September 24, 2019

Office of Grants and Project Management

Division of Health Care Management

Arizona Health Care Cost Containment System (AHCCCS)

701 E Jefferson St. MD 6500

Phoenix, Arizona 85034

RE: **(RBHA Name) - SABG Wait List Report – (Contract Year and Quarter)**

*Please check one of the following:*

* I hereby attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monitors the SABG Priority Population Wait List through the AHCCCS wait list software reporting system. There were no SABG members on a wait during the last quarter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not had any priority member on a wait list for services provided in a Behavioral Health Residential Facility in the last 3 months.

* I hereby attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monitors the SABG Priority Population Wait List through the AHCCCS wait list software reporting system. There were \_\_\_ SABG members on a wait list during the last quarter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has had \_\_\_ priority members on a wait list for services provided in a Behavioral Health Residential Facility in the last 3 months.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is doing the following to address getting priority members access to services in a timely manner:

Sincerely,

(RBHA Administrator & Credentials)

(Signature)