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|  **CONTRACTOR:** |  |
| **LINES OF BUSINESS (LOB):** |  |

 As indicated in the table, the Contractor shall complete column ‘C’ and may complete column ‘D’ if applicable.

|  |  | **CONTRACTOR** | **FOR AHCCCS USE ONLY** |
| --- | --- | --- | --- |
| **(a)****NETWORK DEVELOPMENT AND MANAGEMENT PLAN (NDMP); PERIODIC NETWORK REPORTING REQUIREMENTS**The submission shall include all of the following: | **(B)****REQUIREMENTS APPLY TO LINES OF BUSINESS AS INDICATED BELOW** | **(C)** **FOUND****ON PAGE:** | **(D)** **CONTRACTOR COMMENTS** | **(E)** **CODE** | **(F)** **ADDR (Y/N)** | **(G)****AHCCCS COMMENTS** |
| **ACC** | **CHP** | **ALTCS E/PD** | **DDD** | **ACC-RBHA** |  |
| 1. ACOM Policy 415, Attachment A – Network Attestation Statement.
 | X | X | X | X | X |  |  | 1 |  |  |
| 1. The Centers of Excellence Report.
 | X | X | X | X | X |  |  | 1, 7, 14 |  |  |
| 1. ACOM Policy 415, Attachment F – The Centers of Excellence Report and Checklist, in Microsoft Word format.
 | X | X | X | X | X |  |  |  |  |  |
| 1. That there are sufficient providers for the provision of all covered services, including emergency care on a 24 hours a day, seven days a week basis.

**Contractors with a current National Committee for Quality Assurance (NCQA) Health Plan Accreditation do not need to respond to this element.** | X | X | X | X | X |  |  | 1,4 |  |  |
| 1. The Contractor’s strategy for incorporating health homes/Behavioral Health homes into its network and its progress in maximizing the capacity of medical homes.
 | X | X | X |  | X |  |  | 4 |  |  |
| 1. Provide an estimate of the Contractor’s anticipated membership growth in the next year and how it impacts the Contractor’s network.

**Contractors with a current NCQA Health Plan Accreditation do not need to respond to this element.** | X | X | X | X | X |  |  | 1 |  |  |
| 1. Identify any network implications found in the Contractor’s Cultural Competency or Workforce Development Plans. Identify any network development steps taken based on these plans.

**Contractors with a current NCQA Health Plan Accreditation do not need to respond to this element.** | X | X | X | X | X |  |  | 1,5 |  |  |
| 1. Describe the Contractor’s process for identifying and publicizing providers that offer reasonable accommodations for members such as: physical access, accessible equipment, and culturally competent communications.

**Contractors with a current NCQA Health Plan Accreditation do not need to respond to this element.** | X | X | X | X | X |  |  | 1,4 |  |  |
| 1. An evaluation of the prior year’s NDMP including:
2. A list of the network development goals and actions proposed in the prior year’s NDMP,
3. Data and information that supports the outcomes, effectiveness, and/or achievements of the Contractor in implementing the previous year’s actions (inclusive of qualitative and quantitative data), and meeting the prior year’s NDMP identified goals, and
4. An evaluation and analysis of the effectiveness of the previous year’s actions (utilizing qualitative and quantitative data) towards meeting the prior year’s NDMP identified goals.
 | X | X | X | X | X |  |  | 1,3 |  |  |
| 1. The Contractor’s network development actions for the current year based upon:
	1. Its review of the prior year’s NDMP,
	2. Current identified network gaps
	3. Any additional network deficiencies identified by the Contractor in the past year, and
	4. Any network development steps identified in the current NDMP.
 | X | X | X | X | X |  |  | 1 |  |  |
| 1. The methodologies used by the Contractor to identify network gaps.

**Contractors with a current NCQA Health Plan Accreditation do not need to respond to this element.** | X | X | X | X | X |  |  | 1 |  |  |
| 1. The Contractor’s review of Emergency Department (ED) utilization for behavioral health services for members in DCS custody and an assessment of potential network gaps.
 |  | X | X | X |  |  |  | 4, 7 |  |  |
| 1. A description of the Contractor’s use of electronic visit verification data in assessing network sufficiency. (Refer to AMPM Policy 540).
 | X | X | X | X | X |  |  | 10 |  |  |
| 1. An assessment of the sufficiency of the Contractor’s overall Nursing Facility (NF) network.
 |  |  |  | X |  |  |  | 1 |  |  |
| 1. Description of efforts taken to ensure that a priority is placed on allowing members, when appropriate, to reside or return to their own home versus having to reside in an institution or Alternative Home and Community Based Services (HCBS) Setting. Institutions may include Skilled Nursing Facilities (SNF), Intermediate Care Facilities for Individuals with Intellectual Disability (ICF-IIDs), and Behavioral Health Residential Treatment Centers. Alternative HCBS Setting may include Assisted Living Facilities (ALF), Group Homes, and Adult and Child Development Homes. To that end, the development of HCBS shall include provisions for the availability of services on a seven day a week basis, and for extended hours, as dictated by member needs.
 | X | X | X | X | X |  |  | 9 |  |  |
| 1. Description of the available alternatives to NF placement such as ALFs, Alternative HCBS Settings, or HCBS for members.
 | X | X |  |  | X |  |  | 4 |  |  |
| 1. Strategies the Contractor will take to provide members with “in-home” HCBS versus placing members in Alternative HCBS settings or NFs.
 |  |  | X | X |  |  |  | 9 |  |  |
| 1. A summary of the Contractor’s process for monitoring and evaluating member placement data to support its efforts to increase the percentage of members residing in their own homes.
 |  |  | X | X |  |  |  | 9 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. Specific pro-active strategies/actions the Contractor will take to reduce the percentage of HCBS members in Alternative HCBS Settings once 20% or more of its HCBS membership resides in Alternative HCBS Settings. If any Geographic Service Area (GSA) served by the Contractor is currently greater than 20%, the Contractor must demonstrate the implementation of its strategies/actions.
 |  |  | X |  |  |  |  | 9 |  |  |
| 1. Describe the process when a Residential Treatment Center (RTC) placement is medically necessary but unavailable, including how the member’s needs are addressed and interventions conducted while maintaining member safety. Include an analysis of how many members fall into this category and their average length of time in this category (in calendar days).
 | X | X | X | X | X |  |  | 7,8 |  |  |
| 1. Provide a detailed description of the process the Contractor utilizes to identify the potential eligible member population for Applied Behavioral Analysis (ABA) Therapy available within each GSA,
2. The Contractor shall provide the actual count of the potential eligible member population using the Contractor’s process and the unduplicated number of members who received ABA Therapy for the prior contract year,
3. The Contractor shall provide the total number of licensed/credentialed ABA Therapists available in their network within each GSA and identify if services are provided in person/telehealth or telehealth only and the number of AHCCCS eligible members seen by each ABA provider for the prior contract year,
4. The Contractor shall provide a detailed description of the process utilized to determine network sufficiency. In the event the Contractor identifies the network is not sufficient, the Contractor shall provide a plan that details the process and steps that will be taken to address the deficiency, along with the target dates for each step to be accomplished and the deficiency to be resolved.r school
 | X | X | X | X | X |  |  | 4,6,7,8 |  |  |
| 1. A description of the Contractor’s criteria and evaluation methodology that ensures it has a sufficient network of skilled nursing facilities and assisted living facilities for the following specialties:
* Dementia or related disorders,
* Traumatic Brain Injuries,
* Substance Use Disorders, and
* Persistent aggressive behaviors

ALTCS and DDD plans shall address how they intend to implement this requirement. |  |  | X | X |  |  |  | 7 |  |  |
| 1. A description of how the Contractor intends to ensure access to members needing skilled nursing facilities or assisted living facilities offering the following specialties:
* Dementia or related disorders,
* Traumatic Brain Injuries,
* Substance Use Disorders, and
* Persistent aggressive behaviors
 |  |  | X | X |  |  |  | 4, 7 |  |  |
| 1. A general description of the Contractor’s network of locally-established, Arizona-based, independent Peer-Run and Family-Run Organizations.
 | X | X | X | X | X |  |  | 8 |  |  |
| 1. The Contractor’s analysis demonstrating it has a network that includes sufficient family planning providers to ensure timely access to covered services, including out-of-network providers per AMPM Policy 420 and 42 CFR 438.206(b)(7). Family planning providers are defined in the AHCCCS Contract and Policy Dictionary and shall not be limited to OB/GYNs.
 | X | X | X | X | X |  |  | 6 |  |  |
| 1. A general description of the Contractor’s network of community based, family support services in urban, suburban, and rural areas of the State, including behavioral health services.
 | X | X | X | X | X |  |  | 8 |  |  |
| 1. A general description of the Contractor’s network of innovative delivery mechanisms, including mobile providers in rural or under-served areas, field clinics and virtual clinics.
 | X | X | X | X | X |  |  | 1,4,8 |  |  |
| 1. A general description of the Contractor’s network of providers who offer telemedicine, teledentistry, and asynchronous technologies by GSA.
 | X | X | X | X | X |  |  | 1,8 |  |  |
| 1. A general description of the Contractor’s network of providers who are trained to conduct end of life conversations and advanced care planning, and how the Contractor ensures this network is adequate.
 | X | X | X | X | X |  |  | 4 |  |  |
| 1. A general description of the Contractor’s provider network by GSA for the following populations:
2. Individuals with Special Health Care Needs (including members with a CRS designation),
3. Individuals served by Arizona Early Intervention Program (AzEIP),
4. The homeless,
5. Individuals in the justice system (adults and children), and
6. Those in border communities.
 | X | X | X | X | X |  |  | 4,6,8,12 |  |  |
| 1. An assessment of the sufficiency of the network by GSA, including any steps taken to address insufficiencies for the following populations (as applicable):
2. Members needing Dialectical Behavioral Therapy – Adult and Children (Separately),
3. Members receiving Peer and Family Support Services,
4. Veterans,
5. Survivors of sex trafficking,
6. Transition-Aged Youth, and
7. Members ages zero through five and addressing the number of providers that provide specific treatment modalities for this population (e.g., Circle of Security, Child-Parent dyadic therapy, Child-Parent psychotherapy).
 | X | X | X | X | X |  |  | 4-c, d,7,8 |  |  |
| 1. A general description of the integrated network design by GSA for the following populations (as applicable) needing:
2. Sexual offender treatment – Adult and Children (Separately), and
3. Sexual Abuse Trauma – treatment supports and services - Adult and Children (Separately).
4. Sexually Maladaptive Behaviors for children.
 | X | X | X | X | X |  |  |  7,8 |  |  |
| 1. A general description of the integrated network design by GSA for high-risk populations applicable to the Contractor’s line of business with substance use disorders, including:
2. Pregnant women or women with, dependent children,
3. Persons who use drug by injection,
4. Adults and children with Opioid Use Disorder, and
5. Adolescents.
 | X | X | X | X | X |  |  | 4,6,7,8,12, 13 |  |  |
| 1. A general description of the integrated network design by GSA to provide services consistent with the American Society of Addiction Medicine (ASAM) guidelines for the following populations:
2. General membership requiring access to the following types of substance use disorder treatment:
	1. Medications for Opioid Use Disorder (MOUD), formerly known as Medication Assisted Treatment (MAT),
	2. Outpatient,
	3. Intensive Outpatient,
	4. Partial Hospitalization, and
	5. Residential Inpatient.
 | X | X | X | X | X |  |  |  7,8 |  |  |
| 1. A general description of the integrated network design by GSA for the following populations (as applicable):
2. Members requiring marriage and family therapy,
3. Members with trauma-related disorders,
4. Members requiring Gender Identity and Sexual Orientation supports and services,
5. Members undergoing court-ordered treatment, and
6. Members transitioning from a crisis event and requiring additional services.
 | X | X | X | X | X |  |  |  6,7,8 |  |  |
| 1. A general description of the Contractor’s network of providers and facilities for Local Alcoholism Reception Centers that meet the needs outlined in ARS Title 36, Chapter 18, Article 2.
 | X |  |  |  | X |  |  | 7,8 |  |  |
| 1. A general description of how the network is designed for Non-Title XIX/XXI eligible Serious Mental Illness (SMI) members.
 |  |  |  |  | X |  |  | 2,7,8,13 |  |  |
| 1. Provide a detailed analysis of network capacity for the behavioral health network for children’s special populations (including but not limited to Serious Emotional Disturbance (SED) identifications, CRS designations, , High Needs Case Management (HNCM), those in custody of DCS, adopted, those formerly in foster care). This analysis shall include a thorough comparison of these populations with network capacity and shall be provided at a minimum, the available service delivery options including but not limited to individuals:
2. Aged 0-5 requiring evidence-based practices and specialty services,
3. Seeking respite services, and
4. Receiving Therapeutic Foster Care services.
 | X | X | X | X | X |  |  | 2,7,8 |  |  |
| 1. The current network of qualified professionals who can assess and treat children who have experienced trauma in varied ways; and provide other specialized services needed by children currently in foster care. Include the following information:

a. Group practice name,b. Treatment type,c. Specialized age range, andd. County | X | X | X | X | X |  |   | 7 |  |  |
| 1. A general description of how the network is designed for special populations, including at a minimum, individuals requiring Special Assistance.
 |  |  | X | X | X |  |  | 8 |  |  |
| 1. A description of the network sufficiency for integrated services to Title XIX/XXI eligible members determined SMI.
 |  |  | X | X | X |  |  | 1,8 |  |  |
| 1. Description of the interventions the Contractor implements to reduce avoidable/preventable Emergency Department (ED) utilization and the outcome of those interventions.
 | X | X | X | X | X |  |  | 4 |  |  |
| 1. A description of the activities the Contractor implements to address and reduce no-show rates including:
2. An evaluation and analysis of the Contractor’s no-show rates (inclusive of the current and prior year no-show rates with year-to-year trending),
3. Current interventions,
4. An evaluation and analysis of the efficacy of its efforts/current interventions utilizing qualitative and quantitative data, and
5. New or revised interventions the Contractor intends to implement based on the Contractor’s evaluation and analysis of its most recent no-show rate data.
 | X | X | X | X | X |  |  | 3 |  |  |
| 1. Description of how the Contractor addresses the loss (closure, contract termination) of a major healthcare provider (hospital, NF, large provider group).
 | X | X | X | X | X |  |  | 1,2 |  |  |
| 1. Describe the sufficiency the Contractor’s out of State behavioral health placement options by:
	1. An analysis of any network gaps resulting in out-of-State placements, identifying any strategies for expanding in-state services to minimize or alleviate the need for out-of-State placements. The Contractor should consider specific programming (this refers to subclass of facility as well as specific programming such as sex offender, eating disorder, autism, etc., in addition to the facilities themselves),
	2. Identifying supportive services to manage continued in-State progress (e.g., case management, parenting classes, drug testing, peer support), and
	3. Include average length of stay in out-of-State placements and analysis of barriers/solutions to get members back to in-State.
 | X | X | X | X | X |  |  | 4,7,8 |  |  |
| 1. The methodology used by the Contractor to communicate when its Medical Management (MM) staff identifies a shortage of providers either by provider type or geographic area. Also address how this communication is documented.
 | X | X | X | X | X |  |  | 4 |  |  |
| 1. Coordination between internal departments on issues related to network sufficiency including a comprehensive listing of all committees and committee membership where this coordination occurs. Identification of members shall include the department/area [e.g., Quality Management (QM), Medical Management/Utilization Management (MM/UM), Grievance (GRV), Finance (FIN), Claims] that they represent on the committee.
 | X | X | X | X | X |  |  | 2 |  |  |
| 1. Contractors shall describe Member Advocacy/Member Council activities.
 | X | X |  | X | X |  |  | 1,8 |  |  |
| 1. The status of affordable housing networking strategies and innovative practices/initiatives.
 | X | X | X | X | X |  |  | 12 |  |  |
| 1. A description of the Contractor’s process for identifying providers who offer:
2. Prevention and treatment services through the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS), Substance Abuse Block Grant (SABG), or Substance Use Block Grant (SUBG), and
3. Treatment services through the Mental Health Block Grant (MHBG).

Additionally, the Contractor must identify its current network of providers for each grant. |  |  |  |  | X |  |  | 13 |  |  |