

	<p>Notice of Request for Information</p> <p>RFI #YH26-0078</p> <p>RFI ALTCS E/PD</p>
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ISSUE DATE	February 13, 2026
AHCCCS PROCUREMENT OFFICER	Meggan LaPorte procurement@azahcccs.gov
RFI RESPONSES DUE DATE	Thursday, March 5, 2026 by 3:00 PM ARIZONA TIME

Responses to this RFI must be submitted electronically to AHCCCS on or prior to the time and date indicated above.

This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract.

AHCCCS is in the information gathering stage. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

REQUEST FOR INFORMATION

1. AHCCCS OVERVIEW

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services.

For more information regarding AHCCCS see About Us:

<https://www.azahcccs.gov/AHCCCS/AboutUs/index.html>

2. PURPOSE of RFI and Background

The Purpose of this RFI is to gather information regarding:

The Arizona Health Care Cost Containment System (AHCCCS) is requesting information from providers, potential bidders, professionals familiar with the Long-Term Care service delivery system in Arizona and/or stakeholders to help shape the programmatic requirements of the forthcoming Request for Proposal (RFP) for the ALTCS E/PD (YH27-0001).

AHCCCS intends to develop its RFP focused on our core guiding principles and values of Long-Term Care to best strengthen outcomes for members. These core guiding principles are:

1. Member centered case management
2. Member directed options
3. Person centered planning
4. Consistency of services
5. Accessibility of network
6. Most integrated setting
7. Collaboration with stakeholders

With these guiding principles in mind, AHCCCS is requesting information specific to programmatic requirements that will help to formulate and drive the next contract set for our Long-Term Care members.

This process is intended to gather information specific to the programmatic requirements of this contract and interested bidders, providers, and stakeholders are asked to provide responses.

REQUEST FOR INFORMATION

3. INFORMATION REQUESTED:

AHCCCS requests the following information in a detailed written response.

Respondents may respond to any or all of the areas identified.

- 3.1 AHCCCS seeks to better understand how current case management caseload ratios affect the ability to effectively manage care and improve member outcomes, with particular emphasis on specialty populations and individuals with increased service needs. Respondents should provide recommendations, along with the rationale supporting those recommendations.
- 3.2 AHCCCS seeks to better understand what advancements in case management models and technology should be considered to enhance service delivery and care coordination for members. Respondents should identify relevant advancements and describe how they may improve outcomes and care coordination.
- 3.3 AHCCCS seeks information to better understand what opportunities should be considered to strengthen and enhance relationships between health plans and specialty providers. Respondents should provide recommendations, with particular emphasis on skilled nursing facilities and assisted living homes and facilities, that best support the care of members.
- 3.4 AHCCCS seeks to understand what opportunities should be considered to enhance the use of technology to more effectively monitor member health needs and/or more quickly identify emerging needs that support expedited care delivery.
- 3.5 AHCCCS seeks to better understand what opportunities should be considered to enhance program integrity in the delivery of services to members, including the use of technology, monitoring, and data.

4. CONTENTS OF YOUR RESPONSE

If you are interested in responding to any or all of the areas identified above, AHCCCS is requesting the following:

- 4.1 Detailed Written Response to any/all areas listed above. AHCCCS appreciates your attempt to limit your response to two (2) pages maximum per question, with no minimum response requirement using 12 pt font and 1-inch margins.

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4.2 All submissions must be electronic with no hyperlinks or attachments.
Reference sources may be listed.

5. HOW TO RESPOND

5.1 Submit one (1) electronic copy of the RFI response via email attachment to the listed at PROCUREMENT@azahcccs.gov. Please indicate the RFI number and your company name in the subject line of your email.

5.2 Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.

6. CONFIDENTIAL/PROPRIETARY INFORMATION:

6.1 To the extent allowed by law, information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law and as such, are open to public inspection after this time.

6.2 Please do not submit anything considered “proprietary” or “confidential”.

6.3 Information received by AHCCCS becomes the property of AHCCCS and will not be returned to the sender.

7. REIMBURSEMENT:

AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI or for travel costs associated with presenting the demo.

8. DISCLAIMER/NO AWARD OF CONTRACT:

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ATTACHMENT A: Respondent's Contact Information

Company Name	
Address	
Federal Employer ID Number	

For Clarification of this Response Contact:

Name	
Title	
Phone	
Email	

Signature of Authorized Person	
Name	
Title	
Date	

END OF SOLICITATION