AHCCCS
Arizona Health Care Cost Containment System

**CONTRACT AMENDMENT**

| 1. AMENDMENT #: **5** | 2. CONTRACT #: **YH17-0003-03** | 3. EFFECTIVE DATE OF AMENDMENT: **October 1, 2019** | 4. PROGRAM **RBHA – Maricopa County Non-Title XIX/XXI** |
|---|---|---|---|

5. CONTRACTOR NAME AND ADDRESS: **Mercy Care**
**4350 E Cotton Center Blvd, Building D**
**Phoenix, AZ 85040**

6. PURPOSE: To extend the Term of Contract for the period October 1, 2019 through September 30, 2021 and to amend Capitation Rates and the following Sections October 1, 2019 through September 30, 2020: Sections: Contract Terms and Conditions, Scope of Work, Exhibits, and Endnotes, and to amend for Contract Assignment and Delegation.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:
- This Contract has been extended, therefore, the term of contract end date of through September 30, 2020 has been changed and now reflects through September 30, 2021, as specified in Section E, Paragraph 47, Term of Contract and Option to Renew.
- The Contract has been reformatted as identified below:

| **Previous** | **New** |
|---|---|
| Terms and Conditions | Section E Contract Terms and Conditions |
| Scope of Work | Section D: Program Requirements |
| Exhibit-1, Definitions | Section C: Definitions |
| Exhibit-2, Reserved | Removed |
| Exhibit-3 Medicare Participation for Dual Eligible SMI Member | Section D: Paragraph 70 |
| Exhibits 4-8 Reserved | Removed |
| Exhibit-9, Deliverables | Attachment F3, Contractor Chart of Deliverables |
| Exhibit-10 Maricopa Zip Codes | Attachment F5, Maricopa County Zip Codes |
| Exhibit-11 Capitation Rates and Contractor Specific Information | Section B: Capitation Rates and Contractor Specific Information |
| Exhibits 12-14 Reserved | Removed |
| Exhibit-15 Member Grievance and Appeal System Standards | Attachment F1: Member Grievance and Appeal System Standards |
| Exhibit-16 Provider Claim Dispute Standards | Attachment F2: Provider Claim Dispute Standards |
| Exhibit-17 | Removed |
| Exhibit-18 | Attachment F6: Contractor's Expenditure Report |

Therefore, this Contract is hereby **REMOVED IN ITS ENTIRETY**, including but not limited to all terms, conditions, requirements, and pricing and is amended, restated and REPLACED with the documents attached hereto as of the Effective Date of this Amendment. Refer to the individual Contract sections for specific changes.

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).

**EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.**

**IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT**

| 9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: **DO NOT SIGN SEE SEPARATE SIGNATURE PAGE** | 10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: **DO NOT SIGN SEE SEPARATE SIGNATURE PAGE** |
|---|---|
| TYPED NAME: | TYPED NAME: |
| TITLE: | TITLE: |
| DATE: | DATE: |

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## SECTION B: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS

**Capitation Rates**: EXEMPT

**Contractor Specific Requirements**: Refer to Title XIX/XXI Contract YH17-0001

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

**SECTION C: DEFINITIONS**

Refer to Title XIX/XXI Contract YH17-0001 and:

| | |
|---|---|
| **MENTAL HEALTH BLOCK GRANT (MHBG)** | An annual formula grant that provides Federal grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) created pursuant to Division B, Title XXXII, and Section 3204 of the Children's Health Act of 2000. It supports Non-Title XIX/XXI services for children with a serious emotional disturbance (SED), adults determined to have a SMI, and evidence-based practices for first episode psychosis. |
| **NON-TITLE XIX/XXI FUNDING** | Fixed, non-capitated funds, including but not limited to funds from MHBG, SABG, County, other funds and State appropriations (excluding State appropriations for State match to support Title XIX and Title XXI programs), which are used to fund services to Non-Title XIX/XXI eligible persons and for medically necessary services not covered by Title XIX or Title XXI programs. |
| **NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI PERSON** | An individual who needs or may be at risk of needing covered health-related services, but does not meet Federal and State requirements for Title XIX or Title XXI eligibility. |
| **NON-TITLE XIX/XXI SED MEMBER** | A Non-Title XIX/XXI member who has met the criteria to be designated with Serious Emotional Disturbance (SED). |
| **NON-TITLE XIX/XXI SMI MEMBER** | A Non-Title XIX/XXI member who has met the criteria to be designated as Seriously Mentally Ill. |
| **SUBSTANCE ABUSE BLOCK GRANT (SABG)** | An annual formula grant that provides Federal grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) that supports primary prevention services and treatment services for persons with substance use disorders. It is used to plan, implement, and evaluate activities to prevent and treat substance use. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users. |

[END OF SECTION C: DEFINITIONS]

## SECTION D: PROGRAM REQUIREMENTS

### 1. PURPOSE, APPLICABILITY AND INTRODUCTION

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

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

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

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

## 2. ELIGIBILITY CATEGORIES

Refer to Title XIX/XXI Contract and

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 (or are members of Federally Recognized Tribes) subject to available funding allocated to the Contractor:

1. AHCCCS Complete Care,
2. CMDP,
3. TRBHA,
4. RBHA enrolled members with an SUD or designated SMI/SED,
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).

***Non-Title XIX/XXI Services***: The Contractor is responsible for the provision of the following Non-Title XIX/XXI (i.e. State Only) services: include, but are not limited to, room and board, mental health services (formerly known as traditional healing), auricular acupuncture, child care, and supportive housing rent/utility subsidies and relocation services, to the Medicaid Eligible and Non-Medicaid Eligible populations as listed in this Contract and subject to the priority population members as described in AMPM Exhibit 300-2B. Services through Non-Title XIX/XXI funding are limited to availability of funds and specific funding restrictions.

***Non-Title XIX/XXI Eligible Populations***: The Contractor shall be responsible to provide covered behavioral health services to non-Title XIX/XXI eligible children and adults subject to available funding allocated to the Contractor.

***Substance Abuse Block Grant (SABG) Recipient***: The Contractor shall submit a SABG/Prevention/MHBG Plan as specified in Section F, Attachment F3, Contractor Chart of Deliverables and as follows:

1. Identified methodology and data used to identify populations to be served for Prevention of Substance Use and treatment of Substance Use Disorders (SUD) including SAMHSA's identified priority populations and specific underserved populations, which must at a minimum include proactively identifying adolescents, transitional aged youth, and those who have SUD at risk of attempting suicide,
2. Outreach efforts to reach identified populations,
3. Strategy to fully expend funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
4. Identified providers to serve the populations, including provider name, locations, contact information, programs/levels of care offered, specialty populations served, and capacity, to include caseload ratios that allow for adequate access to individualized services in a timely manner,
5. Identified services to meet the needs,

6. Plan for coordinating with other Health Plans for Non-Title XIX/XXI funded state only services,
7. Plan for coordinating with other Health Plans for access to Non-Title XIX/XXI funding for members who lose their Title XIX/XXI eligibility, and
8. Additional information as directed by AHCCCS.

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

1. The corresponding information from the preceding annual plan,
2. Identification of any barriers that occurred in accomplishing the plan as well as steps to address barriers moving forward,
3. Description of actions throughout the course of the year monitoring expenditures and making adjustments in a timely manner to best meet the needs of the community,
4. All required information for SAMHSA's annual reporting requirements,
5. All required information for the annual legislative reporting requirements, and
6. Additional information as directed by AHCCCS.

The Contractor shall submit documentation for SABG/Prevention/MHBG Operational Reviews as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

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

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

1. Pregnant women/teenagers who use drugs by injection,
2. Pregnant women/teenagers who use substances,
3. Other persons who use drugs by injection,

4. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
5. All other clients with a substance use disorder, regardless of age, gender, or route of use (as funding is available).

Persons must indicate active substance use within the previous 12-month period to be eligible for SABG funded services.

Priority Population eligibility shall be posted and advertised at community provider locations and through strategic methods including, but not limited to street outreach programs, ongoing public service announcements, regular advertisements in local or regional print media, and posters placed in targeted areas and other locations where pregnant women, women with dependent children, persons who inject drugs, and uninsured or underinsured people with SUD who do not meet eligibility for Title XIX/XXI are likely to attend, in accordance with the specifications in 45 CFR 96.131(a)(1-4). Contractors shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, healthcare providers, and social services agencies.

***Mental Health Block Grant (MHBG) Recipient***: The Contractor shall submit a SABG/Prevention/MHBG Plan as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Identified methodology and data used to identify populations to be served including SAMHSA's identified priority populations and specific underserved populations, which must at a minimum include proactively identifying children with Serious Emotional Disturbance (SED) at risk of removal through Department of Child Safety (DCS), children within the school systems, eligible individuals for First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI) services, and those who have SMI/SED/FEP/ESMI at risk of attempting suicide,
2. Plan for FEP infrastructure development, service provision, and expansion,
3. Strategy to fully expend funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
4. Outreach efforts to reach identified populations,
5. Identified providers to serve the populations, including provider name, locations, contact information, programs/levels of care offered, specialty populations served, and capacity to include caseload ratios that allow for adequate access to individualized services in a timely manner,
6. Identified services to meet the needs,
7. Plan for coordinating with other Health Plans for Non-Title XIX/XXI funded state only services, and
8. Plan for coordinating with other Health Plans for access to Non-Title XIX/XXI funding for members who lose their Title XIX/XXI eligibility.

The Contractor shall submit a SABG/Prevention/MHBG Block Grant Report as specified in Section F, Attachment F3, Contractor Chart of Deliverable as follows:

1. The corresponding information from the preceding annual plan,
2. Identification of any barriers that occurred in accomplishing the plan as well as steps to address barriers moving forward,
3. Description of actions throughout the course of the year monitoring expenditures and making adjustments in a timely manner to best meet the needs of the community,
4. All required information for SAMHSA's annual reporting requirements,
5. All required information for the annual legislative reporting requirements, and
6. Additional information as directed by AHCCCS.

The Contractor shall submit Status Reports for SED programs and services as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Description of service array provided to individuals with SED diagnoses,
2. Description of programs addressing school violence related to mental health,
3. Description of programs addressing suicidal ideation through school and community programs,
4. Referral Sources the contractor has actively engaged,
5. Outreach efforts to identify individuals with SED diagnoses who are not eligible for Medicaid who are receiving comprehensive behavioral health services through MHBG-SED funding,
6. Outreach efforts to identify individuals with SED diagnoses who have private insurance and are receiving wrap around services through MHBG-SED funding,
7. Number of enrolled members receiving MHBG-SED funding,
8. Number of newly enrolled members receiving MHBG-SED funding,
9. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts,
10. Identification of under/over utilization of MHBG-SED funding and plan to address management of the MHBG-SED funding to maximize utilization and services to eligible members, and
11. Identification of any barriers as well as plans to address the barriers and/or identification of successes and plans to sustain or build on the successes.

The Contractor shall submit Status Reports for FEP programs and services as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Description of service array provided to individuals with FEP diagnoses,
2. Outreach efforts to identify individuals with FEP diagnoses who are not eligible for Medicaid who are receiving comprehensive behavioral health services through MHBG FEP funding,
3. Outreach efforts to identify individuals with FEP diagnoses who have private insurance and are receiving wrap around services through MHBG FEP funding,
4. Number of enrolled members receiving MHBG FEP funding,
5. Number of newly enrolled members receiving MHBG FEP funding,
6. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts,

7. Identification of under/over utilization of MHBG FEP funding and plan to address management of the MHBG FEP funding to maximize utilization and services to eligible members, and
8. Identification of any barriers as well as plans to address the barriers and/or identification of successes and plans to sustain or build on the successes.

The annual FEP Program Status Report takes the place of the October quarterly FEP Program Status Report. However, the Contractor shall submit an attestation for the October quarterly FEP Program Status Report deliverable indicating that the Contractor has included the information in its annual deliverable.

The Contractor shall submit a SABG/Prevention/MHBG Operational Review as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Documentation of compliance with MHBG SMI/SED treatment requirements,
2. Documentation of compliance with FEP/ESMI requirements,
3. Documentation of strategies and monitoring of targeted interventions to improve health outcomes including, but not limited to Social Determinants of Health (SDOH) and National Outcome Measures (NOMS),
4. Documentation of strategies and monitoring of enhancing the Recovery Oriented System of Care (ROSC),
5. Documentation of the use of and expansion of EBPPs to fidelity,
6. Documentation of service provision strategically fully expending MHBG funding,
7. Documentation of monitoring of MHBG funded providers to MHBG requirements to include monitoring tool used, chart reviews; secret shopper calls, conversations with clinicians, case managers, and clients; fidelity checks; and customer satisfaction surveys, and
8. Additional information as directed by AHCCCS.

MHBG funds are used to provide services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

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

Members enrolled in a qualified health plan through the Federal health insurance exchange continue to be eligible for Non-Title XIX/XXI covered services that are not covered under the exchange plan.

Non-Title XIX/XXI funds may not be used to cover premiums, deductibles, or 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 members designated 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. See ACOM Policy 434.

The Contractor must issue approval prior to any utilization of Non-Title XIX/XXI funding for services otherwise covered under a qualified plan through the Federal exchange.

***Medicaid Eligibility Determination***: EXEMPT

**3. ENROLLMENT AND DISENROLLMENT**

Refer to Title XIX/XXI Contract YH17-0001 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 Non-Title XIX/XXI eligible members.

For a Non-Title XIX/XXI eligible person to be enrolled, providers must submit an 834 enrollment transaction to the Contractor.

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

1. The GMH/SU or Non-CMDP Child member retains behavioral health assignment with the RBHA Contractor through the Title XIX PPC period,
2. The GMH/SU or Non-CMDP Child member is enrolled with the AHCCCS Complete Care Contractor for physical health services through the Title XIX PPC period,
3. The RBHA Contractor is responsible for payment of all behavioral health claims for medically necessary Non-Title XIX and Title XIX behavioral health covered services provided to these GMH/SU or Non-CMDP Child members who are initially eligible as Non-Title XIX and assigned to a RBHA during the prior period coverage timeframe,
4. The AHCCCS Complete Care Contractor is responsible for payment of all physical health claims for medically necessary Title XIX physical health covered services during the PPC period and prospectively, and
5. The member is enrolled with the AHCCCS Complete Care Contractor for both physical and behavioral health Title XIX services the day following the date AHCCCS is notified of the member's TXIX eligibility.

***Opt-Out for Cause***: EXEMPT

**4. RESERVED**

**5. PEER AND FAMILY INVOLVEMENT AND PARTICIPATION**

Refer to Title XIX/XXI Contract YH17-0001

**6. RESERVED**

**7. ACCOMODATING AHCCCS MEMBERS**

Refer to Title XIX/XXI Contract YH17-0001

**8. TRANSITION ACTIVITIES**

Refer to Title XIX/XXI Contract YH17-0001

**9. SCOPE OF SERVICES**

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

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

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.

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

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

All outpatient medically necessary covered services related to the pregnancy termination, for dates of service only on the day the pregnancy was terminated, will be considered for reimbursement at 100% of the lesser of the contractors paid amount or the AHCCCS Fee

Schedule amount. Adjudicated encounters for these covered services provided to enrolled members will be used to determine reimbursement.

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

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

***Prescription Medications***:

Refer to Title XIX/XXI Contract YH17-0001 and

1. ***Members Designated as SMI (whether funded through State Funds or MHBG)***: Refer to Title XIX/XXI Contract YH17-0001, and:
2. ***Members Designated as SED***: MHBG funding should be directed to service delivery including medication management and prescription medications from the NTXIX SED Formulary for eligible NTXIX/XXI members who do not otherwise have access or resources available to obtain medically necessary medications to treat their behavioral health conditions.
3. ***Members receiving services through SABG***: SABG funding should be directed to service delivery. The Contractor should utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified in the NTXIX SABG Formulary are excluded from this restriction.

***Prevention Services***: The Contractor shall:

1. Administer a prevention system utilizing the Strategic Prevention Framework (SPF) model as a framework for all system activities and a community based prevention model as described by AHCCCS,
2. Ensure all contractor prevention staff, or staff that works on prevention system implementation tasks, to complete the Substance Abuse Prevention Skills Training (SAPST), or the AHCCCS designated equivalent training, within six months of date of hire,
3. Conduct a Regional Prevention Needs Assessment identifying unmet prevention needs in the targeted communities. The needs assessment must include the following elements: existing substance use and abuse prevention efforts, data collection to justify program planning and evaluation, trends about substances use and/or abuse, training capacity, prescription drug addiction prevalence, resources and referral process available, demographics of population, evaluation, strengths and barriers to treatment, and sustainability plan. The contractor may use an existing regional needs assessment that includes all the above information if the needs assessment is no more than three (3) years old at the time of contract execution, and is subject to AHCCCS approval. The Regional Prevention Needs Assessment shall be submitted as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
4. Develop a Regional Prevention Budget and submit to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
5. Develop a Regional Logic Model encompassing all prevention activities being proposed/implemented, submitted to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
6. Partner/Participate in Community Networks including the following populations: youth (persons <= 18 years of age), parents, business community, media, schools, youth-serving organizations, law enforcement agencies, religious, faith based, or fraternal organizations, civic and volunteer groups, healthcare professionals, State, local or tribal agencies with expertise in the field of substance abuse, other organizations involved in reducing substance abuse, and special populations (e.g. LGBTQ networks, underage drinking, women services, rural networks, older adults, other populations shown to have health disparities),
7. Submit a Prevention Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables, including but not limited to community network collaborations, coalition efforts, prevention providers meetings, trainings, and community events outreach activities and annual site visits to each RBHA receiving SABG funds,
8. Submit a Regional Strategic Prevention Plan, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, including the activities for delivering and sustaining effective prevention services. The Regional Strategic Prevention Plan implementation addresses how to prevent the onset and reduce the progression of substance misuse problems in targeted communities strategically, and shall include the AHCCCS approved logic model and follow the template provided by AHCCCS. The Contractor may use an existing strategic plan that includes all the above information if the plan is no more than three years old at the time of Contract execution, and is subject to AHCCCS approval. The Plan may be submitted as an update and shall include the updated AHCCCS approved logic model,

9. Conduct annual site visits to each provider receiving SABG funds where AHCCCS staff, Contractor Prevention Coordinator, and Provider staff, coalition's, members, and relevant program coordinators are present,
10. Submit reports including: Annual Plan including Prevention Program Description and Prevention Planned Allocation of Funds, Expenditure Reports, Performance Indicators and Accomplishments, and Ad hoc reports required for each region receiving SABG Prevention funding, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, and
11. Submit all Contractor-approved Prevention Subcontractor Logic Models to AHCCCS for review, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

***Behavioral Health Covered Services***: Refer to Title XIX/XXI Contract YH17-0001, AMPM Attachment 300-2A, AMPM Exhibit 300-2B, and AMPM Policy 320-T. The Contractor shall:

1. Ensure the delivery of medically necessary and clinically appropriate covered behavioral health services to eligible members in conformance with AMPM Policy 320-T and AMPM Exhibit 300-2B.
2. Deliver covered behavioral health services under the Mental Health (MHBG) Block Grant, the Substance Abuse Prevention and Treatment Block Grant (SABG) and other grant funding as available.
3. In accordance with 42 CFR Part 54, persons receiving substance use disorder treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
4. At the time of intake, all behavioral health subcontractors providing substance use disorder treatment or recovery support services under the SABG must notify persons of this right using AMPM Policy 320-T. Providers must document that the person has received notice in the person's comprehensive clinical record.
5. Persons receiving substance use disorder treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
6. Behavioral health subcontractors providing substance abuse services under the SABG must notify persons of this right using AMPM Policy 320-T. Providers must document that the person has received notice in the person's comprehensive clinical record.
7. If a person objects to the religious character of a behavioral health provider, the provider must refer the person to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the Contractor of the referral and ensure that the person makes contact with the alternative provider.

   Develop and make available policies and procedures that indicate who and how providers should notify the Contractor of these referrals.
8. Submit reports on use of MHBG and SABG programs and funds, including a SABG/MHBG Treatment Providers Oversight Monitoring Report documenting activities completed during the time period monitoring block grant funding recipients, in accordance with Block Grant reporting requirements and as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
9. Deliver covered behavioral health services in accordance with the terms of the Intergovernmental Agreement (IGA) between AHCCCS and all County agreements for pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes. See AMPM Policy 320-U.

***Non-Title XIX/XXI Behavioral Health 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. See AMPM Policy 320-T.

AHCCCS intends to require ongoing reporting from the Contractor regarding tracking of member referrals for Non-Title XIX/XXI services. This reporting is to ensure the RBHA Contractors are receiving referrals from the Title XIX/XXI Contractor for these services; that members are being connected to these referred services; and to ensure a system is in place to identify how referrals to Non-Title XIX/XXI services are initiated, prioritized, documented, processed, and dispositioned. The Contractor shall submit a Non-Title XIX/XXI Services Referral Report to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables and as specified below. AHCCCS intends to utilize and validate the information provided to inform the development of an ongoing standard deliverable to monitor the referral and fulfillment of the service rendered to members.

1. A visual workflow document depicting the Contractor's referral process for receiving referrals for members who may be eligible for Non-Title XIX/XXI services from receipt of referral to disposition of referral,
2. Description of the following by service type:
    a. Strategies the Contractor utilizes to educate members and provider community of availability of services,
    b. How the referral is received,
    c. How the referral is confirmed as received to the referral source,
    d. How is the referral prioritized, monitored, recorded, and dispositioned,
    e. Expected timeline for disposition of referrals,
    f. Communications between the referral source, the Title XIX/XXI Contractor, and/or the RBHA Contractor, and
    g. Tracking resolution of grievances or other member concerns.
3. A report of referral data being captured, this information may include, but is not limited to (for the period of October 1, 2018 to September 30, 2019) the following fields:
    a. Members for which referrals have been received for Non-Title XIX/XXI services (including AHCCCS ID Number),
        i. Identify if the member is Title XIX/XXI or Non-Title XIX/XXI eligible
    b. Referring Contractor Health Plan ID,
    c. Member's behavioral health category (C=Child, G=GMH/SU, S=SMI)
    d. Member's prior Contractor or FFS Program of enrollment, if applicable (including Health Plan ID),
        i. Identify if that member was receiving Non-Title XIX/XXI services when enrolled with the prior plan of enrollment, and what those services were by service code and description,
    e. Identify each Non-Title XIX/XXI service being referred for each member by service code and description,
    f. The referral source (e.g. Title XIX/XXI Contractor [including Health Plan ID]; provider case manager),

i. If the referral source is the Title XIX/XXI Contractor, provide the title of the individual providing the referral

g. Date the referral was received from referral source, and
h. Provider the member was referred to and how the referral was submitted (e.g. fax, phone call, email), and
i. Date of referral disposition (member received service).

***Substance Abuse Block Grant***: The Substance Abuse Block Grant (SABG) is a Formula Grant, which supports treatment services for members with SUDs and primary substance use and misuse Prevention efforts. The SABG is used to plan, implement, and evaluate activities to prevent and treat SUDs. Grant funds are also used to provide Early Intervention Services for HIV and tuberculosis disease in 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. In In accordance with 45 CFR 96.132(c), the Contractor shall coordinate and monitor prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services).
4. In accordance with 45 CFR 96.132(e), the Contractor shall have a system to protect and monitor from inappropriate disclosure of patient records maintained by the Contractor in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2. This system shall include provisions for and documentation of ongoing employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures.
5. AHCCCS Priority Population Waitlist System is used by all SABG Treatment Providers. The Contractor shall monitor the provider's utilization of the priority population waitlist system and ensure technical assistance is given to providers with members on the waitlist system. The Contractor shall submit a SABG Priority Population Wait List Report, as specified in AMPM Policy 320-T and Section F, Attachment F3, Contractor Chart of Deliverables.
6. The Contractor shall determine the level of the effort of the Prevention Administrator to ensure proper prevention system implementation through a Prevention Administrator Level of Effort Attestation as specified in Section F, Attachment F3, Contractor Chart of Deliverables. See also Section D, Paragraph 15, Staffing Requirements.

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 to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; the utilization of a toll-free number for programs to report available capacity and waiting list data; and the utilization of standardized assessment procedures that facilitate the referral process.
2. Provide notification upon reaching 90% of its capacity to admit individuals to the program within seven days,
3. Ensure that each individual who requests, and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than:
    a. 14 days after making the request for admission to such a program; 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.
4. Carry out activities to encourage individuals in need of such treatment to undergo such treatment. The Contractor shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method.
5. 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 abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including [42 CFR part 2],
    c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse 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.

The Contractor shall develop effective strategies for monitoring programs compliance with this section. The Contractor shall submit a SABG Capacity Management Report, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, under the requirements of 45 CFR 96.122(g) on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.

***Independent Peer Review***: The purpose of independent peer review is to review the quality and appropriateness of treatment services. The Contractor shall participate in the Independent Peer Review and provide ICR Peer Review data, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, that are randomly selected by AHCCCS. The Contractor will ensure the expected forms are included in the electronic chart. Documents are indicated below but are not limited to:

1. Admission criteria/intake process,
2. Assessments,
3. Treatment planning, including appropriate referral, (e.g. prenatal care and tuberculosis 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.

The following services shall be provided to all SABG populations:

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

1. At the time of intake will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as defined in [45 CFR 96.121] to each individual receiving treatment for such abuse,
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, will refer the individual to another provider of tuberculosis services,
3. Will implement infection control procedures designed to prevent the transmission of tuberculosis, including the following:
   a. Screening of patients,
   b. Identification of 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. Will conduct case management activities to ensure that individuals receive such services.
4. 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 abuse, the Contractor shall, make available to the individuals early intervention services for Human Immunodeficiency Virus (HIV) disease as defined in [45 CFR 96.121] at the sites at which the individuals are undergoing such treatment.

1. The Contractor shall, provide early intervention services for HIV in geographic areas of the State that have the greatest need and rural areas.
2. The Contractor shall require programs to establish linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services,
3. Behavioral health providers shall provide specialized, evidence-based treatment and recovery support services for all SABG populations,

4. Administer a minimum of 1 test per $600 in SABG HIV services funding,
5. The Contractor shall submit documentation for SABG/Prevention/MHBG Operational Review for HIV Early Intervention Service as specified in Section F, Contractor Chart of Deliverables,
6. The Contractor shall conduct site visits to HIV Early Intervention subcontracted providers where the Contractor's HIV Coordinator, subcontracted provider staff, and supervisors are present. Each site visit shall include the attendance of one educational class. One site visit shall include the AHCCCS HIV Coordinator. Documentation for site visits shall be submitted as specific in Section F, Attachment F3, Contractor Chart of Deliverables, and
7. Collect SABG HIV Activity Report from subcontracted providers, training provided to HIV Coordinators, HIV Early Intervention Services Providers, and other Ad hoc related HIV Prevention issues as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The following services must be made available to SABG special populations:

1. Behavioral health providers must provide specialized, gender-specific treatment as defined by AHCCCS and recovery support services for females who are pregnant or have dependent children and their families in outpatient/residential treatment settings.
2. Services are also provided to mothers who are attempting to regain custody of their children.
3. Services must treat the family as a unit.
4. As needed, providers must admit both mothers and their dependent children into treatment.
5. The following services are provided or arranged as needed:
   a. Referral for primary medical care for pregnant females,
   b. Referral for primary pediatric care for children,
   c. Gender-specific substance abuse treatment, and
   d. Therapeutic interventions for dependent children.

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

1. Child care,
2. Case management, and
3. Transportation

The Contractor must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must include at a minimum the posting of fliers at community provider locations and through strategic methods including, but not limited to street outreach programs, ongoing public service announcements, regular advertisements in local or regional print media, and posters placed in targeted areas and other locations where pregnant women and women with dependent children who are uninsured or underinsured and do not meet eligibility for Title XIX/XXI are likely to attend; notifying the right of pregnant females and females with dependent children to receive substance use treatment services at no cost. Contractors shall work with providers to publicize admission preferences by frequently disseminating information about treatment

availability to networks of community-based organizations, healthcare providers, and social services agencies.

The Contractor must develop and make available to providers specific language with regards to providing the specialty program services for women and children.

***Interim Services or Interim Substance Abuse Services***: Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care. Provision of interim services must be documented in the member's chart as well as reported to AHCCCS through the online residential waitlist. Interim services are required for Non-Title XIX/XXI members who are maintained on an actively managed waitlist. Title XIX/XXI eligible persons who also meet a priority population type may not be placed on a waitlist.

For pregnant females, the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all IVDUs the requirement is within 14 calendar days. The minimum required interim services include education and referral that cover:

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. Risk assessment/screening,
4. Referrals for HIV, Hepatitis C, and tuberculosis screening and services, and
5. Referrals for primary and prenatal medical care.
6. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only).

The purpose of interim services is to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease for priority population members awaiting placement in a Residential Treatment Facility.

***Oxford House Model***: 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 be in compliance with the Implementation Plan previously approved by AHCCCS. At a minimum, the Contractor shall monitor the Implementation Plan details described below:

1. Hiring and training of outreach workers,
2. How outreach workers will be 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. How many new homes per year are 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 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, and
17. Procedures for working with individuals who relapse and how they will be connected to assistance by the outreach workers.
18. Verification of Oxford House registration through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Inventory of Behavioral Health Services (I-BHS) for Arizona.
19. Draft of the proposed contract and budget with Oxford House for AHCCCS review and approval.
20. Financial Reporting:
    a. A template of the financial report that will be required from Oxford House to invoice their services,
    b. Oxford House must 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 must demonstrate that the funds are within the budget/contract provided. The amounts included in the financial reports will be included as a capacity credit in the 85% encounter valuation requirement, and
    c. The Financial Reports must be reconciled to the SABG Expenditure tables submitted annually.

The Contractor shall continue to provide the required services, oversight, and deliverables as described 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 so AHCCCS has 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 to follow the Best Practices.

***Mental Health Block Grant***: The Mental Health Block Grant (MHBG) is allocated from SAMHSA to provide Non-Title XIX/XXI behavioral health services to adults determined to have an SMI and children SED. MHBG funds are only to be used for allowable services identified in AMPM Policy 320-T and AMPM Exhibit 300-2B for Non-Title XIX/XXI members determined to have an SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members. Members shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG. The MHBG must be used to:

1. Ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services, as well as mental health services and supports,
2. Promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,
3. Ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults, and
4. Promote recovery and community integration for adults determined to have an SMI and children SED.

The Contractor shall not be responsible to pay for the costs associated with pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes unless prior payment arrangements have been made with another entity (e.g. County, hospital, provider).

The Contractor and its providers must comply with State recognized tribal court orders for Title XIX/XXI and Non-Title XIX/XXI SMI individuals. When tribal providers are also involved in the care and treatment of court ordered tribal members, the Contractor and its providers must involve tribal providers to ensure the coordination and continuity of care of the members for the duration of court ordered treatment (COT) and when members are transitioned to services on the reservation, as applicable. The Contractor is encouraged to enter into agreements with tribes to address behavioral health needs and improve the coordination of care for tribal members. See AMPM Policy 320-U and ACOM Policy 423.

***Domestic Violence Offender Treatment***: Non-Title XIX/XXI eligible individual's court ordered for Domestic Violence (DV) offender treatment may be billed for the DV services. See ACOM Policy 423.

***Integrated Health Care Service Delivery for SMI Members***: EXEMPT

**10. SPECIAL HEALTH CARE NEEDS**

Refer to Title XIX/XXI Contract YH17-0001

## 11. BEHAVIORAL HEALTH SERVICE DELIVERY

Refer to Title XIX/XXI Contract YH17-0001 and:

***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,
3. Supported Employment (see ACOM Policy 447), and
4. Consumer Operated Services.

The Contractor shall monitor and report annually the fidelity to the service delivery programs using the AHCCCS adopted measurement instrument, for example, the SAMHSA Fidelity Scale or General Organizational Index and submit a Fidelity Review Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables. A single Fidelity Review Report shall be submitted to include all population served (Title XIX and Non-Title XIX).

***Children's System of Care***: The Contractor shall utilize Substance Abuse Block Grant (SABG) funds and Mental Health Block Grant (MHBG) funds to provide behavioral health and substance use services to the non-Title XIX/XXI parent/guardian/designated representative of a Title XIX/XXI, Non-Title XIX/XXI, or Title XXI/XXI child/children who is at risk of being removed from their home by the Department of Child Safety (DCS) and is eligible under the Block Grant eligibility criteria. AHCCCS shall provide the Contractor with monthly "Fast Pass" data files that include information about children who are at risk of being removed from their home.

The Contractor shall ensure the Non-Title XIX/XXI parents, guardians, or custodians of a child who is at risk of being removed from the family receive the services and supports needed to preserve the family unit and enable the SED child to remain in the home. These services should include, but are not limited to, life skills training such as parenting classes, skill building, and anger management. The Contractor shall adhere to eligibility requirements as specified in the Section of this Contract for eligibility criteria for the MHBG/SABG Grants.
The Contractor shall develop family centered processes that promote and support family independence, stability, self-sufficiency, and child safety.

The Contractor shall designate staff who shall be responsible for care coordination to ensure the Non-Title XIX/XXI parent, guardian, or custodian has access to available services and resources.

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

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

4. Engage the child's parent/guardian/designated representative,
5. Seek agreement from the parent/guardian/designated representative to make a behavioral health referral,
6. Offer to facilitate a warm transfer to assist with scheduling the intake appointment with the behavioral health provider,
7. Follow up to ensure the provider contacts the parent/guardian/designated representative as expeditiously as the situation requires but no later than 72 hours of receipt of the referral,
8. Assist the parent/guardian/designated representative in removing any barriers in scheduling an appointment and subsequent appointments, including transportation,
9. Ensure a behavioral health assessment and preliminary Service Plan are developed as expeditiously as the situation requires but no later than 7 days of the intake appointment that identifies interventions and services,
10. Ensure the first service begins as expeditiously as the situation requires but no later than 23 days of the completed assessment,
11. Coordinate with the parent/guardian/designated representative and provider to optimize service delivery,
12. Coordinate the transition of the provision and reimbursement of services to the appropriate funding source if:
    a. The child is subsequently removed from the home, or
    b. The parent, guardian, or custodian becomes Title XIX/XXI eligible.
13. The Contractor's designated staff shall also maintain documentation of parents/guardians/custodians who refuse to enter into services and efforts made by the Contractor designated staff to encourage engagement.
14. The Contractor shall submit a Removal Risk Report, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, to the AHCCCS/DHCM, System of Care Unit as follows:
    a. The number of children identified as being at risk of being removed from their home,
    b. The number of parents who agree to receive services,
    c. The number of referrals made to intake,
    d. The number of parents/guardians/custodians receiving services:
    e. The number of parents/guardians/custodians who qualify for MHBG funding due to being determined as having a serious mental illness (SMI),
    f. The number of parents/guardians/custodians who qualify for SABG funding due to being determined as having a substance use disorder (SUD ),
    g. The number of parents/guardians/custodians who qualify for MHGB funding due to their child/children being determined to have a serious emotional disturbance (SED).
15. The types of services provided,
16. The number of parents/guardians/custodians contacted by the provider within 72 hours of receiving the referral,
17. The number of parents/guardians/custodians with a developed service plan within 7 days of the intake appointment,
18. The number of parents/guardians/custodians whose services began within 23 days of the assessment.
19. The number of:
    a. Children eventually removed from home by DCS,

b. Parents/guardians/custodians who transitions to Title XIX/XXI,
c. Parents/guardians/custodians who complete services and exit the pre-removal initiative.

***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 theGSA 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, military/veteran family members,
   o. Tribal Members, and
   p. Older adults ages 55 years 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 Family and Peer Recovery Supports, and
m. Oxford House Model for Pregnant and Post-Partum women and their children.

3. The Contractor shall 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. EBPPs used by all providers for the treatment of SUD,
   b. Intake, assessment, engagement, treatment planning, service delivery, inclusion of recovery interventions, discharge planning, relapse prevention planning, harm reduction efforts, data and outcome collection, and post-discharge engagement,
   c. Medication Assisted Treatment integrated into services as appropriate,
   d. Gender based treatment,
   e. LGBQ EBPPs,
   f. Culturally appropriate EBPPs,
   g. Criminal Involvement,
   h. Adolescent specific, and
   i. Development and use of Promising Practices if no EBPP is available.

**12. AHCCCS GUIDELINES, POLICIES AND MANUALS**

Refer to Title XIX/XXI Contract YH17-0001

**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 YH17-0001 and:

The Contractor shall have the following Organizational Staff:

1. **Housing Administrator** who resides in Arizona within the assigned Geographic Service Area, acts as the interagency liaison with Arizona Department of Housing (ADOH), and manages and oversees housing programs, including grants, special housing planning initiatives, and development and expansion of housing availability for members.

2. **Prevention Administrator** who resides in Arizona within the assigned Geographic Service Area, and manages and oversees substance abuse prevention and HIV prevention programs, including grants, special projects, and overall prevention system implementation.

3. ***Other SABG Staffing Requirements***: The Contractor must designate a/an:
   a. Lead Substance Use Treatment Coordinator who will be responsible for ensuring Contractor compliance with all SABG requirements.
   b. Women's Treatment Coordinator
   c. Opioid Treatment Coordinator
   d. HIV Early Intervention Services Coordinator

**16. WRITTEN POLICIES AND PROCEDURES**

Refer to Title XIX/XXI Contract YH17-0001

**17. MEMBER INFORMATION**

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 404, ACOM Policy 406, and ACOM Policy 433, ACOM Policy 425, 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 Contractor shall ensure all providers receiving SABG funds have posters displayed in accordance with 45 CFR 96.131.

***Member Identification Cards***: EXEMPT

**18. SURVEYS**

Refer to Title XIX/XXI Contract YH17-0001

**19. CULTURAL COMPETENCY**

Refer to Title XIX/XXI Contract YH17-0001

**20. MEDICAL RECORDS**

Refer to Title XIX/XXI Contract YH17-0001

**21. ADVANCE DIRECTIVES**

Refer to Title XIX/XXI Contract YH17-0001

**22. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT**

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall provide quality care and services to eligible members, regardless of payer source or eligibility category.

The Contractor shall have local staff available 24 hours per day, seven days per week to work with AHCCCS and/or other State agencies, such as Arizona Department of Health Services on urgent issue resolutions. Urgent issue resolutions include Immediate Jeopardies (IJ), fires, or other public emergency situations. These staff shall have access to information necessary to identify members who may be at risk and their current health/service status, the ability to initiate new placements/services, and have the ability to perform status checks at affected facilities and perform ongoing monitoring, if necessary.

The Contractor shall comply with requirements to assure member rights and responsibilities in conformance with Contract YH17-0001, ACOM Policy 444, ACOM Policy 446, and AMPM Policy 320-R and the AHCCCS policy on Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons and the AHCCCS Medical Policy Manual, [42 CFR 438.100(a)(2)]; and comply with any other applicable Federal and State laws (such as Title VI of the Civil Rights Act of 1964, etc.) including other laws regarding privacy and confidentiality, [42 CFR 438.100(d)].

***Quality of Care Concerns and Investigations***: The Contractor shall:

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

contact name/telephone number to call for assistance or to express any unresolved concerns,

d. Documentation of implemented Corrective Action Plan(s) (CAPs) or action(s) taken to resolve the concern along with documented follow-up and evaluation of CAPs or actions,
e. Analysis of the effectiveness of the interventions taken, and
f. Implement mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs.

***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.

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

***Performance Measures***: EXEMPT

**23. MEDICAL MANAGEMENT**

Refer to Title XIX/XXI Contract YH17-0001, AMPM Chapter 500, AMPM Chapter 1000, and:

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

The Contractor shall comply with member notice requirements as specified in ACOM Policy 444.

**24. TELEPHONE PERFORMANCE STANDARDS**

Refer to Title XIX/XXI Contract YH17-0001

**25. GRIEVANCE AND APPEAL SYSTEM**

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

1. Implement and administer a Grievance and Appeal System for members, subcontractors, and providers which include processes for the following:
   a. Provision of required Notice to members,
   b. Member Grievance,
   c. SMI Grievance,
   d. SMI Appeal,

e. Claim Dispute, and
f. Access to the State fair hearing system.

2. Ensure a Grievance and Appeal System that complies with all applicable requirements in the Federal and State laws and regulations, AHCCCS' Contractor Operations Manual, AHCCCS Medical Policy Manual, A.A.C. Title 9, Chapter 21, Article 4, and the requirements under this Contract.
3. In addition to the grievance and appeals procedures described herein, the Contractor shall also make available the grievance and appeals processes described in Arizona Administrative Code Title 9, Chapter 21, Article 4 for persons determined under Arizona law to be seriously mentally ill.
4. Not delegate or subcontract the administration or performance of the Member Grievance, SMI Grievance, SMI Appeal, or Claim Dispute processes.
5. Provide written notification of the Contractor's Grievance and Appeal System processes to all subcontractors and providers at the time of entering into a subcontract.
6. Provide written notification with information about Contractor's Grievance and Appeal System to members in the Member Handbook in conformance with Section D, Paragraph 17, Member Information.
7. Provide written notification to members at least 30 days prior to the effective date of a change in a Grievance and Appeal System policy.
8. Administer all Grievance and Appeal System processes competently, expeditiously, and equitably for all members, subcontractors, and providers to ensure that member grievances, appeals, SMI grievances and claim disputes are effectively and efficiently adjudicated and/or resolved.
9. Continuously review Grievance and Appeal System data to identify trends and opportunities for system improvement; take action to correct identified deficiencies; and otherwise implement modifications which improve Grievance and Appeal System operations and efficiency.
10. Comply with the provisions in the Section D, Paragraph 25, Grievance and Appeal System, which shall include having all professional, paraprofessional, and clerical/administrative resources to represent the Contractor's, subcontractor's and/or provider's interests for Grievance and Appeal System cases that rise to the level of an administrative or judicial hearing or proceeding, except for a claim dispute.
11. In the event of a claim dispute, the Contractor and the claimant are responsible to provide the necessary professional, paraprofessional and administrative resources to represent each of its respective interest. Absent written agreement to the contrary, the Contractor shall be responsible for payment of attorney fees and costs awarded to a claimant in any administrative or judicial proceeding.
12. Provide AHCCCS with any Grievance and Appeal System information, report or document within the time specified within AHCCCS' request.
13. Fully cooperate with AHCCCS in the event AHCCCS decides to intervene in, participate in or review any Notice, Member Grievance, SMI Grievance, SMI Appeal, or Claim Dispute or any other Grievance and Appeal System process or proceeding. Contractor shall comply with or implement any AHCCCS directive within the time specified pending formal resolution of the issue.
14. Consider the best clinical interests of the member when addressing provider or member Grievance and Appeal System-related concerns. When such concerns are communicated

to designated staff, communicate the concern, at a minimum and when appropriate, to Contractor's senior management team, AHCCCS leadership, government officials, legislators, or the media.

a. Conduct a review and take any clinical interventions, revisions to service planning or referrals to Contractor's Care Management Program as indicated when the data shows that a particular member is an outlier by filing repetitive grievances and/or appeals. See AMPM Policy 320-O for provisions regarding behavioral health assessment and treatment/service planning.
b. Regularly review Grievance and Appeal System data to identify members that utilize Grievance and Appeal System processes at a significantly higher rate than others.
c. Submit reports to AHCCCS, in a prior-approved format, of SMI grievances, SMI Appeals, non-TXIX/TXXI member grievances/complaints, and non-TXIX/TXXI provider claim disputes as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

***Member Grievances***: The Contractor shall:

1. Develop and maintain a dedicated department to acknowledge, investigate, and resolve member grievances. The distinct department should be accessible to members, providers and other stakeholders via a designated phone number that can be accessed directly or by a telephone prompt on the contractor's messaging system.
2. Respond to and resolve member grievances in a courteous, responsive, effective, and timely manner.
3. 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.
4. Not engage in conduct to prohibit, discourage or interfere with a member's or a provider's right to assert a member grievance, appeal, SMI grievance, claim dispute or use any Grievance and Appeal System process.
5. Submit response to the resolution of member grievances as directed by AHCCCS.
6. Efforts to resolve member grievances through the member grievance process do not preclude access to applicable appeal and SMI grievance processes.

***Claim Disputes***: The Contractor shall:

1. Provide subcontractors with the Contractor's Claim Dispute Policy at the time of entering into a subcontract.
2. Provide non-contracted providers with the Contractor's Claim Dispute Policy with a remittance advice.
3. Send the remittance advice and policy within 45 days of receipt of a claim.

***SMI Grievances***: The Contractor shall:

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

***SMI Appeals***: The Contractor shall:

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

The Contractor shall submit all deliverables related to the Grievance and Appeal System as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

***Title XIX/XXI Member Appeals***: Refer to Title XIX/XXI Contract YH17-0001

**26. NETWORK DEVELOPMENT**

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 415, and:

***Network Development for Integrated Health Care Service Delivery***: EXEMPT

**27. PROVIDER AFFILIATION TRANSMISSION**

Refer to Title XIX/XXI Contract YH17-0001

**28. NETWORK MANAGEMENT**

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 415, 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 persons eligible to receive services under this Contract.

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 will be terminating their contract with the Contractor as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

***Network Court Ordered Evaluation Management***: The Contractor shall ensure the Pre-Petition Screening and Court Ordered Evaluation (COE) processes are implemented and monitored in compliance with AMPM Policy 320-U and submit deliverables related to Pre-Petition Screening and COE reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall submit deliverables related to Prevention Services reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

**29. PRIMARY CARE PROVIDER STANDARDS – EXEMPT**

**30. MATERNITY CARE PROVIDER REQUIREMENTS – EXEMPT**

**31. REFERRAL MANAGEMENT PROCEDURES AND STANDARDS**

Refer to Title XIX/XXI Contract YH17-0001, AMPM Policy 580, and:

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.

**32. APPOINTMENT STANDARDS**

Refer to Title XIX/XXI Contract YH17-0001 and:

***Appointments for Behavioral Health Services***: For all populations covered under this Contract, the Contractor shall provide appointments to members as follows:

1. Emergency appointments within 24 hours of referral, including, at a minimum, the requirement to respond to hospital referrals for Non-Title XIX/XXI members determined to have an SMI, and
2. Accept and respond to emergency referrals of 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

determined to have an SMI members who are admitted to a hospital or treated in the emergency room.

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

| WHEN | WHAT | WHO |
|---|---|---|
| Behavioral health services provided within a timeframe indicated by clinical need, but no later than 48 hours from the referral/initial request for services. | Any needed covered behavioral health service, including admission to a residential program if clinically indicated.<br><br>If a residential program is temporarily unavailable, an attempt shall be made to place the person within another provider agency facility, including those in other geographic service areas. If capacity still does not exist, the person shall be placed on an actively managed residential waitlist and interim services must be provided until the individual is admitted. Interim services include: counseling/education about HIV and Tuberculosis (include the risks of transmission), the risks of needle sharing and referral for HIV and TB treatment services if necessary, counseling on the effects of alcohol/drug use on the fetus and referral for prenatal care. | Pregnant women/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.<br>All subsequent behavioral health services must be provided within timeframes according to the needs of the person. | Includes any needed covered behavioral health services.<br><br>Admit to a clinically appropriate substance use treatment program (can be residential or outpatient based on the person's clinical needs); if unavailable, interim services must be offered to the person. Interim services shall minimally include education/interventions with regard to HIV and tuberculosis and the risks of needle sharing and must be offered within 48 hours of the request for treatment. | All other injection drug users.* |

| WHEN | WHAT | WHO |
|---|---|---|
| Behavioral health services provided within a timeframe indicated by clinical need but no later than 23 days following the initial assessment.<br>All subsequent behavioral health services must be provided within timeframes according to the needs of the person. | Includes any needed covered behavioral health services. | All other persons in need of substance use treatment. |

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

**34. PROVIDER MANUAL**

Refer to Title XIX/XXI Contract YH17-0001

**35. PROVIDER ENROLLMENT/TERMINATION**

Refer to Title XIX/XXI Contract YH17-0001 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 YH17-0001 and:

***Prevention Subcontracts***: For prevention service delivery subcontracts, the Contractor shall:

1. Require the subcontractor to comply with the Strategic Prevention Framework (SPF) Model and community based prevention model as described by AHCCCS,
2. Require the subcontractor to develop a prevention budget utilizing the approved AHCCCS template,
3. Require the subcontractor to develop a prevention logic model to specify the work to be performed; type, duration, and scope of the prevention strategy to be delivered; approximate number of participants to be served. The Contractor shall utilize the templates developed by AHCCCS, as appropriate,
4. Require the subcontractor to describe the evaluation methods to monitor performance and with the specific reporting requirements,
5. Require the subcontractor to implement primary prevention interventions that are Evidence Based (EBPs), Research Based (RBPs), or Promising Practices (PPs) according to

peer reviewed journals and best practice lists as identified by AHCCCS. Innovative prevention interventions may be administered at a ratio of one innovative intervention per every one EBP/RBP/PPs being implemented by the subcontractor. Subcontractor Innovative Prevention Program Interventions are to be approved by AHCCCS and submitted to AHCCCS utilizing approved protocol, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

6. Require the subcontractor to implement all Center for Substance Abuse Prevention (CSAP) strategies, per CSAP guidelines; Information Dissemination, Education, Community Based Process, Identification and Referral, Alternatives, and Environmental. Subcontractors shall serve the following Institute of Medicine (IOM) populations per community need: universal (direct and indirect), selective, and indicated.
7. Require all subcontractor prevention staff to complete the Substance Abuse Prevention Skills Training (SAPST), or the AHCCCS designated equivalent training, within 6 months of date of hire.
8. Require the subcontractor to comply with SABG requirements, and
9. Not incorporate prevention requirements into subcontracts for other covered services.

***Psychiatric Rehabilitative Services-Housing***: The Contractor shall:

1. Develop and maintain a housing continuum for members determined to have SMI as well as all other eligible members in conformance with ACOM Policy 448,
2. Collaborate with community stakeholders, State agency partners, Federal agencies and other entities to identify, apply for or leverage alternative funding sources for housing programs,
3. Develop and manage State and Federal housing programs and deliver housing related services,
4. Utilize no less than 95% of all of the housing units previously purchased in the GSA for purposes of providing housing for SMI members,
5. Evaluate and report annually the fidelity of the Housing program through utilizing SAMHSA's Permanent Supportive Housing toolkit and submit a Fidelity Review Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables. A single Fidelity Review Report shall be submitted to include all population served (Title XIX and Non-Title XIX),
6. Comply with all federally funded and State funded housing requirements as directed by AHCCCS,
7. Participate in Housing Work Group, facilitated by the AHCCCS Director of Housing Programs, to provide input and assist in identifying metrics, establishing performance benchmarks, implementing evidence based practices, and standardizing required reporting and deliverables to evaluate contractors' effective and efficient performance of the housing duties and standards defined in this section,
8. Submit the deliverables related to the Housing Program as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
9. The Housing Inventory shall include the following:
   a. A listing of all of the **AHCCCS funded units** by address and how many were leased that month. Scattered sites can be listed in a lump sum by program type,
   b. A full listing of available vouchers and vouchers leased. The definition of vouchers leased is the member has found a unit, leased up and assistance is being paid to a

landlord. An issued voucher is not a leased voucher and should not be reported as such,

c. A listing of non-AHCCCS funded units by address and how many units are available. The number leased for non-AHCCCS funded units is not necessary, and
d. The number of units available and how many are leased as of the 1st of the month point in time. Leased units are units where the member is moved in and the RBHA is paying subsidy.

10. The Members Served/Utilization Report shall include the following:
    a. The AHCCCS-provided Summary Template
    b. Number of members served,
    c. By member type,
    d. By assistance type (subsidy, utility, rapid rehousing), and
    e. The number of units built, rehabbed or acquired in a given month
    f. A summary of the number of AHCCCS funded units available broken out by scattered sites community living and those purchased with AHCCCS funding. The Housing Inventory numbers are to be rolled up into the Members Served/Utilization Report.
    g. A summary number of units actually leased in each of the categories above.
    h. A separate breakout of the addresses of all of the AHCCCS funded units available and leased.
11. 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).
12. The Maricopa County RBHA shall provide appropriate referrals of AHCCCS members determined to have Serious Mental Illness for the Arizona Department of Housing and AHCCCS SMI Housing Trust Fund collaborative project. The referrals shall be based upon a waitlist ranking of eligible individuals experiencing homelessness including acuity scores. The RBHA will provide, directly to the property owner or management agent, the rental assistance for the identified and eligible AHCCCS members with rental assistance such that the household will pay not greater than an amount equal to 30% of the member's adjusted monthly income. Other permanent housing and general supportive services will be provided as needed and at the discretion of the AHCCCS member and the Maricopa County RBHA Maricopa. The provision of the supportive services is not contingent upon the AHCCCS member's housing and/or rental assistance. Lastly, the Maricopa County RBHA shall incorporate a report of the census of AHCCCS members residing on the property in Housing Inventory deliverable, as specified Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall submit all deliverables related to Housing as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

**37. CLAIMS PAYMENT/HEALTH INFORMATION SYSTEM**

Refer to Title XIX/XXI Contract YH17-0001 and:

Language regarding Per Diem claims for inpatient hospital services - EXEMPT

**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 YH17-0001

**42. MATERIAL CHANGE TO BUSINESS OPERATIONS**

Refer to Title XIX/XXI Contract YH17-0001

**43. PERFORMANCE BOND OR BOND SUBSTITUTE**

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

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

The Contractor shall maintain the capitalization requirement in addition to the requirements specified in the Section D, Paragraph 44, Performance Bond or Bond Substitute.

**44. AMOUNT OF PERFORMANCE BOND OR BOND SUBSTITUTE**

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

The Contractor shall provide a performance bond or bond substitute in an amount equal to or greater than 100% of the Non-Title XIX/XXI payment due to the Contractor in the first month of the Contract Year. The Contractor shall provide the performance bond or 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% of the monthly Non-Title XIX/XXI amount, the amount of the performance bond or bond substitute must be increased to at least 100% of the monthly Non-Title XIX/XXI payment amount.

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

**45. ACCUMULATED FUND DEFICIT**

Refer to Title XIX/XXI Contract YH17-0001

**46. ADVANCES, EQUITY DISTRIBUTIONS, LOANS AND INVESTMENTS**

Refer to Title XIX/XXI Contract YH17-0001

**47. FINANCIAL VIABILITY STANDARDS**

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

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 8%.

Total Non-Title XIX/XXI 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%.

***Health Insurance Providers Fee (HIPF)***: EXEMPT. AHCCCS does not reimburse the Contractor for any Health Insurance Providers Fee payments on Non-Title XIX/XXI revenue.

**48. AFFILIATED CORPORATION**

Refer to Title XIX/XXI Contract YH17-0001

**49. CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE**

Refer to Title XIX/XXI Contract YH17-0001

**50. COMPENSATION**

The Contractor shall provide Draft and Final Audit Financial Reporting Packages, Single Audit Reports, Financial Statements, Notification of Unexpended Funds Report, and SFYTD Non-Title XIX/XXI Statement of Activities and Schedule A Disclosure 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 an AHCCCS approved cost allocation plan and Single Audits shall be prepared in accordance with 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. Additional agreed upon procedures and attestations may be required of the Contractor's auditor as determined by AHCCCS [42 CFR 438.3(m)].

Non-Title XIX/XXI payments are not subject to premium tax. See ACOM Policy 304 for additional details.

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

***Management of Federal Block Grant Funds and other Federal Grants***: The Contractor shall be authorized to expend:

1. Substance Abuse Block Grant funds (SABG) for planning, implementing, and evaluating activities to prevent and treat substance use and related activities addressing HIV and tuberculosis services,
2. Mental Health Block Grant funds (MHBG) for services for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED), Evidence Based Practices for First Episode Psychosis, as well as an assessment to determine eligibility for SED funded Non-Title XIX/XXI services, and
3. Other Federal grant funding as allocated by AHCCCS as directed for purposes set forth in the Federal grant requirements.

The Contractor shall:

1. Comply with all sub-recipient obligations under Federal Block Grant funds and other federal grants received in accordance with 2 CFR Part 200.
2. Be responsible to notify in writing and monitor sub-recipient contractors receiving Federal Block Grant Funds and other Federal Grants in accordance with 2 CFR Part 200.
3. Comply with AMPM Policy 320-T and any applicable communications received from AHCCCS.
4. Be responsible to notify and monitor sub-recipients and/or providers on AMPM Policy 320-T and any applicable communications received from AHCCCS.
5. Manage, record, and report Federal Grant funds in accordance with the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), [2 CFR Part 200], and Federal grant requirements.
6. Report financial information related to Federal Grants in conformance with the AHCCCS Financial Reporting Guide, including SABG/ MHBG Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
7. Comply with all terms, conditions, and requirements of the SABG and MHBG Block Grants, 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. Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule [45 CFR 96.45, 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, and AMPM Policy 320-

T, the MHBG and SABG FAQs on the AHCCCS website, State of Arizona Accounting Manual (SAAM), and [2 CFR Part 200].

9. Plan MHBG and SABG grant funds and services separately and provide information related to block grant activities and expenditures to AHCCCS upon request as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
10. Report MHBG and SABG grant funds and services separately and provide information related to SABG/MHBG/Activities and Expenditures 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 SAMSHA 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. Report MHBG and SABG grant funds and services separately and provide information related to block grant expenditures to AHCCCS upon request.
13. Submit Contractor and provider level expenditure data to AHCCCS consistent with the annual funding levels in the AHCCCS Allocation Schedule for certain allocations of the SABG including substance use treatment services, crisis services, primary prevention services, specialty programs and services for pregnant women and women with dependent children and HIV Early Intervention Services and the MHBG including SED and SMI services and Evidenced Based Practices (EBP) for First Episode Psychosis.
14. Manage the Federal Block Grant funds during each fiscal year to make funds available for obligation and expenditure until the end of the fiscal year for which the funds were paid. When making transfers involving Federal Block Grant funds, the Contractor shall comply with the requirements in accordance with the Federal Block Grant Funds Transfers Cash Management Improvement Act of 1990 and any rules or regulations promulgated by the U.S. Department of the Treasury including, 31 CFR Part 205 and the State of Arizona Accounting Manual (SAAM).
15. Not discriminate against non-governmental organizations on the basis of religion in the distribution of Block Grant funds.
16. **Not** expend Federal Block Grant funds for any of the following prohibited activities:
    a. Inpatient hospital services
    b. Acute Care or physical health care services including payment of copays
    c. Make cash payments to intended recipients of 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; see 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, or
l. Sponsorship for events and conferences.

17. Comply with prevention funds management.
18. Comply with all terms, conditions, and requirements for any Federal Grant funding as specified in AHCCCS allocation schedule and letters.

The Contractor shall submit SABG/MHBG documentation for an annual Operational Review as specified in the AHCCCS Financial Reporting Guide, Section F, Attachment F3, Contractor Chart of Deliverables, and as follows:

1. Documentation of policies and procedures that outline internal monitoring of federal block grant requirements,
2. Documentation of notification to providers of subaward information as required by 2 CFR 200.331,
3. Documentation of notification to providers of Single Audit submission requirements. Non-Federal entities that expend $750,000 or more in a year in federal awards shall have a Single Audit conducted for that year in accordance with 2 CFR Part 200 Subpart F. AHCCCS requires for-profit entities to also adhere to this requirement,
4. Documentation of tracking tool used to monitor receipt of Single Audits. At a minimum, the tool shall contain the following information: Provider Name, Federal Audit Clearinghouse Acceptance (FAC) Date, Audit Received Date, Management Decision Letter Date, Audit Findings (Y/N) and Date Response/Corrective Action Plan Received,
5. Documentation that management decisions for audit findings were issued as required by 2 CFR 200.521 Management decision,
6. Documentation that providers were notified of the prohibited uses of SABG and MHBG funding as specified in Contract,
7. Documentation that block grant funding is being tracked by grant and by category, including unexpended funding, for appropriate allocation/reporting by category, recoupment and/or return to AHCCCS,
8. Documentation that grant activities are monitored to ensure SABG and MHBG funding are expended for authorized purposes, and
9. Additional information as directed by AHCCCS.

***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% of the total service revenue without inclusion of any crisis capacity credit.
2. Have the discretion to recoup the difference between a subcontractor's total value of encounters submitted to the Contractor and 85% of the subcontractor's total service revenue contract amount.

AHCCCS shall:

1. Monitor the value of submitted encounters on a quarterly basis.
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 Non-XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source and Final Non-Title XIX Profit Limit Template as specified in ACOM Policy 323, AHCCCS Financial Reporting Guide, and Section F, Attachment F3, Contractor Chart of Deliverables.

AHCCCS shall:

1. On a State fiscal year basis, not allow the Contractor to earn a profit from allocated funds for Supportive Housing, Crisis, and Non-Title XIX/XXI SMI. There is no maximum loss for Non-Title XIX/XXI funded programs.
2. 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.

***Reconciliation of Title XIX Behavioral Health PPC Expenses***: AHCCCS shall make a payment to the Contractor when a GMH/SU or non-CMDP child member assigned to a RBHA transitions to Title XIX eligibility after receiving Title XIX covered services using Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG) and Maricopa County funding. A reconciliation will be performed and the payment will be based on Title XIX behavioral health adjudicated medical expenses provided during the prior period coverage timeframe if a Non-Title XIX enrollment segment was created before Title XIX enrollment, as referenced in the RBHA Title XIX Contract and ACOM Policy 308.

The Contractor should appropriately account for and report these expenses as Title XIX and exclude the expenses from the Non-Title XIX financial statement reporting and reduce any SUDS or other applicable invoices submitted to AHCCCS that are impacted by the member's eligibility change

***Sources of Revenue***: AHCCCS shall:

1. Annually prepare the Non-Title XIX/XXI Allocation Schedule, which is subject to change during the fiscal year, to specify the Non-Title XIX/XXI non-capitated funding sources by program including MHBG and SABG Federal Block Grant funds, State General Fund appropriations, county and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title XIX/XXI funding.
2. Make payments to Contractor according the Non-Title XIX/XXI Allocation Schedule which includes all administrative costs to the Contractor. Payments shall be made in 12 monthly installments through the Contract year no later than the 10th business day of each month. AHCCCS retains the discretion to make payments using an alternative payment schedule.
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.
5. The Contractor shall manage available funding in order to continuously provide services throughout the funding period.
6. The Contractor shall submit the Contractor's Expenditure Report (CER) as specified in Section F, Attachment F6, with supporting documentation for reimbursement of certain Non-TXIX general funds for housing acquisition/renovation, SMI Housing Trust funds, or grant funds as specified in the Allocation Schedule and/or terms of Allocation letter.
7. In accordance with A.R.S. §35-190, State General Funds are appropriated by legislature and must be expended (based on dates of service) by June 30 of each year at both the Contractor and contracted provider levels. Any general funds allocated for housing must be spent in accordance with approved housing plan.

**51. CAPITATION ADJUSTMENT – EXEMPT**

**52. MEMBER BILLING AND LIABILITY FOR PAYMENT – EXEMPT**

**53. REINSURANCE – EXEMPT**

**54. COORDINATION OF BENEFITS AND THIRD PARTY LIABILITY**

Refer to Title XIX/XXI Contract YH17-0001 and:

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

**55. COPAYMENTS**

Refer to Title XIX/XXI Contract YH17-0001 and:

For Non-Title XIX/XXI members who are determined to have an Serious Mental Illness, AHCCCS has established a copayment to be charged to these members for covered services (A.R.S.§36-3409). The Contractor is required to comply with the following:
Copayment requirements are not applicable to services funded by the Substance Abuse Block Grant (SABG) or Mental Health Block Grant (MHBG).

1. Copayments are not assessed for crisis services or collected at the time crisis services are provided.
2. Persons determined to have an SMI must be informed prior to the provision of services of any fees associated with the services (A.A.C. R9-21-202(A)(8)), and providers must document such notification to the person in his/her comprehensive clinical record.
3. Copayments assessed for Non-Title XIX/XXI members determined to have an SMI are intended to be payments by the member for all covered behavioral health services, but copayments are only collected at the time of the psychiatric assessment and psychiatric follow up appointments.
4. Copayments are:
   a. A fixed dollar amount of $3,
   b. Applied to in network services, and
   c. Collected at the time services are rendered.
5. The Contractor must establish methods to encourage a collaborative approach to resolve non-payment issues, which may include the following:
   a. Engage in informal discussions and avoid confrontational situations,
   b. Re-screen the person for AHCCCS eligibility, and
   c. Present other payment options, such as payment plans or payment deferrals, and discuss additional payment options as requested by the person.
6. Individuals receiving services through SABG, MHBG, and discretionary grants are not assessed copays. See AMPM Policy 320-T.

**56. MEDICARE SERVICES AND COST SHARING**

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

**57. MARKETING**

Refer to Title XIX/XXI Contract YH17-0001

**58. CORPORATE COMPLIANCE**

Refer to Title XIX/XXI Contract YH17-0001

**59. RECORD RETENTION**

Refer to Title XIX/XXI Contract YH17-0001

**60. SYSTEMS AND DATA EXCHANGE REQUIREMENTS**

Refer to Title XIX/XXI Contract YH17-0001

**61. ENCOUNTER DATA REPORTING**

Submitted encounters for services delivered to Non-Title XIX/XXI members must be submitted in the same manner and timeframes as described in the AHCCCS Encounter Manual.

**62. ENROLLMENT AND CAPITATION TRANSACTION UPDATES**

Refer to Title XIX/XXI Contract YH17-0001

**63. PERIODIC REPORTING REQUIREMENTS**

Refer to Title XIX/XXI Contract YH17-0001

**64. REQUESTS FOR INFORMATION**

Refer to Title XIX/XXI Contract YH17-0001

**65. DISSEMINATION OF INFORMATION**

Refer to Title XIX/XXI Contract YH17-0001

**66. READINESS REVIEWS**

Refer to Title XIX/XXI Contract YH17-0001

**67. MONITORING AND OPERATIONAL REVIEWS**

Refer to Title XIX/XXI Contract YH17-0001

**68. ADMINISTRATIVE ACTIONS**

Refer to Title XIX/XXI Contract YH17-0001

**69. CONTINUITY OF OPERATIONS AND RECOVERY PLAN**

Refer to Title XIX/XXI Contract YH17-0001

**70. MEDICARE REQUIREMENTS**

Refer to Title XIX/XXI Contract YH17-0001

**71. PENDING ISSUES**

Refer to Title XIX Contract YH17-0001

**72. VALUE-BASED PURCHASING**

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

**73. LEGISLATIVE , LEGAL, AND REGULATORY ISSUES**

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall comply with the following:

1. ACOM Policy 448
2. Application for Housing Development Under the AZ Dept. of Health Services, or its successor
3. ISA between AHCCCS and ADOH ISA for Housing Technical Assistance
4. ISA between AHCCCS and ADOH for State Housing Trust Fund
5. ISA between AHCCCS and ADOH for Administration of Housing Funds
6. Pima County IGA
7. Coconino County IGA
8. ISA between AHCCCS and ADES-RSA
9. Substance Abuse Informational Materials
10. SABG/MHBG Joint Block Grant Planning Application
11. SABG/MHBG Frequently Asked Questions (FAQs)

The Contractor will 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 specific 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 YH17-0001

[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 YH17-0001 and ACOM Policy 444 and 446

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

**ATTACHMENT F2: PROVIDER CLAIM DISPUTE STANDARDS**

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

[END OF ATTACHMENT F2: PROVIDER CLAIMS DISPUTE STANDARDS]

## ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES

Refer to Title XIX/XXI Contract YH17-0001 and:

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

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

All deliverables which are noted to be submitted via SharePoint are to be submitted to the SharePoint Contract Compliance site at: compliance.azahcccs.gov. Should AHCCCS modify 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 Contractor Chart of Deliverables below

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/FINANCE | Ad Hoc | Final Non-Title XIX Profit Limit Template (If applicable) | 30 Days after Final Audit Submission | D,50 | ACOM Policy 323; AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Ad Hoc | Non-XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source (If applicable) | 30 Days after Final Audit Submission | D,50 | ACOM Policy 323; AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Annually | Draft Audit Financial Reporting Package and Single Audit Report | 90 days after Contractor's Fiscal Year end | D,50 | AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Annually | Final Audit Financial Reporting Package and Single Audit Report | 120 days after Contractor's Fiscal Year end | D,50 | AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Annually | Notification of Unexpended Funds | March 31 | D,50 | AHCCCS Financial Reporting Guide | N/A | Email and Notification to the DHCM Finance Manager |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/FINANCE | Monthly | Contractor Expenditure Report | 15th day of the month following the expenditure period | F, Att F6 | N/A | Reporting Form as provided by DHCM, Finance Manager | Email to: BHSInvoices@azahcccs.gov |
| DHCM/FINANCE | Monthly | SFYTD Non-Title XIX/XXI Statement of Activities and Schedule A Disclosure (due monthly from January – May, excluding March) | 30 days after January, February, April and May month end | D,50 | AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Annually | SABG/MHBG Operational Review | 60 days prior to the site visit | D,50 | AHCCCS Financial Reporting Guide | N/A | SharePoint |
| DHCM/FINANCE | Quarterly | Financial Reporting Package | 45 days after quarter end | D,50 | AHCCCS Financial Reporting Guide | N/A | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Ad Hoc | Oxford House Model Report | Upon Request | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment H or an AHCCCS approved format, which contains all of the required information | SharePoint |
| DHCM/GRANTS | Ad Hoc | Publication Materials | 21 days prior to dissemination | D,50 | N/A | N/A | SharePoint |
| DHCM/GRANTS | Ad Hoc | SABG Capacity Management Report | Upon Request and within 7 days of notification | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment J | SharePoint |
| DHCM/GRANTS | Ad Hoc | SABG/Prevention/MHBG Block Grant Report | Upon Request | D,2 | N/A | Reporting Form as provided by DHCM, Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | First Episode Psychosis Program Status Report | October 15 | D,2 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment C | SharePoint |
| DHCM/GRANTS | Annually | ICR Peer Review Data Pull | December 15 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment D | FTP Server |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Annually | Prevention Administrator Level of Effort Attestation | November 1 | D,9 | N/A | Reporting Form as Provided by DHCM/Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | Prevention Subcontracts | October 31 | D, 9 | N/A | Reporting Form as Provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | Prevention Subcontractor Logic Models | January 31 | D, 9 | N/A | Reporting Form as Provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | Regional Prevention Budget | November 15 | D, 9 | N/A | Reporting Form as Provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | Regional Prevention Logic Model | January 31 | D, 9 | N/A | Reporting Form as Provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | Regional Prevention Needs Assessment | January 1 | D,9 | N/A | Reporting Form as provided by DHCM, Grants Unit, or Attestation Letter including current Needs Assessment | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Annually | Regional Strategic Prevention Plan | February 28 | D,9 | N/A | Reporting Form as provided by DHCM, Grants Unit, or Attestation Letter including current Strategic Plan | SharePoint |
| DHCM/GRANTS | Annually | SABG/MHBG/Activities and Expenditures Report | Upon Request | D,9 | N/A | Reporting Form as provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | SABG/MHBG/Activities and Expenditures Plan | Upon Request | D,9 | N/A | Reporting Form as provided by DHCM Grants Unit | SharePoint |
| DHCM/GRANTS | Annually Ad Hoc | SABG/MHBG Reports | 15 days after the end of the contract year and upon AHCCCS request | D,2 | AHCCCS Financial Reporting Guide | Reporting Form as provided by DHCM, Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | SABG/Prevention/MHBG Block Grant Report | November 15 | D,2 | N/A | Reporting Form as provided by DHCM, Grants Unit | SharePoint |
| DHCM/GRANTS | Annually | SABG/Prevention/MHBG Operational Review | 60 days prior to the site visit | D,2 | N/A | Reporting Form as provided by DHCM, Grants Unit | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Annually | SABG/Prevention/MHBG Plan | July 1 | D,2 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment K | SharePoint |
| DHCM/GRANTS | Annually | SABG Agreements Report | August 1 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment G | SharePoint |
| DHCM/GRANTS | Annually | SABG TB Services Treatment Procedure and Protocol | October 31 | D,9 | AMPM Policy 320-T | N/A | SharePoint |
| DHCM/GRANTS | Annually | Subcontractor Innovative Prevention Program Interventions | October 31 | D,36 | N/A | Reporting Form as Provided by Grants Unit | SharePoint |
| DHCM/GRANTS | Bi-Monthly (every two months) | SED Program Status Report | December 30<br>March 2<br>April 30<br>June 30<br>August 30<br>October 30 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment B | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Quarterly | First Episode Psychosis Program Status Report | 15 days after the quarter end:<br>January 15<br>April 15<br>July 15<br>October 15 | D,2 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment C-1<br><br>For October 15 Deliverable – Attestation Only | SharePoint |
| DHCM/GRANTS | Quarterly | Oxford House Financial Reports (for RBHAs with approved Plan) | January 30<br>April 30<br>July 30<br>October 30 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment H-1 | SharePoint |
| DHCM/GRANTS | Quarterly | SABG Priority Population Waitlist Report | January 30<br>April 30<br>July 30<br>October 30 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment I | SharePoint |
| DHCM/GRANTS | Semi-Annually | SABG HIV Activity Report | March 1<br>September 1 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment E | SharePoint |
| DHCM/GRANTS | Semi-Annually | SABG HIV Site Visit Report | April 1<br>September 1 | D,9 | AMPM Policy 320-T | AMPM Policy 320-T, Attachment F | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist- Template- Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/GRANTS | Semi-Annually | Prevention Progress Report | March 1<br>September 1 | D,9 | N/A | Reporting Form as provided by DHCM, Grants Unit | SharePoint |
| DHCM/GRANTS | Semi-Annually | SABG/MHBG Treatment Providers Oversight Monitoring Report | March 1<br>September 1 | D,9 | N/A | N/A | SharePoint |
| DHCM/HOUSING | Ad Hoc | Community Development Corporation or Non- Profit Entity Contract Services Management Plan | Upon Request | D,36 | ACOM Policy 448 | ACOM Policy 448, Attachment A, Attachment B, and Attachment C | SharePoint |
| DHCM/HOUSING | Ad Hoc | Housing Related Support Services Plan | Upon Request | D,36 | ACOM Policy 448 | ACOM Policy 448, Attachment A, Attachment B, and Attachment C | SharePoint |
| DHCM/HOUSING | Ad Hoc | Initial Housing Plan | 60 days prior to Contract start date and upon AHCCCS request | D,36 | ACOM Policy 448 | ACOM Policy 448, Attachment A, Attachment B, and Attachment C | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/HOUSING | Ad Hoc | Internal Property Acquisition Maintenance and Inspection Plan | Upon Request | D,36 | ACOM Policy 448 | ACOM Policy 448, Attachment A, Attachment B, and Attachment C | SharePoint |
| DHCM/HOUSING | Ad Hoc | Real Property Transaction Notice | Within 15 days of Transaction | D,36 | ACOM Policy 448 | Reporting Form as provided by the Director of Housing Programs | SharePoint |
| DHCM/HOUSING | Annually | Housing Spending Plan | No later than 30 days from notification by AHCCCS that State funds have been allocated for housing development | D,36 | ACOM Policy 448 | Reporting Form as provided by the Director of Housing Programs | SharePoint |
| DHCM/HOUSING | Monthly | Housing: Housing Inventory | 15th of the month | D,36 | ACOM Policy 448 | Reporting Form as provided by the Director of Housing Programs | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/HOUSING | Monthly | Housing: Members Served/Utilization Report | 15th of the month | D,36 | N/A | Reporting Form as provided by the Director of Housing Programs | SharePoint |
| DHCM/HOUSING | Quarterly | Supervisory Care Home Census Report | 30 days after quarter end | D,73 | ACOM Policy 448 | Reporting Form as provided by the Director of Housing Programs | SharePoint |
| DHCM/MEDICAL MANAGEMENT | Quarterly | Pre-Petition Screening and Court Ordered Evaluation (COE) Report | 45 days after quarter end | D,28 | AMPM Policy 320-U | AMPM Policy 320-U, Attachment B | SharePoint |
| DHCM/NETWORK | Ad Hoc | Material Change to the Provider Network (Grants) | Within 7 days of notification | D,28 | AMPM Policy 320-T; ACOM Policy 439 | ACOM Policy 439, Attachment A | SharePoint |
| DHCM/OPERATIONS | Ad Hoc | Non-Title XIX/XXI Services Referral Report (Non-Title XIX/XXI Contractor) | January 1, 2020 | D,2 | N/A | N/A | SharePoint |

| Area | Timeframe | Report | When Due | Contract Section/ Paragraph | Reference/ Policy | Checklist-Template-Reporting Form | Submitted Via |
|---|---|---|---|---|---|---|---|
| DHCM/OPERATIONS | Annually | SMI Targeted Services Fidelity Review Report for TXIX and Non-TXIX Members (1 Report) | September 15 2019 and Annually thereafter | D,11 | N/A | N/A | SharePoint |
| DHCM/SYSTEM OF CARE | Monthly | Removal Risk Report | Suspended | D,11 | N/A | Reporting Form as provided by DHCM, System of Care, Implementation Manager | SharePoint |
| OALS/GRIEVANCE AND APPEALS | Quarterly | Serious Mental Illness (SMI) Grievance, Appeal, Member Grievances/Complaints, and Provider Claims Dispute Report | 30 days after quarter end | D,25 | ACOM Policy 444; ACOM Policy 446 | ACOM Policy 446, Attachment A | SharePoint |
| OFFICE OF THE DIRECTOR | Quarterly | OUD Provider List | January 1, April 1, July 1, October 1 | D,11 | N/A | Reporting Form as Provided by OOD, State Opioid Coordinator | SharePoint |

[END OF ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES]

**ATTACHMENT F4: PERFORMANCE MEASURES - EXEMPT**

[END OF ATTACHMENT F4: PERFORMANCE MEASURES]

**ATTACHMENT F5: MARICOPA COUNTY ZIP CODES**

Refer to Title XIX/XXI Contract YH17-0001

[END OF ATTACHMENT F5: MARICOPA COUNTY ZIP CODES]

**ATTACHMENT F6: CONTRACTOR'S EXPENDITURE REPORT**

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

[END OF ATTACHMENT F6: CONTRACTOR'S EXPENDITURE REPORT]

[END OF SECTION F: ATTACHMENTS]