Fiscal Year, to specify the Non-Title XIX/XXI non-capitated funding sources by program including MHBG and SABG funds, State General Fund appropriations, County funds, 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,
2. Make payments to the Contractor according to the AHCCCS Allocation Schedule which includes all administrative costs to the Contractor. Payments shall be made in 12 monthly installments through the State Fiscal Year no later than the 10th business day of each month. AHCCCS retains the discretion to make payments using an alternative payment schedule,
3. 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,
4. Not be responsible for payment to Contractor for any purchases, expenditures, or subcontracts made by the Contractor in anticipation of funding, and
5. Make disbursements upon receipt of the Notice of Grant Award from SAMHSA, even when receipt of the Notice of Grant Award is delayed.

The Contractor shall:

1. Manage available funding in order to continuously provide services throughout the funding period,
2. Submit the Contractor's Expenditure Report (CER) as specified in Section F, Attachment F3, Contractor Chart of Deliverables, with supporting documentation for reimbursement of certain State General Fund dollars for housing acquisition/renovation, SMI Housing Trust Funds, or Grant Funds as specified in the AHCCCS Allocation Schedule and/or terms of the AHCCCS Allocation letter,
3. Obtain written prior approval from AHCCCS for any deviation from the AHCCCS Allocation Schedule or payment schedule. Refer to the AHCCCS Financial Reporting Guide, and
4. As specified in A.R.S. § 35-190, State General Fund are appropriated by legislature and shall be expended (based on dates of service) by June 30 of each year at both the Contractor and provider levels.

51. CAPITATION ADJUSTMENT – EXEMPT

52. MEMBER BILLING AND LIABILITY FOR PAYMENT – EXEMPT and:

Domestic Violence Offender Treatment: Non-Title XIX/XXI Individuals court ordered for Domestic Violence (DV) offender treatment may be billed for the DV services. Refer to ACOM Policy 423.

53. REINSURANCE – EXEMPT**54. COORDINATION OF BENEFITS AND THIRD PARTY LIABILITY**

Refer to Title XIX/XXI Contract #YH19-0001 and:

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

55. COPAYMENTS

Refer to Title XIX/XXI Contract #YH19-0001 and:

Individuals receiving services through SABG, MHBG, and Discretionary Grants are not assessed copays.

Refer to AMPM Policy 320-T1 and AMPM Policy 320-T2.

56. MEDICARE SERVICES AND COST SHARING

Refer to Title XIX/XXI Contract #YH19-0001 and:

For Medicare Part D the Contractor shall utilize available Non-Title XIX/XXI funds to cover Medicare Part D copayments for Title XIX/XXI and Non-Title XIX/XXI SMI Members in accordance with coverage and limitation requirements specified in AMPM Policy 320-T1 and AMPM Policy 320-T2.

57. MARKETING

Refer to Title XIX/XXI Contract #YH19-0001

58. CORPORATE COMPLIANCE

Refer to Title XIX/XXI Contract #YH19-0001

59. RECORD RETENTION

Refer to Title XIX/XXI Contract #YH19-0001

60. SYSTEMS AND DATA EXCHANGE REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001

61. ENCOUNTER DATA REPORTING

Refer to Title XIX/XXI Contract #YH19-0001 and:

Submitted encounters for services delivered to Non-Title XIX/XXI Members and Non-Title XIX/XXI services to any member shall be submitted in the same manner and timeframes as specified in the AHCCCS Encounter Manual.

62. ENROLLMENT AND CAPITATION TRANSACTION UPDATES

Refer to Title XIX/XXI Contract #YH19-0001

63. PERIODIC REPORTING REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001

64. REQUESTS FOR INFORMATION

Refer to Title XIX/XXI Contract #YH19-0001

65. DISSEMINATION OF INFORMATION

Refer to Title XIX/XXI Contract #YH19-0001

66. READINESS REVIEWS

Refer to Title XIX/XXI Contract #YH19-0001

67. MONITORING AND OPERATIONAL REVIEWS

Refer to Title XIX/XXI Contract #YH19-0001 and:

AHCCCS will perform Annual Reviews of the Contractor to review processes and procedures related to Grants and Non-Title XIX/XXI Funding and services. This Annual Review will be combined with the larger Operational Review when scheduled for the same year. The Contractor shall submit all requested documentation for Annual Reviews.

68. ADMINISTRATIVE ACTIONS

Refer to Title XIX/XXI Contract #YH19-0001 and:

Should the Contractor be found to be not in compliance with contractual requirements AHCCCS shall reduce the related amount of the allocation.

69. CONTINUITY OF OPERATIONS AND RECOVERY PLAN

Refer to Title XIX/XXI Contract #YH19-0001

70. MEDICARE REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001

71. PENDING ISSUES

Refer to Title XIX Contract #YH19-0001 and:

988 and the Crisis System: The National Suicide Hotline Designation Act (S. 2661) designated 988 as the dialing code for the National Suicide Prevention Lifeline (NSPL). The use of 988 is expected to be implemented on or before July 16, 2022. The NSPL currently runs parallel to the Arizona crisis system. In February 2021, Arizona was awarded a 988 Planning Grant for the planning of 988 implementation. The planning activities are currently underway through a stakeholder coalition to consider the consolidation of the current in-state crisis call center services into a singular statewide network inclusive of 988. Planning discussions also include how to sustainably fund 988 and how to align the state's current system which will require the ACC-RBHAs to contract with a single statewide crisis call vendor by October 1, 2022. ACC-RBHA Contractors and crisis providers will be included in this stakeholder coalition.

Performance Metrics: AHCCCS intends to implement performance metric requirements on utilization, process, and/or outcome measures to monitor Contractor administration of Grant and other Non-Title XIX/XXI Funding. Performance metric requirements are important to monitor the services provided, inform decision-making, and ultimately improve the quality of services provided.

Referrals: AHCCCS is evaluating options to streamline and automate, to the extent possible, reporting, and tracking of referrals for Non-Title XIX/XXI services. While AHCCCS intends to reach a decision on reporting mechanisms in the near future, it is anticipated that the information will continue to be gathered through existing systems and/or deliverables including the SMI Targeted Services Report, the Facility and Member Placement Report, and others, as applicable.

72. VALUE-BASED PURCHASING

Refer to Title XIX/XXI Contract #YH19-0001

73. LEGISLATIVE, LEGAL, AND REGULATORY ISSUES

Refer to Title XIX/XXI Contract #YH19-0001 and:

The Contractor shall comply with all applicable Contracts, Intergovernmental Agreements (IGAs), and Inter-Service agreements (ISA) as specified by AHCCCS.

Supervisory Care Homes (ACC-RBHA Maricopa County): The ACC-RBHA in Maricopa County shall use its best efforts to offer community living arrangements to members who reside in supervisory care homes and not encourage or recommend members reside, in or place them in, a supervisory care home. A Supervisory Care Home Census Report shall be submitted regarding the Contractor's requirements with respect to supervisory care homes as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

[END OF SECTION D: PROGRAM REQUIREMENTS]

SECTION E: CONTRACT TERMS AND CONDITIONS

Refer to Title XIX/XXI Contract #YH19-0001

[END OF SECTION E: CONTRACT TERMS AND CONDITIONS]

SECTION F: ATTACHMENTS

ATTACHMENT F1: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001

[END OF ATTACHMENT F1: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS]

ATTACHMENT F2: PROVIDER CLAIM DISPUTE STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001

[END OF ATTACHMENT F2: PROVIDER CLAIMS DISPUTE STANDARDS]

ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES

Refer to Title XIX/XXI Contract #YH19-0001 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. The submission of late, inaccurate, or incomplete data shall be subject to the penalty provisions specified in Section D, Paragraph 68, Administrative Actions.

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 any deliverables, or the submission process for deliverables, AHCCCS shall provide a notice of instruction to the Contractor outlining changes to the deliverable.

Refer to Section F, Attachment F3, Contractor Chart of Deliverables in the separately attached Excel document.

[END OF ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES]