

CONTRACT AMENDMENT

1. AMENDMENT #: 6	2. CONTRACT #: YH22-0061R	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2026	4. PROGRAM: ACC-RBHA NON-TITLE XIX/XXI
5. CONTRACTOR/PROVIDER NAME AND ADDRESS:			
6. PURPOSE: To amend the Contract for the period of October 1, 2026 to September 30, 2027, and as indicated below.			

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

- Section B, Capitation Rates and Contractor Specific Requirements
- Section C, Definitions
- Section D, Program Requirements
- Section E, Contract Terms and Conditions
- Section F, Attachments

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.

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.

8. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

9. NAME OF CONTRACTOR/PROVIDER:	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE	SIGNATURE: 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 # YH19-0001R.

Contractor Commitments: Refer to Title XIX/XXI Contract # YH19-0001R.

SECTION C: DEFINITIONS**AHCCCS ALLOCATION
SCHEDULE**

The schedule prepared by AHCCCS that specifies the Non-Title XIX/XXI non-capitated funding sources by program including Mental Health Block Grant (MHBG) and Substance Use Block Grant (SUBG) Federal Block Grant funds, Discretionary Grant funds, State General Fund appropriations, County, and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title XIX/XXI funding.

AHCCCS ALLOCATION LETTER

Communication provided by AHCCCS to identify funding not otherwise included in the "Original" Allocation Schedule and specific terms and conditions for receipt of Non-Title XIX/XXI Funding.

**AHCCCS MANAGED CARE
ORGANIZATION (MCO)**

An organization or entity that has a prepaid capitated Contract with AHCCCS pursuant to ARS 36-2904, 36-2940, or 36-2944 to provide goods and services to members either directly or through subcontracts with providers, in conformance with Contractual requirements, AHCCCS Statute and Rules, and Federal law and regulations.

CULTURAL COMPETENCY

A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, which enables that system, agency, or those professionals to work effectively in cross-culture situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. This includes consideration of health status, national origin, sex, gender, gender identity, and age.

DETOXIFICATION

A set of interventions aimed at managing acute intoxication and withdrawal to minimize the physical harm caused by the abuse of substances.

DISCRETIONARY GRANT

A grant (or cooperative agreement) for which the Federal awarding agency generally should select the recipient from among all eligible recipients, should decide whether to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.

DISENROLLMENT

The discontinuance of a member's eligibility to receive covered services through a Contractor as specified in 42 CFR 438.56.

FIRST EPISODE PSYCHOSIS (FEP) PROGRAM	A program focused on the early identification and provision of evidence-based treatment and support services to adults and adolescents who have experienced a FEP within the past two years. Evidence-based FEP programs have been shown to improve symptoms, reduce relapse, and lead to better outcomes. A commonly used evidenced based model is Coordinated Specialty Care, which is a recovery-based approach that uses shared decision making and offers case management, psychotherapy, medication management, family education and support, and supported education or employment.
FORMULA GRANT	Allocations of Federal funding to States, territories, or local units of government determined by distribution formulas in the authorizing legislation and regulations. To receive a Formula Grant, the entity shall meet all the eligibility criteria for the program, which are pre-determined and not open to discretionary funding decisions.
GENERAL FUND	The primary fund of a government used to record all assets and liabilities not assigned to a fund used for some specific purpose. AHCCCS receives specific appropriations of the General Fund for Non-Title XIX/XXI behavioral health services from the Arizona State Legislature.
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	A Sexually Transmitted Infection (STI) that damages white blood cells that are very important in helping the body fight infection and disease.
HUMAN IMMUNODIFICENCY VIRUS (HIV) EARLY INTERVENTION SERVICES	Appropriate pretest counseling, testing for HIV, including tests to confirm the presence of HIV, to diagnose the extent of the deficiency in the immune system, and to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from the disease. Appropriate post-test counseling and Therapeutic measures will also be provided [42 USC 300x-24(b)(7)].
MEDICATION FOR OPIOID USE DISORDER (MOUD)	An evidence-based approach that uses medication to treat individuals with Opioid Use Disorder (OUD).
MEMBER	REFER TO NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI INDIVIDUAL.

MENTAL HEALTH BLOCK GRANT (MHBG)	An annual Formula Grant that provides Federal Grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) created pursuant to Division B, Title XXXII, and Section 3204 of the Children's Health Act of 2000. It supports Non-Title XIX/XXI services for children with a Serious Emotional Disturbance (SED) identification, individuals with a Serious Mental Illness (SMI) designation, and evidence-based practices for Early Serious Mental Illness (ESMI) which can include First Episode Psychosis (FEP).
NON-TITLE XIX/XXI FUNDING	AHCCCS' funding sources outside of Title XIX/XXI Medicaid funds that could include but are not limited to; state appropriated general funds, state non-appropriated funds, county funds, block or formula grants, discretionary grants, or other grant-based funding.
NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI INDIVIDUAL	An eligible individual who is enrolled in AHCCCS, as specified in ARS 36-2931, 36-2901, and ARS 36-2981. Also, an eligible individual who needs or may be at risk of needing covered health-related services but does not meet Federal and State requirements for Title XIX or Title XXI eligibility.
NON-TITLE XIX/XXI SERIOUS MENTAL ILLNESS (SMI) MEMBER	A Non-Title XIX/XXI Member who has met the criteria to be designated as SMI.
PRIORITY POPULATION	Populations that are acknowledged within specific grant or funding requirements, which are identified as the only allowable population subset to spend those specific funds. Priority Populations are identified using demographic information. Different grants or funding sources may have varying Priority Populations.
SANCTION	A monetary and/or non-monetary penalty assessed or applied for failure to demonstrate compliance in one or more areas of contractual responsibility. Non-monetary penalties may include, but are not limited to: 1. Appointment of temporary management for the Contractor, granting the Contractor's enrollees the right to terminate enrollment with the Contractor. 2. Suspension of auto-assignment and/or new enrollment. 3. Suspension of payment to the Contractor until Centers for Medicare and Medicaid (CMS) or the State is satisfied that the reason for imposition of the sanction no longer exists and is not likely to recur.
SHALL	Mandatory requirements, actions, duties, etc., as specified in AAC R2-7-101(44).
SHOULD	A suggestion that is recommended but not required.

SUBCONTRACT

A Contract, entered into by the Contractor with any of the following: a provider of health care services who agrees to furnish covered services to member; or with any other organization or individual who agrees to perform any administrative function or service for the Contractor specifically related to fulfilling the Contractor's obligations to AHCCCS under the terms of this Contract, as defined in AAC Title 9, Chapter 22, Article 1.

**SUBSTANCE USE BLOCK
GRANT (SUBG) - FORMERLY
REFERRED TO AS SUBSTANCE
ABUSE PREVENTION AND
TREATMENT BLOCK GRANT
(SAPT)**

An annual Formula Grant that provides Federal Grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) that supports substance use primary prevention, treatment, and recovery support services. It is used to plan, implement, and evaluate activities to prevent and treat substance use. Grant funds are also used to provide Early Intervention Services for Human Immunodeficiency Virus (HIV) and tuberculosis disease in members undergoing treatment for substance use.

UNDERINSURED

Term used to describe when an individual who is underinsured meets at least one of the following criteria: has health benefits that do not adequately cover their medical needs, including those who qualify for Medicaid under a limited benefit eligibility category; or qualifies for health benefits through a public, private, or employer based option, but the costs of premiums, deductibles, or cost-sharing are prohibitive to continuing coverage.

UNINSURED

Term used to describe when an individual, who has no health insurance, including other sources of third-party coverage from medical/health services.

[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 behavioral health services for Title XIX/XXI and Non-Title XIX/XXI Members. In addition, this Contract provides for State only funded pregnancy termination services.

For ease of reference, the sections in this Contract correspond to the related sections in the Arizona Health Care Cost Containment System (AHCCCS) Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Title XIX/XXI Contract #YH19-0001R. The Contractor shall adhere to all requirements and provisions of the Title XIX/XXI #YH19-0001R Contract for all populations under this Contract except when noted 'Exempt.'

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

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

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

Services provided under this Contract are primarily funded by the County Intergovernmental Agreements (IGAs), Mental Health Block Grant (MHBG), Substance Use Block Grant (SUBG), or State General Fund. State Directed Payments (SDP) only apply to Title XIX/XXI funding as specified in 42 CFR 438.

SECTION D: PROGRAM REQUIREMENTS

Block Grants: Arizona's MHBG and the SUBG are Federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). AHCCCS is the designated Single State Medicaid Agency and State Mental Health Authority (SMHA) unit of the executive branch that is responsible for administering the grants. The MHBG and SUBG have specific requirements for Managed Care Organizations (MCOs) (Contractors), State Partners, and community provider agencies to adhere to as they best meet the needs of individuals in Arizona with Substance Use Disorders (SUD) and/or behavioral health needs. AHCCCS develops and submits to SAMHSA, annually, a statewide Block Grant Application and Plan that describes the State's system of care, establishes goals and objectives, and meets the requirements of Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act and Title 42, Chapter 6A, Subchapter XVII of the United States Code.

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

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

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

Discretionary and Other Federal Grants: A grant for which the Federal awarding agency may select the recipient from among all eligible recipients and should decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded. Refer to AMPM Policy 320-T1. Based on funding availability, the U.S. Government may make additional grant funding available to AHCCCS for the populations served under this Contract ("Future Grant"). At its sole discretion, AHCCCS may notify the Contractor in writing of an offer to become a recipient of the Future Grant and the requirements of the Future Grant. Should the Contractor agree to be a recipient of the Future Grant, it shall notify AHCCCS in writing of the acceptance of AHCCCS' offer. The Contractor's acceptance of this grant funding shall amend this Contract to obligate the Contractor to fulfill all requirements of the Future Grant ("Future Grant Amendment"). All other provisions of this Contract shall remain unchanged and shall apply to any Future Grant Amendment. If a provision of the Future Grant Amendment conflicts with this Contract, the Future Grant Amendment shall control.

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

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

2. ELIGIBILITY

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

An individual who is not eligible for Title XIX/XXI covered services may be considered uninsured or those who are covered by another health insurance plan, including Medicare, should be considered underinsured and still be eligible for Non-Title XIX/XXI services.

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

Eligibility for Federal Health Insurance Exchange: The Contractor and providers shall educate and encourage Non-Title XIX/XXI SMI Members to enroll in a qualified health plan through the Federal Health Insurance Exchange (HIE) and assist those choosing to enroll during open enrollment periods and qualified life events. The following applies for members who enroll in a qualified health plan through the Federal insurance exchange:

Members enrolled in a qualified health plan through the Federal HIE 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 (TPL) premiums, deductibles, or co-pays except for the coverage of cost sharing and copays for Medicare Part D for members with an SMI designation. Refer to AMPM Policy 320-T2.

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

Mental Health Block Grant Eligibility: MHBG funds are used to provide services for children with a Serious Emotional Disturbance (SED) identification, individuals with a Serious Mental Illness (SMI) designation, and individuals with Early Serious Mental Illness (ESMI) including First Episode Psychosis (FEP) who are considered uninsured or underinsured. Treatment during incarceration (including youth in detention) is an allowable use of the MHBG within the SMI and SED populations, provided that the treatment services, as well as the provider of such services, meet the statutory requirements of the MHBG.

Non-Title XIX/XXI Eligible Individuals: The Contractor is responsible for providing medically necessary covered behavioral health services and Non-Title XIX/XXI covered services as specified in AMPM Exhibit 300-2B to eligible Non-Title XIX/XXI individuals subject to available funding allocated to the Contractor.

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

1. AHCCCS Complete Care (ACC).
2. Comprehensive Health Plan (CHP).
3. Tribal Regional Behavioral Health Authority (TRBHA).
4. AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHA).
5. American Indian Health Program (AIHP).
6. Arizona Long Term Care Services Elderly and/or have a Physical Disability (ALTCS E/PD) (unless the service is otherwise available to the member).
7. Arizona Department of Economic Security Division of Developmental Disabilities (DES DDD) (unless the service is otherwise available to the member).

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

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

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

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

SECTION D: PROGRAM REQUIREMENTS

The SUBG-funded services are available to eligible members who are considered uninsured or underinsured. Eligible Title XIX/XXI members may receive SUBG-funded services as specified in AMPM Exhibit 300-2B or as specified in the ACC-RBHA signed Allocation Letter or approved budget. Eligible Non-Title XIX/XXI members may receive SUBG-funded services as specified in AMPM Exhibit 300-2B or as specified in the ACC-RBHA signed Allocation Letter or approved budget.

The Contractor shall ensure that priority populations specific to SUBG eligibility are 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 and electronic media, and posters placed in targeted areas and locations where pregnant women, women with dependent children, individuals who use drugs by injection, and uninsured or underinsured people with SUD who do not meet eligibility for Title XIX/XXI are likely to attend, as specified in 45 CFR 96.131(a)(1-4). The Contractor shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of Community-Based Organizations (CBOs), health care providers, and social services agencies. Refer to AMPM Policy 320-T1.

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

3. ENROLLMENT AND DISENROLLMENT

Refer to Title XIX/XXI Contract #YH19-0001R, AMPM Policy 550 regarding SED Identification process, and:

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

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

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

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

Opt-Out for Cause: EXEMPT

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

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

4. ANNUAL AND OPEN ENROLLMENT CHOICE – EXEMPT

5. PEER AND FAMILY INVOLVEMENT AND PARTICIPATION

Refer to Title XIX/XXI Contract #YH19-0001R.

6. AUTO-ASSIGNMENT ALGORITHM – EXEMPT

7. ACCOMMODATING AHCCCS MEMBERS

Refer to Title XIX/XXI Contract # YH19-0001R.

8. MEMBER TRANSITIONS OF CARE

Refer to Title XIX/XXI Contract # YH19-0001R.

9. SCOPE OF SERVICES

The Contractor shall obtain consent and authorization to disclose protected health information in accordance with 42 CFR 431, 42 CFR Part 2, 45 CFR parts 160 and 164, and ARS 36-509 and shall retain consent and authorization medical records as specified in ARS 12-2297 and in conformance with AHCCCS Policy.

SECTION D: PROGRAM REQUIREMENTS

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 (FFS) basis to the Contractor's members. In the event the Proposal is not approved, AHCCCS will notify the Contractor. The Proposal shall:

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

If AHCCCS approves the Contractor's Proposal for its members to access the services, the Contractor shall immediately develop a policy implementing the Proposal along with a notification to members of how to access these services. The notification and policy shall be consistent with the provisions specified in ACOM Policy 404 and shall be approved by AHCCCS prior to dissemination. The notification shall be provided to newly assigned members within 12 days of enrollment and shall be provided to all current members at least 30 days prior to the effective date of the Proposal.

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

The Contractor shall ensure the delivery of medically necessary and clinically appropriate covered behavioral health services to members in conformance with AMPM Policy 310-B, AMPM Policy 320-T1, AMPM Policy 320-T2, and AMPM Exhibit 300-2B.

The Contractor shall ensure, as specified in 42 CFR Part 54, that individuals receiving SUD treatment services under the SUBG be informed of their right to receive services from a provider to whose religious character they do not object. If an individual objects to the religious character of a behavioral health provider, the provider shall refer the individual to an alternative provider within seven days, or earlier when clinically indicated after the date of the objection. Upon making such a referral, providers shall notify the Contractor of the referral and ensure that the individual contacts the alternative provider. The Contractor shall develop and make available policies and procedures that indicate who and how providers shall notify the Contractor of these referrals. The Contractor shall ensure behavioral health providers providing substance use services under the SUBG, notify individuals of this right; refer to AMPM Policy 320-T1. Providers shall document that the individual has received notice in the individual's medical record.

Non-Title XIX/XXI services include:

1. Auricular Acupuncture.
2. Child sitting.
3. Traditional Healing services.
4. Room and Board.
5. Supportive Housing rent/utility subsidies and relocation services other than those managed by the AHCCCS Housing Administrator.
6. Children's Behavioral Health Services delivered as a result of a referral from an educational institution, in compliance with ARS 36-3436.01.

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

Behavioral Health Residential Facility (BHRF): The Contractor shall apply the same BHRF medical necessity criteria for both Non-Title XIX/XXI and Title XIX/XXI members. The BHRF Medical Necessity Criteria (including admission, continued stay, and discharge criteria) must be published on the Contractor's website as specified in AMPM Policy 320-V.

If the Contractor adopts criteria from other sources, the Contractor shall submit a copy of the source document for approval prior to utilization of the criteria.

Block Grants: Refer to AMPM Exhibit 300-2B for a summary of eligible populations and services.

The Contractor shall submit reports as follows:

The Contractor shall submit an MHBG Plan and an SUBG Plan per GSA as specified in Section F, Attachment F3, Contractor Chart of Deliverables indicating the following information for both Block Grants (MHBG and SUBG), and for all eligible and priority populations as specified in AMPM Policy 320-T1.

The Contractor shall submit an MHBG Activities and Expenditures Report and an SUBG Activities and Expenditures Report per GSA as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

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

SECTION D: PROGRAM REQUIREMENTS

Substance Use Block Grant (SUBG): Utilizing SUBG funding, the Contractor shall provide treatment and long-term recovery and support services for Priority Populations established by SAMHSA and as specified in Section D, Paragraph 2 of this contract, Eligibility. SUBG funds are also used to provide Early Intervention Services for Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) disease for individuals undergoing treatment for substance use. Refer to Section D, Paragraph 9 of this contract, Scope of Services, HIV or Communicable Diseases Services and Section D, Paragraph 9 of this contract, Scope of Services, Tuberculosis Services.

Substance Use Block Grant (SUBG) Capacity Management, Wait Times, Waitlist, Interim Services:

Capacity: In accordance with 45 CFR 96.126, the Contractor shall require any program receiving funding under the grant and that treat individuals for intravenous substance use to, upon reaching 90% of its capacity to admit individuals to the program, notify the ACC-RBHA and AHCCCS within seven days via the [AHCCCS Quality Management \(QM\) Portal](#). The Contractor shall monitor provider compliance. The Contractor shall submit related information via the SUBG Performance Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Wait Times: The Contractor shall ensure that priority population members are entered into appropriate treatment program/service as soon as clinically indicated, and no later than 48 hours for pregnant women/teenagers, five days for women with dependent children, and 14 days for people who use drugs by injection or 120 days after the date of such request if no such program has the capacity to admit the individual and interim services are provided.

All others with SUD shall be entered into appropriate treatment as clinically indicated but no later than 23 days following the initial assessment, or 21 days following the initial assessment for persons in legal custody of the Department of Child Safety (DCS) and adopted children in accordance with ARS 8-512.01.

If a priority population member is in need of residential level of care and a residential program is temporarily unavailable, an attempt shall be made to place the individual within another appropriate provider agency facility within the same GSA. If placement within the same geographical area is not possible, the member may be placed in another appropriate facility in another GSA if required in order to place the member into appropriate care within the established timeframes.

Waitlist: The Contractor shall require any SUD treatment program receiving funding under the grant establish a waiting list that includes a unique patient identifier for each priority population member seeking treatment, including those receiving interim services while awaiting admission to such treatment. If a SUBG priority population member cannot be entered into treatment within the specified timeframes, the provider shall immediately submit the member to the SUBG Priority Population Waitlist via the [AHCCCS QM Portal](#), provide and document interim services as outlined in this section. Refer to AMPM Policy 320-T1. The Contractor shall ensure programs develop a mechanism for maintaining contact with individuals awaiting admission. The Contractor shall monitor the providers' utilization of the AHCCCS SUBG Priority Population Waitlist and ensure technical assistance is given to providers with members on the AHCCCS SUBG Priority Population Waitlist.

The Contractor shall submit an SUBG Performance Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables and AMPM Policy 320-T1.

Interim Services: Interim services are required to be provided to Non-Title XIX/XXI SUBG priority population members who are maintained on the AHCCCS SUBG Priority Population Waitlist. Providers shall provide interim services and document such services in the member's medical record as well as report the provision of interim services to AHCCCS through the AHCCCS SUBG Priority Population Waitlist via the [AHCCCS QM Portal](#). Title XIX/XXI Individuals who also meet a priority population type shall not be placed on the AHCCCS SUBG Priority Population Waitlist. For pregnant women and/or people who use drugs by injection, when appropriate treatment services are not available within the specified timeframes, interim services shall be offered by the provider within 48 hours. For women with dependent children, interim services shall be offered within five calendar days. Interim services shall be provided until an individual is admitted to a substance use treatment program 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 into treatment.

The minimum required interim services include:

1. Counseling and education about the following:
 - a. Prevention of HIV, tuberculosis, Hepatitis, and other communicable diseases (including educating on behaviors which impact the risk of transmission, steps to take to ensure transmission does not occur, etc.),
 - b. Effects of substance use on fetal development,
 - c. Risks of needle-sharing,
 - d. Risks of disease transmission to sexual partners and infants, and
 - e. Risk assessment/screening.
2. Referrals for HIV, Hepatitis, and TB screening and treatment services.
3. Referrals for primary and prenatal medical care.

Additional Requirements

In accordance with 45 CFR 96, the Contractor shall ensure agreements are in place for the following:

1. Monitor and 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:
 - a. Examples of how this should be accomplished include the development and implementation of a capacity management/waiting list management system (refer to 45 CFR 96.126), 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, and
 - b. If such a referral process is not in place, the Contractor shall create such a process to comply.

SECTION D: PROGRAM REQUIREMENTS

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:
 - a. Providers who receive and expend SUBG funds specific for pregnant and parenting women shall employ staff that are trained and experienced in evidence-based and culturally appropriate practices for children and families and implement such practices in the provision of SUBG treatment and recovery services to pregnant and parenting women/teenagers. Trainings should relate to Adverse Childhood Experiences (ACEs), childhood development, children's mental health, secure attachments, parenting education, and similar.
 - b. If the provider does not have the ability/capacity to employ staff with the training and experience outlined in above, then the provider shall establish a service agreement with at least one partner agency/organization that employs such staff to ensure appropriate comprehensive services are provided to pregnant and parenting women/teenagers and their dependent children.
3. As specified in 45 CFR 96.132(c), the Contractor shall coordinate and monitor treatment activities with the provision of other appropriate services (including health, social, correctional, justice system, educational, vocational rehabilitation and employment services).
4. As specified in 45 CFR 96.132(e), the Contractor shall have a system to protect and monitor inappropriate disclosure of patient records maintained by the Contractor in connection with an activity funded under the program involved, or by any entity which is receiving amounts from the grant, and such system shall comply with all applicable Federal and State laws and regulations, including 42 CFR part 2. This system shall include provisions for, and documentation of, ongoing employee education on confidentiality requirements and the fact that disciplinary action may occur for inappropriate disclosures.

Substance Use Block Grant (SUBG) Outreach Requirements: The Contractor shall require SUBG providers to carry out outreach activities to encourage individuals in need of treatment to undergo such treatment. Providers shall use outreach models that are scientifically sound, or if no models are available which are applicable to the local situation, should use an approach which reasonably can be expected to be an effective outreach method. The outreach model shall require that outreach efforts include the following:

- a. Selecting, training and supervising outreach workers,
- b. Contacting, communicating and following-up with individuals who are at high-risk for substance use, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2,
- c. Promoting awareness among people who use drugs by injection about the relationship between injection drug use and communicable diseases such as HIV,
- d. Recommending steps that can be taken to ensure that HIV transmission does not occur, and
- e. Encouraging entry into treatment.

The following services shall be offered/provided to SUBG populations as outlined below:

Human Immunodeficiency Virus (HIV) or Communicable Diseases Services: With respect to individuals undergoing treatment for substance use, the Contractor shall make available to the individuals, Early Intervention Services for Human Immunodeficiency Virus (HIV) as specified in 45 CFR 96.121 at the sites at which the individuals are undergoing such treatment. The Contractor shall conduct a site visit to HIV Early Intervention Services Providers where the Contractor's HIV coordinating staff, provider staff, and supervisors are present. The site visit shall include the attendance of at least one HIV educational class. The Contractor shall submit related information within the SUBG Performance Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

In accordance with 45 CFR 96.137, every reasonable effort should be made to ensure the collection of reimbursement under other benefits or programs for the costs of HIV services to ensure the block grant remains the payor of last resort. The HIV services shall also be undertaken voluntarily by, and with the informed consent of, the individual. Undergoing such services will not be required as a condition of receiving treatment services for substance use or any other services.

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

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

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

1. Hiring and training of outreach workers.
2. How outreach workers are involved in the community to collaborate with treatment providers to enhance and supplement behavioral health treatment services.
3. The role of outreach workers in facilitating applications for individuals who are incarcerated or in residential treatment services to facilitate transitions directly into a home.
4. The number of new homes per year required to be opened.
5. Coordination with outreach workers, Oxford House central office and the Contractor.
6. Coordination of outreach workers with outreach workers in other regions of the State/other States.
7. Communication between ACC-RBHA, Oxford House, and AHCCCS.
8. Procedures for adherence to the Oxford House Model.
9. Procedures for opening new homes.
10. Procedures to address individuals with sex offenses, arson charges, or significant violent crimes.
11. Procedures for addressing/reporting on critical incidents.
12. Publicizing availability of resources and bed availability through the Contractor.
13. Monitoring methods and frequency.
14. Naloxone availability and training.
15. Inclusion of individuals who are receiving Medication Assisted Treatment (MAT) including, Medications for Opioid Use Disorder (MOUD) services in homes.
16. Inclusion of individuals with an SMI designation or co-occurring behavioral health diagnosis in the homes as well as partnership with other housing entities that provide behavioral health specific housing for individuals that should be more appropriate in that setting.
17. Procedures for working with individuals who relapse and how they are connected to assistance by the outreach workers.
18. Maintain necessary contract(s) and budget(s) with Oxford House.

19. Financial Reporting:

- a. A template of the financial report that is required from Oxford House to invoice their services,
- b. Oxford House shall provide financial reports to the Contractor. The reports shall demonstrate that the funds are within the budget/Contract provided, and
- c. The Financial Reports shall be reconciled to the SUBG Expenditure tables submitted annually.

The Contractor shall continue to provide the required services, oversight, program, and financial reporting as specified in the approved Implementation Plan and shall submit an SUBG Performance Progress Report, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

Tuberculosis Services: The Contractor shall require any entity receiving amounts from the grant for operating a program of treatment for substance use to follow procedures and document how the program addresses the following:

1. At the time of intake, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as specified in 45 CFR 96.121 to each individual receiving treatment for such use.
2. In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, refer the individual to another provider of tuberculosis services.
3. Implement infection control procedures designed to prevent the transmission of tuberculosis, including the following:
 - a. Screening of patients,
 - b. Identifying those individuals who are at high-risk of becoming infected, and
 - c. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2.
4. Conducting Case Management activities to ensure that individuals receive such services. The Contractor shall submit a SUBG Performance Progress Report as specified in Section F, Contractor Chart of Deliverables.

Women's Services: The Contractor shall ensure that SUBG providers serving the pregnant women/females, women/females with dependent children, including those who are attempting to regain custody of their children, shall treat the family as a unit and admit both mothers and their dependent children into treatment, as available and appropriate. Providers shall provide or arrange for the following:

1. Primary medical care for women, including prenatal care for pregnant females.
2. Primary pediatric care, including immunization, for children.
3. Gender-specific substance use treatment and other therapeutic interventions for women, and recovery services as specified by SAMHSA's Treatment Improvement Protocol (TIP) 51 "Substance Abuse Treatment: Addressing the Specific Needs of Women".
4. Therapeutic interventions for dependent children in custody of women in treatment.
5. Childcare and/or child sitting.
6. Case Management.
7. Transportation.

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

The Contractor shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of CBOs, healthcare providers, and social services agencies.

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

The Contractor shall submit a SUBG Performance Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

SECTION D: PROGRAM REQUIREMENTS

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

The Contractor and its providers shall comply with State recognized tribal court orders for Title XIX/XXI and Non-Title XIX/XXI SMI Members. When tribal providers are also involved in the care and treatment of court ordered tribal members, the Contractor and its providers shall involve tribal providers to ensure the coordination and continuity of care of the members for the duration of Court Ordered Treatment (COT) and when members are transitioned to services on tribal land, as applicable. The Contractor is encouraged to enter into agreements with tribes to address behavioral health needs and improve the coordination of care for tribal members.

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

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

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

Early Serious Mental Illness/First Episode Psychosis: The Contractor shall ensure that all First Episode Psychosis (FEP) programming within Geographic Service Area (GSA) are implemented and delivered using the Coordinated Specialty Care (CSC) model, a nationally recognized, evidence-based, recovery-oriented approach for individuals experiencing early psychosis. CSC shall serve as the required service delivery framework for FEP programming administered under this Contract.

The Contractor shall operationalize this requirement by contracting with qualified providers to deliver CSC services and by ensuring that such services include, at a minimum, multidisciplinary team-based care encompassing psychiatric services, psychotherapy, family education and support, care coordination, supported employment and education, and peer support, consistent with evidence-based CSC standards.

The Contractor shall implement CSC services in accordance with nationally recognized CSC models approved by AHCCCS, including but not limited to NAVIGATE or OnTrack-based models, or other CSC models approved in writing by AHCCCS. The Contractor shall maintain fidelity to the selected CSC model and participate in fidelity reviews, technical assistance, training, and quality improvement activities as required by AHCCCS.

The Contractor shall submit MHBG ESMI/FEP Program Status Reports for programs and services as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

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

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

1. Crisis Drug List for Non-Title XIX/XXI individuals. For the Crisis Drug List, the initial prescription shall be written for up to a seven-day supply with one refill if applicable.
2. Serious Mental Illness (SMI) Drug List for Non-Title XIX/XXI individuals.
 - a. The SMI Behavioral Health Drug List shall include medications to treat behavioral health diagnoses, including those used for the adverse effects of medications to treat behavioral health diagnoses, that are on the AHCCCS Drug List, and
 - b. Behavioral health medications that are not listed on the SMI Behavioral Health Drug List shall be available through the Contractor's prior authorization process.
3. Serious Emotional Disturbance (SED) Drug List for Non-Title XIX/XXI individuals.
 - a. The SED Drug List shall include medications to treat behavioral health diagnoses, including those used for adverse effects of medications to treat behavioral health diagnoses, that are on the AHCCCS Drug List, and
 - b. Behavioral health medications that are not listed on the SED Behavioral Health Drug List shall be available through the Contractor's prior authorization process.
4. Substance Use Block Grant (SUBG) Drug List for Non-Title XIX/XXI individuals.

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

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

Refer to AMPM Policy 310-V.

The Contractor shall require the Pharmacy Benefit Manager (PBM) to have contract terms that include the generic and branded reimbursement guarantees, an aggressive Maximum Allowable Cost pricing program, generic dispensing rate guarantee, and utilization methodologies to dispense the least costly, clinically appropriate medication. The PBM contract shall also include the requirement to report all rebates received in conformance with the requirements in the AHCCCS Financial Reporting Guide.

SECTION D: PROGRAM REQUIREMENTS

Crisis, SMI, SED, and SUBG Non-Title XIX/XXI Drug Lists: The Contractor's subcontract with the PBM shall require the PBM to reimburse prescription claims at the same reimbursement rates that are utilized for the Title XIX population and as required in number 4 and 5 below. The subcontract shall also include the following terms for the Crisis, SMI Non-Title XIX/XXI, SED, and SUBG Drug Lists:

1. The Contractor shall reimburse the PBM the exact dollar amount of the actual payments made to pharmacies inclusive of the ingredient costs and the dispensing fees for prescription claims. The Contractor shall submit encounters to AHCCCS for prescription drug/device claims that are the exact dollar amount of the actual payments made to the pharmacies inclusive of ingredient costs and the dispensing fees for prescription claims.
2. The Contractor shall ensure that the PBM does not implement programs to only allow for a subset of the retail network pharmacies to fill prescription medications that are normally available across all retail pharmacies.
3. In accordance with the CMS Medicaid Outpatient Drug Rule and 42 USC 1396a(a)(30)(A) or Section 1902(a)(30)(A) of the Social Security Act (SSA): The Contractor's PBM shall reimburse pharmacies, at a minimum, the actual acquisition cost of medications dispensed to Title XIX, Title XXI, or other programs funded by AHCCCS that have a pharmacy benefit, plus a professional fee. The professional fee encompasses the cost associated with a pharmacist's time and expertise in dispensing a prescription drug, above and beyond the cost of the medication itself. This fee covers the pharmacist's services, such as reviewing the prescription, providing patient counseling, ensuring proper drug utilization, and physically dispensing the medication. AHCCCS will provide further guidance for 340B entity owned pharmacy requirements. At a future date, AHCCCS may issue reimbursement methodology for State Maximum Allowable Costs to be utilized by each Contractor's PBM to reimburse generic, biosimilar and/or various specialty products.
4. The Contractor shall ensure that encounters submitted to AHCCCS are the payments issued, by the MCOs, MCO's PBM or the MCO PBM's Contractors or subcontractors, and are the exact amounts allowed under the reimbursement methodology delineated in the contract between the MCOs PBM and the pharmacy or the Pharmacy Services Administrative Organization (PSAO) and the pharmacy.
5. The Contractor and PBM shall ensure that no additional direct or indirect remuneration fees, any membership fees or the like may be imposed on a pharmacy as a condition of claims payment or network inclusion. No additional retrospective remuneration or recoupment models including, but not limited to, Generic Effective Rates (GERs) or Brand Effective Rates (BERs) shall be permitted. However, nothing shall preclude the reprocessing of claims due to claims adjudication error of the Contractor or its agent or claim related pharmacy audit adjustments for incorrectly billed pharmacy claims.
6. All revenues including direct and indirect payments and credits received by the PBM or a company on behalf of the PBM that are related to services provided for the Contractor are passed through to the Contractor, including but not limited to: pricing discounts/credited paid to the PBM, inflationary payments, clawbacks, fees, credits, grants, chargebacks, reimbursements, all rebates, administrative fees paid by manufacturers or other related entities, and any other payments received by the PBM on behave of or related to the Contractor.

7. The Contractor shall not accept any credits or funding offered by the PBM or a related entity on behalf of the PBM, as an example but not limited to, implementation credits or ongoing credits that are included in the contract.
8. The PBM may charge a discrete administrative fee to the Contractor. AHCCCS requires this fee not to be greater than the average of two dollars per paid prescription, including any fixed administrative charges. The discrete administrative fee shall be reported to AHCCCS in the quarterly Financial Reporting Package as directed in the AHCCCS Financial Reporting Guide and Section F, Attachment F3, Contractor Chart of Deliverables. Contractor pharmacy encounters shall be submitted in accordance with the requirements in Section D, Paragraph 61 of this contract, Encounter Data Reporting. The Contractor shall submit the PBM subcontract to AHCCCS in order to demonstrate compliance with the above provisions as stated in Section F, Attachment F3, Contractor Chart of Deliverables.
9. The Contractor shall pay the PBM an all-inclusive administrative fee, on a fixed and/or per script basis, which includes all services provided under the PBM subcontract. The PBM shall not charge the Contractor for other services, as an example but not limited to, additional fees for a “flu vaccine program”. The administrative fee shall not be funded directly or indirectly with revenues associated with credits, rebates, or other payments made to the PBM.
10. The Contractor’s PBM contract shall be updated to exclude any waiting period for a pharmacy to be added to the network as an example but not limited to, the PBM shall not require the pharmacy to wait six months prior to adding the pharmacy to the Contractor’s pharmacy network.
11. For all Contractors, including those contracting with a PBM that subcontracts with another PBM, the submitted encounter to AHCCCS by the Contractor shall be the actual payment to the pharmacy. The contracts, between the Contractor and the PBM or the PBM and its subcontracted PBM or any other identified subcontracts associated with the delivery or administration of the pharmacy benefit, shall be submitted to AHCCCS upon request.
12. For Contractors whose PBMs or the PBM’s network pharmacies subcontract with a PSAO, the submitted pharmacy encounter to AHCCCS shall include the actual payment to the pharmacy that provided the service, including the paid ingredient cost and dispensing fee. The PSAO shall not withhold any of the ingredient cost reimbursement to the pharmacy. For medications that shall be submitted at their actual acquisition cost as defined by AHCCCS, the PBM and PSAO shall not withhold any of the ingredient cost reimbursement
13. For medications that shall be submitted at the drug’s actual acquisition cost as defined and required by AHCCCS, the PBM shall reimburse the pharmacy at the actual acquisition cost without further discounts in accordance with the Medicaid Outpatient Drug Rule. If the PBM is contracted to reimburse a PSAO for the drug submitted at actual acquisition cost, the PBM shall reimburse the PSAO the drug’s actual acquisition cost and the PSAO shall reimburse the filling pharmacy 100% of the actual acquisition cost.
14. The PBM subcontractor shall include language that requires the PBM to report rebates to the Contractor and the Contractor shall report the rebates as specified in the AHCCCS Financial Reporting Guide.

SECTION D: PROGRAM REQUIREMENTS

15. The Contractor shall not apply monies received for rebates or the administration of rebates against the administrative costs of the PBM Contract.

Compounded Prescriptions: Compounded drugs are currently submitted to the Contractor's PBM using the National Council for Prescription Drug Programs (NCPDP) version D.0 standard multi-ingredient compound functionality. All ingredients shall be identified, their units shall be indicated, and the ingredient cost for each ingredient shall be submitted on the claim. At least one ingredient in the compound shall be a covered (Federally/State reimbursable drug).

The Contractor shall require their respective PBMs to reimburse compounded prescription ingredient costs in accordance using the NCPDP standard format. In addition, the Contractor shall utilize the NCPDP Level of Effort, and the minimum reimbursements as follows:

LEVEL OF EFFORT (LOE) COMPOUND TYPE	LOE DESCRIPTION	LOE REIMBURSEMENT
11 Shall be compounded using USP <795> standards	- Single active ingredient capsule - Any combination of commercially available products. Examples include but are not limited to: - Magic Mouth wash, GI cocktails	\$15.00
12 Shall be compounded using USP <795> standards	- Two ingredient capsule/suppository - Transdermal gel	\$20.00
13 Shall be compounded using USP <795> standards.	- Three or less ingredient cream/ointment/gel - Three ingredient capsule/suppository - Two or less ingredient troche - Non-complex suspension - Tablet triturate Examples include but are not limited to: folic acid liquid, captopril suspension, lansoprazole/omeprazole suspension, non- hazardous creams and suspensions.	\$35.00
14 Shall be compounded using USP <795> standards and USP <800> where applicable.	- Topical containing controlled substance - Three or more ingredient troche - Four or more ingredient capsule/suppository/cream/ointment/gel - Complex suspensions (e.g., pediatric/altering pH/base to salt conversion) - Chemotherapy cream/ointment/gel - Hormone therapy capsules / troches / suppositories	\$50.00
15 Shall be compounded in a USP <797> compliant environment and compounds are dispensed as sterile finished preparation.	- Sterile compounded drugs limited to: - Aqueous bronchial and nasal inhalations - Injections, irrigations for wounds, and ophthalmic drops and ointments Examples: fortified antibiotic eye drops, IV antibiotics, atropine eye drops. Excludes nasal sprays or nasal irrigations	\$100.00

NOTE: The Level of Effort reimbursement schedule is subject to change.

SECTION D: PROGRAM REQUIREMENTS

The Contractor's PBM claims adjudication claims system setup for D.O, shall utilize the 474-8E DUR/PPS Level of Effort field in the DUR/PPS Segment on the Request Claim Transaction to submit values, 11-15 that match with the LOE table above. The LOE reimbursement amount shall be the amount corresponding with the LOE code in the above table. The LOE reimbursement fee amount is returned/paid to the pharmacy in the Claim Response Pricing Segment, 507-F7 Dispensing Fee Paid field.

The Contractor's PBM shall reimburse the pharmacy 100% of the LOE reimbursement rates in accordance with the LOE code in the above table. The PBM or PSAO contracting with a pharmacy or PBM, shall not withhold any of the LOE reimbursement from the pharmacy billing for the compounded prescription.

Non-Title XIX/XXI SMI General Fund and Maricopa County Funds for Payment of Behavioral Health Drugs For Individuals Identified as SED or Designated As SMI (Title XIX/XXI and Non-Title XIX/XXI):

The Contractor shall utilize available Non-Title XIX/XXI SMI General Fund or Maricopa County Fund dollars, if applicable, to cover applicable Medicare Part D copayments and cost sharing amounts, including payments for the Medicare Part D coverage gap, for medications to treat behavioral health diagnoses for Title XIX/XXI and Non-Title XIX/XXI individuals with an SED identification or SMI designation, subject to the following:

1. Coverage of cost sharing is to be used only for Federal and State reimbursable medications used to treat an SMI behavioral health diagnosis including medications to treat the side effects of these medications.
2. Medicare copayments and cost sharing are covered for medications to treat an SED or SMI behavioral health diagnosis when dispensed by an AHCCCS registered provider.
3. The payment of Medicare Part D copayments and cost sharing amounts for medications used to treat an SED or SMI behavioral health diagnosis for individuals with an SED identification or SMI designation, shall be provided regardless of whether or not the provider is in the Contractor's provider network and prior authorization shall not be required.
4. The Contractor shall not apply pharmacy benefit utilization management edits when coordinating reimbursement for Medicare Cost Sharing for medications to treat an SMI behavioral health diagnosis for individuals with an SED identification or SMI designation.
5. When a request for a medication to treat an SMI or SED behavioral health diagnosis has been denied by the Medicare Part D plan and the denial has been upheld through the appeals process, the Contractor shall evaluate the request and should elect to utilize Non-Title XIX/XXI SMI General Fund or Maricopa County Fund dollars, if applicable, to cover the cost of the non-covered Medicare Part D medication to treat an SMI behavioral health diagnosis.
6. The Contractor does not have the responsibility to make Medicare Part D copayments and cost sharing payments to pharmacy providers that are not AHCCCS registered. Refer to AMPM Policy 320-T1 and AMPM Policy 320-T2.

SECTION D: PROGRAM REQUIREMENTS

7. The Contractor shall ensure the PBM plan set up for Medicare cost sharing for individuals with an SED identification or SMI designation is the same PBM set up for all ACC-RBHA PBM subcontractors as approved by AHCCCS.

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

The SUBG funding shall be primarily directed to service delivery.

Physical Health Services: To the extent not covered by the Title XIX/XXI #YH19-0001R 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 women.
2. Seriously impairing a bodily function of the pregnant women.
3. Causing dysfunction of a bodily organ or part of the pregnant women.
4. Exacerbating a health problem of the pregnant women.
5. Preventing the pregnant member from obtaining treatment for a health problem.

The attending physician shall acknowledge that a pregnancy termination has been determined medically necessary by submitting the Certificate of Necessity for Pregnancy Termination to the Contractor. This form shall be submitted to the Contractor's Medical Director and meet the requirements specified in AMPM Policy 410. Pregnancy terminations shall be provided in compliance with AMPM Policy 410. All outpatient medically necessary covered services related to the pregnancy termination, for dates of service only on the day the pregnancy was terminated, will be considered for reimbursement at 100% 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.

Statewide Housing Administrator Functions: AHCCCS contracts directly with a Statewide Housing Administrator to oversee administration of its Non-TXIX/XXI General Fund housing subsidy program. Statewide Housing Administrator duties in regard to management of AHCCCS Housing Program (AHP) resources are described in the Statewide Housing Administrator Contract, AMPM Policy 1710, and the AHCCCS Housing Program Guidebook.

SECTION D: PROGRAM REQUIREMENTS

The Contractor shall enter into an agreement with the Statewide AHCCCS Housing Administrator for the sharing of information and data related to:

1. Member referrals and prioritization.
2. Service coordination of housing subsidies and supportive services.
3. Member-specific reporting related to the Contractor's members referred and/or those being served in the AHP.

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

Oxford House: Refer to Section D, Paragraph 9 of this contract, Scope of Services, Substance Use Block Grant.

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

As with other supportive housing models, members are provided with housing focused supportive services during the subsidy period to assist member/household with housing stability including securing income, improving life skills, crisis management, Case Management and addressing other issues including substance use and/or mental health. At the present time, all AHCCCS supported RRH are grant funded and all terms and standards are governed by AHCCCS grant agreements. Rapid Re-Housing (RRH) programs are not managed through the AHCCCS Housing Administrator nor are they included in AMPM Policy 1710 or related policies.

Serious Mental Illness (SMI) Housing Trust Fund-Capital Projects: Annually, AHCCCS receives Non-Title XIX/XXI SMI Housing Trust Funds. These funds are primarily used to fund capital projects related to the acquisition, construction, and development of housing for members with an SMI designation as required by the legislative requirements. These funds are administered by AHCCCS and the process for requesting and allocating the SMI Housing Trust Fund is documented in AMPM Policy 1710 and in the AHCCCS Housing Program Guidebook.

Transitional Living Program/FlexCare/Community Living Placement with 24 Hour Staff Support-Non-Title XIX/XXI SMI General Fund Services: Transitional Living Programs (TLP), FlexCare, and Community Living Placement (CLP) settings provide high acuity members with an SMI designation (per AMPM Policy 320-P) who are exiting homelessness, an institutional or inpatient setting with housing for approximately 120 days (longer stays may be allowed based on the individual needs of the member) to assist with transition to independent community-based housing. Each of these housing intervention types (TLP, FlexCare, and CLP) shall provide on-site or coordinated supportive services based upon member needs. Program participants may pay up to 30% of any income for housing/rent. The Contractor may utilize funds for housing/facility related costs or block leasing of housing units. The Program shall have exit destination information on all members and at least 60% shall have positive exits to permanent housing destinations (based on member choice) and not return to homelessness or other temporary or short-term institutional setting (e.g., hospital, shelter,

SECTION D: PROGRAM REQUIREMENTS

jail). Housing referrals are coordinated by the ACC-RBHA. The Contractor shall ensure annual inspections occur following HUD unit inspection guidelines. Inspections shall be documented and made available to AHCCCS upon request. The Contractor shall make these programs available to all members who meet the SMI designation criteria as specified in AMPM Policy 320-P regardless of assigned MCO.

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

Serious Mental Illness (SMI): The Contractor shall submit MHBG SMI Program Status Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables. In lieu of an additional annual report for required SED and SMI reporting listed above, the fourth quarter report shall provide an annualized summary of the required information and serve as the annual Program Status Report.

Special Assistance: The Contractor shall apply the same provisions as specified in the Title XIX/XXI Contract #YH19-0001R AMPM Policy 320-R for its Non-Title XIX/XXI SMI Members and submit the deliverables related to Special Assistance reporting (Copy of Appeal, Results of an Informal Conference, and Notices of Hearing in Appeals Concerning a Member in Need of Special Assistance deliverable; Grievance or Request for Investigation and Grievance/Investigation Decision Letter Concerning a Member in Need of Special Assistance deliverable, Notification of a Member in Need of Special Assistance deliverable, Notification of Member No longer in Need of Special Assistance deliverable, and Updates to Special Assistance Member Demographics deliverable) as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

10. SPECIAL HEALTH CARE NEEDS

Refer to Title XIX/XXI Contract #YH19-0001R.

11. BEHAVIORAL HEALTH SERVICE DELIVERY

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

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

Adult's Integrated System of Care: For adult members, the Contractor shall adhere to Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems that were developed to promote recovery in the adult behavioral health system; system development efforts, programs, service provision, and stakeholder collaboration shall be guided by these nine principles.

SECTION D: PROGRAM REQUIREMENTS

Fidelity Monitoring: The Contractor shall participate in annual Fidelity Monitoring consistent with SAMHSA Best Practices for the following services that support individuals with an SMI designation:

1. Assertive Community Treatment (ACT) Teams.
2. Supported Employment.
3. Permanent Supportive Housing (PSH) support services.
4. Peer and Family Support Services (which includes Consumer Operated Services [COS] and Family Run Organizations [FRO]).

The Contractor shall report, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, an SMI Targeted Services Report that includes a narrative report with trends, performance outcomes, lessons learned, and strategies targeted for improvement.

The Contractor shall develop and implement an AHCCCS approved SAMHSA Evidence Based Practice (EBP) Fidelity Monitoring Manual (including but not limited to a methodology for selecting providers to review, a desktop manual for utilizing the SAMHSA Toolkits, and a desktop manual standardizing technical assistance for providers based on scoring outcomes of Fidelity Monitoring) to monitor the provision of the SAMHSA EBP to ensure services provided are consistent with fidelity as specified within the respective SAMHSA Toolkits. The SAMHSA EBP Fidelity Monitoring Manual shall be submitted to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Fidelity Monitoring conducted by third-party Contractors of AHCCCS is not a replacement or substitute for the monitoring completed by the Contractor. The Contractor shall engage with other Contractors serving the eligible population within the GSA to ensure understanding of program eligibility, referral process, facilitate delivery of necessary services, and development of ongoing fidelity monitoring. The Contractor shall engage in performance improvement planning in collaboration with all other MCOs, as applicable, for providers who have been found to not meet criteria for evidence-based practice. In the event a provider is found deficient or does not meet evidence-based practice, ("Insufficient Fidelity Implementation," as noted in AMPM Policy 930), the Contractor shall submit the Evidence-Based Practice Remediation Plan as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall comply with the requirements for implementation and fidelity monitoring of SAMHSA Evidence-Based Practices as specified in AMPM Policy 930.

Children's Integrated System of Care: For child members, the Contractor shall ensure delivery of services in conformance with Arizona Vision-12 Principles for Children Behavioral Health Service Delivery and AMPM Policy 430; and shall abide by AHCCCS Appointment Standards specified in ACOM Policy 417. Additionally, the AMPM Behavioral Health Practice Tools, AMPM Chapter 500, shall be utilized.

Health Home: For children who receive an SED identification, the Contractor shall develop processes to identify Health Homes within their network and assign members to a Health Home within five days of notification of SED identification to the Contractor, this includes notification of newly identified uninsured SED identified members and upon referral for Non-Title XIX/XXI funded services for an underinsured child with an SED identification who should be enrolled with a Non-ACC-RBHA Contractor. Refer to AHCCCS AMPM 550 for SED Identification.

The Contractor shall communicate the assignment to the member and shall notify the Health Home of assigned members within five days of assignment. The Contractor shall not limit the member to services accessible through Health Homes only, and the Contractor shall allow members choice of a provider(s). The Health Home shall offer, or coordinate the provision of, covered physical health and behavioral health services.

In order to treat the whole person, the Health Home shall provide or coordinate a range of recovery focused services to members such as medication services, medical management, Case Management, transportation, peer and family support services, social services, and health and wellness groups. Additionally, the Health Home shall ensure follow up and continuing care post-crisis engagement.

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

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

Mental Health Parity: EXEMPT

Monitoring, Training, and Education: Refer to Title XIX/XXI Contract YH19-0001R and:

The Contractor is responsible for training staff and providers, in sufficient detail and frequency, to identify and screen for members' behavioral health needs. At a minimum, training shall include information regarding The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems and the Arizona Vision-12 Principles for Children Behavioral Health Service Delivery.

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

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

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

Pre-Admission Screening and Resident Review (PASRR) Requirements: Refer to Title XIX/XXI Contract YH19-0001R.

SMI Eligibility Evaluations and Determination: Refer to Title XIX/XXI Contract YH19-0001R.

SMI Decertification: Refer to Title XIX/XXI Contract YH19-0001R.

The Contractor shall develop procedures for the implementation of the results of the Independent Peer Review. The Contractor shall develop procedures for the implementation of the relevant recommendations from the ICR. The Contractor shall work directly with providers either individually, or as a network, as needed, to effectively address report findings. To facilitate improvements in identified areas of concern, the Contractor shall demonstrate to AHCCCS the efforts to address concerns identified through the Independent Case Review via required deliverable(s) or ad hoc deliverable(s).

SECTION D: PROGRAM REQUIREMENTS

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

1. Develop, manage, and monitor provider interventions addressing populations of focus, which include at minimum:
 - a. Individuals with an OUD living in rural and under-served urban areas,
 - b. Individuals with OUD being released from correctional settings,
 - c. Individuals experiencing homelessness or not having a safe recovery environment,
 - d. Pregnant and parenting women with OUDs,
 - e. Substance Exposed Newborns/Neonatal Abstinence Syndrome (SEN/NAS) comprehensively addressing the child and parents/families/guardians,
 - f. Individuals at risk of accidental overdose due to fentanyl use or 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 MOUD,
 - 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 fentanyl, “bath salts”, “spice”, and high-potency substances containing Tetrahydrocannabinol (THC),
 - l. Individuals involved in the justice system or at risk of becoming involved,
 - m. Individuals who have experienced trauma, toxic stress, or Adverse Childhood Experiences (ACEs),
 - n. Individuals with co-occurring SUD/ODU and mental health disorders including but not limited to members designated as SMI, SED, or ESMI, including FEP,
 - o. Military service members/veterans and military/veteran family members,
 - p. Tribal members, and
 - q. Adults 55 years of age and older.
2. Organize, train, implement, and document provider-involved trainings/implementation on Arizona Initiatives including at a minimum:
 - a. Prescriber training reflecting opioid legislation,
 - b. Community-based education and awareness through coalitions,
 - c. Increase outreach and identification of under and uninsured individuals with SUD, with emphasis on OUD,
 - d. Increase navigation to SUD treatment, with emphasis on OUD,
 - e. Increase utilization of OUD treatment services,
 - f. Increasing accessibility of MOUD (Med Units, COE support, Project Extension for Community Healthcare Outcomes (ECHO®) for pregnant and postpartum Women (PPW),
 - g. Sustaining and enhancing Naloxone distribution,
 - h. Increasing localized community opioid prevention efforts,
 - i. Expanding Trauma-Informed Care (TIC) prevention, treatment and recovery efforts,
 - j. Expanding navigation and access to MOUD through 24/7 access points (medication units, new Opioid Treatment Programs (OTPs) and extending operating hours for OTPs),
 - k. Expansion and implementation of recovery supports,

SECTION D: PROGRAM REQUIREMENTS

- l. Enhanced access and timeliness of peer and family recovery supports, and
 - m. Oxford House Model for pregnant and postpartum women and women with dependent children.
- 3. Monitor the availability of OUD treatment services and ensure network sufficiency.
- 4. Develop, manage, and monitor provider use of Evidence-Based Programs and Practices (EBPP) including, but not limited to:
 - a. Assessment
 - b. Engagement,
 - c. Treatment planning,
 - d. Service delivery,
 - e. Inclusion of recovery interventions,
 - f. Discharge planning,
 - g. Relapse prevention planning,
 - h. Harm reduction efforts,
 - i. Data and outcome collection,
 - j. Post-discharge engagement,
 - k. Trauma Informed Care (TIC),
 - l. Coordinated Specialty Care (CSC)
 - m. Gender based treatment, and
 - n. Providing care and treatment to individuals based upon their unique needs, including for:
 - i. Individuals who are involved with the justice system,
 - ii. Adolescents, and
 - iii. Individuals with co-occurring SUD/OUD and mental health disorders.
 - o. Development and use of Promising Practices if no EBPP is available.

Evidence-Based Practices (EBP) shall be used by all providers for the treatment of SUD, including MAT, which shall include EBP for MOUD, and shall be integrated into all services that the member receives, as appropriate.

Substance Use Block Grant (SUBG) Secret Shopper Project: At least annually, AHCCCS conducts a Secret Shopper phone survey of SUBG-funded substance use treatment providers to monitor and evaluate program compliance with relevant components of 45 CFR Part 96 Subpart L related to SUBG treatment services. Through this survey, AHCCCS may identify opportunities for improvement related to but not limited to: connection of the call, ease of reaching a receptionist, quality of customer service provided, staff knowledge on availability of SUBG-funded services, SUBG eligibility, connection to and coordination of care, etc. among the SUBG-provider network. The Contractor shall ensure all member-facing provider staff are educated and trained on SUBG eligibility and services, effectively connecting eligible members to eligible services and resources. The Contractor shall develop procedures to address identified issues, including but not limited to working directly with providers either individually or as a network as needed to effectively address report findings. To facilitate improvements in identified areas of concern, the Contractor shall demonstrate to AHCCCS the efforts to address concerns identified through the AHCCCS SUBG Secret Shopper project via required deliverable(s) or ad hoc deliverable(s). The Contractor shall collaborate with AHCCCS in the improvement of administration of the Secret Shopper project by providing feedback and lessons learned from ACC-RBHA-administered Secret Shopper projects.

12. AHCCCS GUIDELINES, POLICIES, AND MANUALS

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

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

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

13. MEDICAID SCHOOL-BASED CLAIMING – EXEMPT**14. PEDIATRIC IMMUNIZATIONS AND THE VACCINES FOR CHILDREN PROGRAM – EXEMPT****15. STAFFING REQUIREMENTS**

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

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

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

For functions not required to be in-state, the Contractor shall submit Notification of Moving Functions Out of State to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables, prior to moving functions outside the State of Arizona. The Notification shall include an implementation plan for the transition.

The Contractor shall have the following Staff:

1. **Grants Administrator** who is responsible for the oversight of Federally funded grants and all components of these grants. Sufficient staffing under this position shall be in place to ensure coordination for the following areas:
 - a. Substance Use Disorder (SUD) treatment,
 - b. Women's treatment,
 - c. Opioid Use Disorder (OUD) treatment,
 - d. Human Immunodeficiency Virus (HIV) Early Intervention Services,
 - e. Serious Emotional Disturbance (SED) treatment,
 - f. Serious Mental Illness (SMI) treatment, and
 - g. First Episode Psychosis (FEP) programming.
2. **Non-Title XIX/XXI Funding-Program Coordinator** who is responsible for the oversight, administration, and coordination of all components of Non-Title XIX/XXI funded services excluding Federally funded grant services.

16. WRITTEN POLICIES AND PROCEDURES

Refer to Title XIX/XXI Contract #YH19-0001R and AMPM Policy 320-T1.

17. MEMBER INFORMATION

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

Member Handbooks: The Contractor shall provide the Contractor's Member Handbook to each Non-Title XIX/XXI Member within 12 business days of the member receiving the initial behavioral health covered service. The Member Handbook shall include information for members regarding Non-Title XIX/XXI services and how to access these services as specified in ACOM Policy 405, ACOM Policy 406, and AMPM Exhibit 300-2B. This information shall be combined with the Member Handbook submitted for the Title XIX/XXI Member Handbook as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall ensure all providers receiving SUBG funds provide members with notices of charitable choice provisions, HIPAA/confidentiality, and their rights of protection against inappropriate disclosure of records.

Member Identification Cards: EXEMPT

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

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

18. MEMBER AND PROVIDER SURVEYS

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

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

Contractor Survey Obligations for Mental Health Block Grant (MHBG) Funding Recipients: The Contractor is required to implement the Mental Health Statistics Improvement Program (MHSIP) survey as requested by SAMHSA. The Contractor must provide the MHSIP Survey Results and Aggregate Survey Data to support SAMHSA Uniform Reporting System (URS) annual reporting requirements, as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

19. CULTURAL COMPETENCY AND LANGUAGE ACCESS

Refer to Title XIX/XXI Contract #YH19-0001R.

20. MEDICAL RECORDS

Refer to Title XIX/XXI Contract #YH19-0001R.

21. ADVANCE DIRECTIVES

Refer to Title XIX/XXI Contract #YH19-0001R.

22. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

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

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

The Contractor shall have local staff available 24 hours per day, seven days per week to work with AHCCCS and/or other State agencies, such as ADHS on urgent issue resolutions. Urgent issue resolutions include Immediate Jeopardy (IJ), fires, or other public emergency situations.

These staff shall have:

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

In the event the Contractor experiences staff inadequacy which prevents the Contractor from meeting contractual requirements, the Contractor shall notify AHCCCSQM of the staffing concerns, including a description of the concern and a plan to remedy. The Contractor shall submit Staffing Concerns Notification as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

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

Performance Improvement Projects (PIP): The Contractor shall comply with requests from AHCCCS and self-identify opportunities 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:

1. Monitor service quality, and
2. Develop strategies to improve member outcomes and quality improvement activities related to the quality of care and system performance.

Upon notification and direction from AHCCCS, the Contractor shall:

1. Participate in mandatory technical assistance sessions. The Contractor should also request technical assistance as needed.
2. Participate in AHCCCS workgroup sessions and initiatives aimed to identify barriers and develop action plans to address system performance.
3. Propose and implement Contractor-specific Corrective Action Plans (CAPs) for identified deficiencies.

The Contractor shall report on Performance Improvement Projects as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Performance Measures: EXEMPT and:

Refer to Section D, Paragraph 71 of this contract, Pending Issues, Performance Metrics.

Quality of Care Concerns and Investigations: The Contractor shall establish and implement mechanisms to assess the quality and appropriateness of care provided to members, including members with Special Health Care Needs (SHCN). The Contractor shall assess incidents for potential Quality of Care (QOC) concerns and report IAD/IRF incidents and other deliverables related to QOCs concerning Non-Title XIX/XXI Individuals and Non-Title XIX/XXI Individuals receiving Non-Title XIX/XXI services to in the same manner as reporting for Title XIX/XXI Individuals as specified in AMPM Chapter 900 and as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

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

23. MEDICAL MANAGEMENT

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

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

High-Need/High-Cost: The Contractor shall identify, monitor, and implement interventions for providing appropriate and timely care to members with high-needs and/or high-costs who have physical and/or behavioral health needs. Refer to AMPM Policy 1021.

High-Cost Behavioral Health Needs: The Contractor shall submit counts of distinct members that are considered to have High-Cost Behavioral Health Needs based on Contractor criteria. For the identified members, the Contractor shall submit the number of prior authorizations and Notice of Adverse Benefit Decisions issued, as well as the concurrent and retrospective reviews of these for members identified within the State Fiscal Year (July 1-June 30). The Contractor shall submit the High-Cost Behavioral Health Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall ensure that behavioral health providers coordinate with parents, families, and caregivers referred through the Arizona Families in Recovery Succeeding Together (F.I.R.S.T) Program as specified in AMPM Policy 541. Substance Use Disorder (SUD) treatment for families involved with DCS shall be family-centered, provide for sufficient support services, and shall be provided in a timely manner to promote permanency for children, stability for families, to protect the health and safety of abused and/or neglected children, and promote economic security for families.

24. TELEPHONE PERFORMANCE STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001R.

25. GRIEVANCE AND APPEAL SYSTEM

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

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

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

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

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

The Contractor shall:

1. Respond to and resolve all Non-Title XIX/XXI member grievances in a courteous, responsive, effective, and timely manner.
2. Actively engage and become involved in resolving member grievances in a manner that holds subcontractors and providers accountable for their actions that precipitated or caused the complaint.
3. Refrain from engaging in conduct that prohibits, discourages, or interferes with a member's right to assert a member grievance.

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

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

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

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

SECTION D: PROGRAM REQUIREMENTS

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

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

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

Provider Claim Disputes: For provider claim disputes for Non-Title XIX/XXI (SMI or Non-SMI) individuals seeking Non-Title XIX/XXI services, and for Title XIX/XXI (SMI or Non-SMI) individual seeking Non-Title XIX/XXI services, the Contractor shall utilize the timelines and procedures specified in AAC R9-34-405.

The Contractor shall:

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

26. NETWORK DEVELOPMENT

Refer to Title XIX/XXI Contract #YH19-0001R.

27. PROVIDER AFFILIATION TRANSMISSION

Refer to Title XIX/XXI Contract #YH19-0001R.

28. NETWORK MANAGEMENT

Refer to Title XIX/XXI Contract #YH19-0001R.

Material Change to Provider Network: The Contractor shall offer a full array of service providers to meet the needs of the actual and anticipated number of individuals eligible to receive services under this Contract. The Contractor shall notify AHCCCS of a Material Change to the Provider Network for Grants and Non-Title XIX/XXI Services as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Refer to ACOM Policy 415.

29. PRIMARY CARE PROVIDER STANDARDS – EXEMPT**30. MATERNITY CARE PROVIDER REQUIREMENTS – EXEMPT****31. REFERRAL MANAGEMENT PROCEDURES AND STANDARDS**

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

The Contractor shall accept and respond to emergency referrals for Non-Title XIX/XXI Members with an SMI designation 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 with an SMI designation who are admitted to a hospital or treated in the emergency room.

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

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

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

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

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

Appointments for Behavioral Health Services: For all populations covered under this Contract, the Contractor shall comply with Title XIX/XXI behavioral health appointment standards as specified in ACOM Policy 417. The SUBG outlines specific timeframes for entering SUBG priority population members into treatment services and interim services. Refer to Section 9. Scope of Services, SUBG Capacity Management, Wait Times, Waitlist, Interim Services. In the case that a Title XIX/XXI member requires Non-Title XIX/XXI behavioral health covered services, the more restrictive timeframe applies.

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

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

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

35. PROVIDER ENROLLMENT/TERMINATION

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

The Contractor shall require that all entities receiving MHBG or SUBG funds for the provision of treatment services to obtain and maintain an Inventory of Substance Abuse and Mental Health Treatment Facilities (I-TF) number through SAMHSA's I-TF. The Contractor shall verify that providers have an I-TF number prior to receiving MHBG or SUBG or funding for treatment services.

36. SUBCONTRACTS

Refer to Title XIX/XXI Contract #YH19-0001R.

37. CLAIMS PAYMENT/HEALTH INFORMATION SYSTEM

Refer to Title XIX/XXI Contract #YH19-0001R.

The Contractor shall comply with the recoupment requirements specified in ACOM Policy 412.

38. SPECIALTY CONTRACTS – EXEMPT**39. HOSPITAL SUBCONTRACTING AND REIMBURSEMENT – EXEMPT****40. RESPONSIBILITY FOR NURSING FACILITY REIMBURSEMENT – EXEMPT****41. PHYSICIAN INCENTIVES**

Refer to Title XIX/XXI Contract #YH19-0001R.

42. MATERIAL CHANGES

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

Material Change to Provider Network: The Contractor shall offer a full array of service providers to meet the needs of the actual and anticipated number of individuals eligible to receive services under this Contract. The Contractor shall notify AHCCCS of a Material Change to the Provider Network for Grants and Non-Title XIX/XXI Services as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The Contractor shall apply the same provisions as specified in ACOM Policy 439.

43. PERFORMANCE BOND OR BOND SUBSTITUTE

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

It is not necessary that the Title XIX/XXI and Non-Title XIX/XXI Performance Bond or Bond Substitute be met with two separate Performance Bonds or Bond Substitutes.

Refer to ACOM Policy 305.

44. AMOUNT OF PERFORMANCE BOND OR BOND SUBSTITUTE

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

The Contractor shall provide a Performance Bond or Bond Substitute in an amount equal to or greater than 110% of the Non-Title XIX/XXI payment expected to be paid to the Contractor in the first month of the contract cycle, or as determined by AHCCCS. The Contractor shall provide the Performance Bond or Bond Substitute no later than 30 days following notification by AHCCCS of the initial amount required. The Contractor shall self-monitor for compliance with the Performance Bond or Bond

SECTION D: PROGRAM REQUIREMENTS

Substitute required amount every 30 days at a minimum. The Contractor shall increase the Bond or Bond Substitute within 30 days of failing below 100% of the monthly capitation amount. The Contractor shall notify AHCCCS of the need to increase the amount and whether a rider to the existing Performance Bond will be used to increase the amount. If a new Performance Bond will be used to increase the amount, AHCCCS shall approve the new Performance Bond prior to execution.

When the amount of the Performance Bond or Bond Substitute falls below 100% of the monthly Non-Title XIX/XXI ACC-RBHA payment amount, the amount of the Performance Bond or Bond Substitute shall be increased to at least 110% of the monthly Non-Title XIX/XXI ACC-RBHA payment amount. The Contractor shall increase the amount of the Performance Bond or Bond Substitute within 30 days of identification of falling below 100% of the monthly capitation amount. The required increase to the Performance Bond amount at 110% of the monthly capitation will remain in effect for the remainder of the Contract term.

AHCCCS will calculate and monitor the Title XIX/XXI and Non-Title XIX/XXI Performance Bond amounts as one figure. The Contractor should meet the Title XIX/XXI and Non-Title XIX/XXI Performance Bond requirements with one Performance Bond or Bond Substitute.

If AHCCCS notifies the Contractor of a needed increase, or self identifies a needed increase, in Performance Bond or Bond Substitute amount, the Contractor shall submit to increase the Performance Bond or Bond Substitute amount as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The Contractor should not change the amount, duration, scope, or type of the Performance Bond or Bond Substitute without prior approval from AHCCCS.

Refer to ACOM Policy 305.

45. ACCUMULATED FUND DEFICIT

Refer to Title XIX/XXI Contract #YH19-0001R.

46. ADVANCES, EQUITY DISTRIBUTIONS, LOANS, LOAN GUARANTEES, PROFIT SHARING AGREEMENTS, AND INVESTMENTS

Refer to Title XIX/XXI Contract #YH19-0001R.

47. FINANCIAL REPORTING AND VIABILITY STANDARDS

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

Administrative Ratio: Total Non-Title XIX/XXI Administrative Expenses divided by the sum of total Non-Title XIX/XXI Revenue plus total Non-Title XIX/XXI Profit Limit shall be less than or equal to 8%.

Capitalization Requirements: The Contractor shall demonstrate the maintenance of minimum capitalization [net assets/equity (not including on-balance sheet Performance Bond or Bond Substitute, due from affiliates, guarantees of debts/pledges/assignments, and other assets deemed restricted by AHCCCS)] requirement shall be greater than or 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 Section D, Paragraph 43 of this contract, Performance Bond or Bond Substitute.

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

Refer to the AHCCCS Financial Reporting Guide.

48. AFFILIATED CORPORATION

Refer to Title XIX/XXI Contract #YH19-0001R.

49. CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE

Refer to Title XIX/XXI Contract #YH19-0001R.

50. COMPENSATION

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

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

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

Refer to Section D, Paragraph 3 of this contract, Enrollment and Disenrollment for information regarding PPC for members transitioning to Title XIX from Non-Title XIX eligibility.

SECTION D: PROGRAM REQUIREMENTS

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

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

1. Substance Use Block Grant (SUBG) for planning, implementing, and evaluating activities for the treatment of and recovery from substance use, and related activities addressing HIV and TB services among people with SUD engaged in treatment services.
2. Mental Health Block Grant (MHBG) funding to plan, implement, and evaluate activities that support and treat adults with a serious mental illness (SMI) designation, children with serious emotional disturbance (SED) identification, individuals with an early serious mental illness (ESMI) inclusive of first episode psychosis (FEP) , and individuals who find themselves in crisis.
3. Other Federal Grant funding as allocated by AHCCCS as directed for purposes as specified in the Federal Grant requirements.

The Contractor shall:

1. Comply with all obligations under Federal Grant funds as specified in 2 CFR Part 200.
2. Be responsible for notifying in writing and monitor providers receiving Federal Block Grant funds and other Federal Grants as specified in 2 CFR Part 200.
3. Comply with AMPM Policy 320-T1, AMPM Exhibit 300-2B, and any applicable communications received from AHCCCS.
4. Be responsible for notifying and monitoring providers on AMPM Policy 320-T1 and any applicable communications received from AHCCCS.
5. Manage, record, and report Federal Grant funds as specified in the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM), 2 CFR Part 200, and Federal Grant requirements.
6. Report financial information related to Federal Grants in conformance with the AHCCCS Financial Reporting Guide.
7. Comply with all terms, conditions, and requirements of the MHBG and SUBG, including but not limited to:
 - a. Confidentiality of Substance Use Disorder Patient Records [42 CFR Part 2],
 - b. Charitable Choice Provisions; Final Rule [42 CFR Part 54 and 54a],
 - c. Substance Use Block Grant (SUBG) [45 CFR 96.51, and 96.120-121],
 - d. Health Omnibus Programs Extension Act of 1988, Subtitle E General Provisions, November 4, 1988 (P.L.100-607) (.pdf) (42 USC 300ee-5),

SECTION D: PROGRAM REQUIREMENTS

- e. Children's Health Act of 2000 (P.L. 106-310), October 17, 2000,
 - f. Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 (P.L. 102-321), July 10, 1992, and
 - g. PHS Act (includes Title V and Title XIX).
8. Develop and maintain fiscal controls in accordance with authorized activities of the Federal Block Grants and other Federal Grant funds, this Contract, AMPM Policy 320-T1, the Block Grant FAQs on the AHCCCS website, SAAM, and 2 CFR Part 200.
9. Plan and Report MHBG and SUBG funds and services separately and provide information related to Block Grant activities and expenditures to AHCCCS through the following as specified in Section F, Attachment F3, Contractor Chart of Deliverables:
- a. Federal MHBG Activities and Expenditures Reports, and
 - b. Federal SUBG Activities and Expenditures Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Federal SUBG Activities and Expenditure Reports are to collect data necessary to fulfill SAMHSA reporting requirements. SAMHSA reporting requirements are subject to change based on SAMHSA or AHCCCS reporting needs.

10. Submit Publication Materials that are paid for by grant funding for prior approval as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Each publication material shall include the following disclaimer language: "This publication was made possible by SAMHSA Grant number [XXX]. The views expressed in these materials do not necessarily reflect the official policies or contractual requirements of 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."
11. Submit Contractor- level and provider-level expenditure data to AHCCCS consistent with the annual funding levels in the AHCCCS Allocation Schedule for certain allocations of the SUBG including substance use treatment, recovery support services, crisis services, specialty programs and services for pregnant women and women with dependent children, and HIV Early Intervention Services, other capacity building/systems development activities.
12. Submit Contractor-level and provider-level expenditure data to AHCCCS consistent with the annual funding levels in the AHCCCS Allocation Schedule for certain allocations of the MHBG including activities and services provided for individuals designated SED and SMI for individuals with ESMI including FEP.
13. Manage the Federal Block Grant funds during each State Fiscal Year to make funds available for obligation and expenditure until the end of the State Fiscal Year for which the funds were paid. When making transfers involving Federal Block Grant funds, the Contractor shall comply with the requirements as specified in the Federal Block Grant Funds Transfers Cash Management Improvement Act of 1990 and any rules or regulations promulgated by the U.S. Department of the Treasury including, 31 CFR Part 205 and the SAAM.
14. Not discriminate against non-governmental organizations on the basis of religion in the distribution of Federal Block Grant funds.

SECTION D: PROGRAM REQUIREMENTS

15. Not expend Federal Block Grant funds for any of the following prohibited activities:
- a. Inpatient services, with the exception of inpatient detoxification for substance use only if it has been determined that such treatment is medically necessary for the individual involved and that the individual cannot be effectively treated in a community-based and/or residential program of treatment, limited to SUBG funding only,
 - b. Physical health care services including payment of copays,
 - c. Make cash payments to members receiving or intending to receive health services,
 - d. Direct cash payments to clients, participants, or their family members as it relates to transportation services,
 - e. Purchasing computer equipment, software, Wi-Fi for individual clients,
 - f. Payment of tuition, fees, loan repayments, or educational related costs for secondary school, college, technical school, or other educational institutions for MHBG clients,
 - g. Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - h. Purchase major medical equipment,
 - i. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds,
 - j. Provide financial assistance to any entity other than a public or non-profit private entity,
 - k. Provide individuals with hypodermic needles or syringes for illegal drug use,
 - l. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level II of the Executive Salary Schedule for the award year; refer to:
https://grants.nih.gov/grants/policy/salcap_summary.htm,
 - m. Purchase treatment services provided by penal or correctional institution personnel in the State of Arizona,
 - n. Flex funds purchases,
 - o. Sponsorship for events and conferences, or
 - p. Childcare, with the exception of SUBG.
 - q. Copayments charged to members for services. Sliding scale fees established regarding room and board do not constitute a copayment. This prohibition applies solely to the use of Federal Block Grant funds and in no way prohibits copayments or cost-sharing otherwise permitted under AHCCCS policy (including Policy 320-T1), Medicare requirements, or this Contract, provided no Federal Block Grant funds are used.
 - r. Any other expenditures deemed unallowable or restricted under applicable Federal statutes, regulations, or other legal authority governing the use of Federal Block Grant funds, including related guidance issued by SAMHSA (e.g., Dear Colleague Letters), to the extent such guidance reflects binding requirements applicable to the funding.
16. Comply with all terms, conditions, and requirements for any Federal Grant funding as specified in AHCCCS Allocation Schedule and letters.

SECTION D: PROGRAM REQUIREMENTS

17. SAMHSA grant funds should not be used to directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of OUD. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. Refer to, e.g., 45 CFR 75.300(a) (requiring HHS to “ensure that Federal funding is expended in full accordance with U.S. statutory requirements.”); 21 USC 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration (DEA) and under a Food and Drug Administration (FDA)-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under Federal law.

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

The Contractor shall:

1. Report financial information as specified in the AHCCCS Financial Reporting Guide, AHCCCS Contract, and/or ISA/IGAs.
2. Comply with Confidentiality of Substance Use Disorder Patient Records [42 CFR Part 2].
3. Develop and maintain fiscal controls in accordance with authorized activities.
4. Designate a Non-Title XIX/XXI Funding-Program Coordinator.

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

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

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.
2. Have the discretion to recoup the difference between a provider's total value of encounters submitted to the Contractor and 85% of the provider'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 a Final Non-Title XIX/XXI Profit Limit Template as specified in ACOM Policy 323, AHCCCS Financial Reporting Guide and Section F, Attachment F3, Contractor Chart of Deliverables.

1. On a State Fiscal Year basis, AHCCCS shall not allow the Contractor to earn a profit from allocated funds for General Fund Crisis and General Fund Non-Title XIX/XXI SMI.
2. There is no maximum loss for Non-Title XIX/XXI funding sources.
3. AHCCCS shall establish a profit limit on the Contractor's potential profits from the MHBG SED, MHBG SMI, MHBG ESMI/FEP, SUBG, County, and Non-Title XIX/XXI Other funds. Refer to ACOM Policy 323.

Sources of Revenue: AHCCCS shall:

1. Annually prepare the AHCCCS Allocation Schedule, which is subject to change during the State Fiscal Year, to specify the Non-Title XIX/XXI non-capitated funding sources by program including MHBG and SUBG funds, State General Fund appropriations, County funds, and other funds, which are used for services not covered by Title XIX/XXI funding and for populations not otherwise covered by Title XIX/XXI funding.
2. Make payments to the Contractor according to the AHCCCS Allocation Schedule which includes all administrative costs to the Contractor. Payments shall be made in 12 monthly installments through the State Fiscal Year no later than the tenth business day of each month. AHCCCS retains the discretion to make payments using an alternative payment schedule.

SECTION D: PROGRAM REQUIREMENTS

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. Make disbursements upon receipt of the Notice of Grant Award from SAMHSA, even when receipt of the Notice of Grant Award is delayed.

The Contractor shall:

1. Manage available funding in order to continuously provide services throughout the funding period.
2. Strive to fully expend allocated funding by the end of the funding period. Regularly monitor historical, current, and projected expenditure of allocated funding and coordinate with AHCCCS regarding barriers to fully expend allocated funding in a timely manner that allows for reallocation of funding or be subject to Administrative Action and/or reduced allocation, termination of allocation, or denial of future funding.
3. Obtain written PA from AHCCCS for any deviation from the AHCCCS Allocation Schedule or payment schedule. Refer to the AHCCCS Financial Reporting Guide.
4. As specified in ARS 35-190, State General Funds are appropriated by the legislature and shall be expended (based on dates of service) by June 30 of each year at both the Contractor and provider levels.

51. CAPITATION ADJUSTMENT – EXEMPT

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

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

53. REINSURANCE – EXEMPT

54. COORDINATION OF BENEFITS AND THIRD-PARTY LIABILITY

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

Grant funding is the payor of last resort for Title XIX/XXI covered services which have been exhausted, Non-Title XIX/XXI covered services, and for Non-Title XIX/XXI Members for any services including those funded with state appropriated dollars unless otherwise stipulated by AHCCCS based on applicable state or federal regulations. Refer to the AHCCCS Financial Reporting Guide. Refer to ACOM Policy 434.

55. COPAYMENTS

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

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

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

56. MEDICARE SERVICES AND COST SHARING

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

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

57. MARKETING

Refer to Title XIX/XXI Contract #YH19-0001R.

58. CORPORATE COMPLIANCE

Refer to Title XIX/XXI Contract #YH19-0001R.

59. RECORD RETENTION

Refer to Title XIX/XXI Contract #YH19-0001R.

60. SYSTEMS AND DATA EXCHANGE REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001R.

61. ENCOUNTER DATA REPORTING

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

Submitted encounters for services delivered to Non-Title XIX/XXI Members and Non-Title XIX/XXI services to any member shall be submitted in the same manner and timeframes as specified in the AHCCCS Encounter Manual. In addition, submitted encounters shall contain the funding source for the Non-Title XIX/XXI service. This data shall be submitted with the encounter or via the post adjudication process. All encounters from a state fiscal year shall have a funding source by no later than April 1 following the end of that state fiscal year. The Contractor shall submit a Summary of Funding Source Identifier Submissions deliverable by GSA as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

62. ENROLLMENT AND CAPITATION TRANSACTION UPDATES

Refer to Title XIX/XXI Contract #YH19-0001R.

63. PERIODIC REPORTING REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001R.

64. REQUESTS FOR INFORMATION

Refer to Title XIX/XXI Contract #YH19-0001R.

65. DISSEMINATION OF INFORMATION

Refer to Title XIX/XXI Contract #YH19-0001R.

66. READINESS REVIEWS

Refer to Title XIX/XXI Contract #YH19-0001R.

67. MONITORING ACTIVITIES

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

AHCCCS will perform Contractor monitoring activities to review processes and procedures related to Grants and Non-Title XIX/XXI Funding and services as specified in AMPM 320T1 and 320T2. The Contractor shall submit all requested documentation for Contractor monitoring activities within the timelines specified on each request.

68. ADMINISTRATIVE ACTIONS

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

AHCCCS reserves the right to issue an Administrative Action for any occurrence of noncompliance. Each occurrence of noncompliance will be evaluated for determination and issuance of potential Administrative Action. Administrative Actions include issuance of any or all of the following: Notice of Concern (NOC), Notice to Cure (NTC), a Mandated CAP, and Sanctions, including but not limited to monetary penalties, reducing the amount of the allocation, terminating the allocation, or denying future funding. Administrative Actions are non-exclusive; that is, the issuance of an Administrative Action or the imposition of any particular Sanction by AHCCCS does not preclude AHCCCS from pursuing any other remedy available in law or Contract arising from the same conduct. Proposed sanctions will be evaluated by the AHCCCS MCO Compliance Committee, as specified in ACOM Policy 408.

The Contractor may dispute the decision to impose a Sanction as specified in AAC R9-34-401 et seq.

In the event the Contractor is found to be not in compliance with contractual requirements AHCCCS may reduce the amount of the allocation, terminate the allocation, or deny future funding.

69. CONTINUITY OF OPERATIONS AND RECOVERY PLAN

Refer to Title XIX/XXI Contract #YH19-0001R.

70. MEDICARE REQUIREMENTS

Refer to Title XIX/XXI Contract #YH19-0001R.

71. PENDING ISSUES

Refer to Title XIX Contract #YH19-0001R.

72. CENTERS OF EXCELLENCE

Refer to Title XIX/XXI Contract #YH19-0001R.

73. LEGISLATIVE, LEGAL, AND REGULATORY ISSUES

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

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

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

74. ACCREDITATION

EXEMPT

[END OF SECTION D: PROGRAM REQUIREMENTS]

SECTION E: CONTRACT TERMS AND CONDITIONS

Refer to Title XIX/XXI Contract #YH19-0001R.

[END OF SECTION E: CONTRACT TERMS AND CONDITIONS]

SECTION F: ATTACHMENTS

**ATTACHMENT F1: MEMBER GRIEVANCE AND APPEAL
SYSTEM STANDARDS**

**CONTRACT NO. YH22-0061R
CCE NO. YH20-0002**

SECTION F: ATTACHMENTS

ATTACHMENT F1: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001R.

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

ATTACHMENT F2: PROVIDER CLAIM DISPUTE STANDARDS

Refer to Title XIX/XXI Contract #YH19-0001R.

[END OF ATTACHMENT F2: PROVIDER CLAIMS DISPUTE STANDARDS]

ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES

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

The Contractor Chart of Deliverables is a summary of the periodic reporting requirements to be submitted by the Contractor. The Contractor Chart of Deliverables is provided for convenience only and shall not be interpreted as limiting the Contractor's responsibilities in any manner.

All deliverables are subject to review.

The submission of late, inaccurate, or incomplete data shall be subject to Administrative Action.

Deliverables 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 indicate submission by the Contractor to SharePoint are to be submitted to the SharePoint Contract Compliance site at: [AHCCCS SharePoint Contract Compliance Site](#).

Deliverables are subject to change at any time during the Term of Contract.

In the event AHCCCS identifies that a deliverable is addressed through the Contractors' NCQA Accreditation and are not required to be submitted by the Contractor, the deliverables will remain listed in the Contract Chart of Deliverables but are marked as fully deemed and do not require submission to AHCCCS unless the Contractor has not met accreditation requirements or AHCCCS has determined to resume the deliverable.

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

[END OF ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES]

ATTACHMENT F4: RESERVED

[END OF ATTACHMENT F4: RESERVED]

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SECTION G: RESERVED

[END OF SECTION G: RESERVED]

SECTION H: RESERVED

[END OF SECTION H: RESERVED]

SECTION I: RESERVED

[END OF SECTION I: RESERVED]