

Application Detail

Application ID	1060571
Submitted	Dec 11, 2023
Status	Awaiting review
Applicant(s)	Audrey Davis (audavis4@pcgus.com)
Program and cycle	ARP Program Award Round 2 AHCCCS ARP Program Awards Round 2
Workflow and current workflow level	Initial Review Initial Review
Tags	No tags
Forms	ARP Program Award to Improve Member Experience- Round 2 (Audrey Davis)

Instructions



General Instructions:

Thank you for your interest in applying for an American Rescue Plan Act of 2021 (ARPA) Home and Community-Based Services (HCBS) program award, authorized under Arizona's ARPA HCBS Spending Plan. Arizona Health Care Cost Containment System (AHCCCS) is investing the ARPA federal funds to enhance, improve, and strengthen statewide HCBS. AHCCCS seeks to disburse grants across all HCBS Medicaid programs, distribute funds geographically across the state in both rural and urban areas and support diverse organizations and populations served with both programmatic and infrastructure projects. ARPA grant funding may be used to:

- Increase engagement in community activities.
- Expand supportive employment and employment skills development including volunteerism.
- Support member voice and their choice to lead self-directed lives.
- Expand opportunities for social engagement and relationship building.
- Support recreation and health promotion programs that promote physical activity and nutrition.
- Expand technology that improves connectivity and telehealth.
- Create environmental/physical plant upgrades that promote health and safety.
- Increase or build transportation capacity.
- Provide access to assistive technology or service animals to support independence.
- Enhance data systems and infrastructure that serves to streamline service delivery, promote access to care or supports care coordination efforts.
- Support for family caregivers.
- Expand and enhance independent housing opportunities.

The program award funding may not supplant or replace existing state funds expended for Medicaid HCBS. Program award funding may be used to supplement, enhance, expand, or strengthen existing services. **Please note:** the ARP Program Award funds are different from the CYE 2022 (released to providers in April 2022) and CYE 2023 ARPA Directed Payments (expected to be released to providers beginning the end of April 2023). CYE 2022 and CYE 2023 Directed Payments are payments made to eligible providers to be distributed to their direct care staff in the form of a temporary increase in salary, wages, and/or stipends, including employee related expense costs. ARP Program Awards are one-time grant funds used to support activities that support the development of new or enhancements to existing HCBS services.

In order to apply, applicants must complete this application no later than **5 p.m. on January 15, 2024**. Incomplete applications will not be considered. In order for this application to be considered complete, all components of the application must be filled in. All applications will be reviewed before a selection is made. The Application timeline is below.

Before you begin your application, please note the following:

- Applicants may submit up to two applications. The minimum amount for award funding is \$10,000 and the maximum amount is \$1,000,000.
- Administrative & staffing costs may not exceed 10% of the total project cost.
- Funds must be spent by June 30, 2025.

Activity	Date
Application released	December 4, 2023
Application closed	January 15, 2024
Award notifications sent	March 2024 (anticipated)
Awardee completes award notification packet	April 2024 (anticipated)
Awardee receives payment	May 2024 (anticipated)
All funds must be expended	June 30, 2025

Before you begin your application, please note the following information:

- This application has functionality which allows applicants to copy and paste text from other documents into textbox fields, so you may paste information from other documents.
- This application has a “save” functionality and will save your work automatically as you go, additionally you can pause and come back at any time.
- Additional tips and tricks are available for download [here](#).

If you have any questions regarding the application, please contact AHCCCSARPAwardsHelp@pcgus.com.

Application Instructions

This document contains several hyperlinks, all of which are formatted in underlined bold blue, like [this](#). Before you print this document, be sure to explore the PDF for potentially useful documents in those hyperlinks that might assist you in filling out this application. Once completed, you can submit your application.

Organization and Experience

Section 1: Organization and Experience

Organization Name: *

Public Consulting Group

Contact Person (first and last name): *

Name Name

Title: *

Manager

Phone Number: *

(111)111-1111

Email Address: *

AHCCCSARPAwardsHelp@pcgus.com

Address: *

AZ-202, Phoenix, AZ, USA

1. Select what type of provider you are. *

Adult Day Health (Provider Type 27)

2a. How many Medicaid IDs will be impacted by the project? *

1

2b. Enter your organization's 6-digit Medicaid Provider number(s).

Medicaid ID 1 *

111111

4. Describe your organization. Include when it was founded, its mission statement, its service area(s), and its programs: *

250 Word Maximum

Describe your organization. Include when it was founded, its mission statement, its service area(s), and its programs.

5. Who are the key personnel that will be involved and what will their role be on this project?

Records: 0

Name	Title	Role Description
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Project Overview

Section 2: Project Overview

Select the type of project you are applying for: *

Both

Programmatic projects are projects that create new or build the capacity of existing programs, services, or activities. These projects should seek to improve member experience, health, or safety through community participation, self-advocacy, relationship building and health promotion.

Infrastructure projects involve the purchase of or improvements to equipment, connectivity access, data systems, assistive technology, vehicles or physical plant modifications. These purchases or improvements should directly impact member experience, health, or safety. Awards under infrastructure projects exclude purchasing or acquiring structures (e.g., houses, buildings, etc.).

1. Please provide a short description of your project. *

250 Word Maximum

The applicant's organization focuses on residents in need of memory care, providing assisted living specifically designed for individuals with mild or moderate dementia. The organization has two small outdated kitchen areas currently being used to serve meals to the residents, but cannot keep meals warm. They only have a small microwave and is not designed for cooking. The facility has very limited space for dining, particularly for residents with wheelchairs and in need of staff assistance to eat. With this funding, they want to expand the two kitchens by adding steam tables to keep meals warm for serving, expand the dining area, add a hydration station and have a demonstration kitchen area for therapeutic cooking classes. The hope for these classes is to provide a calm and nurturing environment to help increase the appetite of those they serve and relieve stress. This can provide residents with familiar sensory stimulation through smells, textures and taste proven to improve the daily lives of individuals living with dementia and bring them happiness and well-being.

2. Is this a new project or expansion of an existing project? *

New project

Describe any preparation you have done to date. *

250 Word Maximum

The applicant formed a committee to plan the project. They worked with a consulting architect and a local construction firm to determine the work needed to renovate the two kitchens and outfitting them for the therapeutic cooking classes, as well as making them more functional for the residents and staff. They have also done extensive research on the benefit of cooking classes for dementia patients.

**The program award funding may not supplant or replace existing state funds expended for Medicaid HCBS. Program award funding may be used to supplement, enhance, expand, or strengthen existing services.*

3. Which of the following will your project achieve? Check all that apply. Be thoughtful when selecting, please consider what your project will actually accomplish. Applicants typically select 1 to 3 options. *

Increase engagement in community activities

Expand opportunities for social engagement and relationship building

Support recreation and health promotion programs that promote physical activity and nutrition

Create environmental /physical plant upgrades that promote health and safety

4. Describe how your project will achieve the objectives selected in the previous question. *

Minimum of 250 words. Maximum of 1000 words

By providing therapeutic cooking classes, the applicant will engage their residents receiving memory care to learn about healthy food choices, meal preparation while enjoying the sensory experiences associated with food and cooking. This will allow the residents to work together and involve family members in their activities. One of the issues with dementia patients is social isolation. It is the applicants' hoped that this program will diminish their loneliness and seclusion by rebuilding relationships with family members as well as the other residents and staff. Preparing and making healthy food choices promote wellbeing and nutrition along with the physical activity associated with cooking. Upgrading the two kitchens in the residential facility is a necessity as the equipment is outdated and the physical space is vastly underutilized. The current kitchen and dining space does not lend itself well to the promotion of

therapeutic dining and education. The redesign would allow for more resident engagement in the cooking process and improve the overall ability to serve meals. Updating the space in the kitchens will improve storage capacity for other activities for the residents beyond the cooking classes. The applicant will provide recreational and educational services to the residents and this will be vital in supporting the residents socially and in their relationship building. This opportunity will bring people together and will increase community engagement as well as health and safety protocols as well. Ultimately, the project will aim to serve and support all residents and provide a supportive and friendly environment for all.

5. What is the issue or need the project is addressing? *

250 Word limit

The two kitchen spaces in the applicant's residential facility have outdated appliances, lack of useful storage space and work areas to effectively serve the individuals served by this memory care unit. The main kitchen does not currently have steam tables to be able to serve meals efficiently, the current microwave is small and unable to warm several meals at once and there is inadequate dining space. The smaller kitchen does not have enough counter space, storage space and very limited dining area. Residents are not able to get juice, water or ice on their own, so a hydration station is needed to help provide some autonomy for the residents to get beverages on their own. Additionally, research shows that providing therapeutic cooking classes can provide brain-activating rehabilitation for dementia patients by fostering a pleasant atmosphere, interactive communication, establishing social roles, giving and receiving praise and errorless learning. There is strong evidence that therapeutic cooking classes for mild and moderate dementia residents can reduce the behavioral and psychological symptoms of dementia and improve executive function. With this project, the applicant proposes these potentially healing cooking classes for the residents in the renovated kitchens that include a demonstration area. The hope is to invite family members to join the classes with the residents.

6. Describe your project's key milestones and deliverables. This refers to a collection of activities within a project. Each project phase is goal-oriented and ends at a specific milestone or with a certain deliverable. Examples of a milestone or deliverable include but are not limited to: 1). purchasing technology, 2). deployment of technology, 3). equipment delivery.

How many milestones do you need to add? *

6

Milestone 1 Title: *

Demolition & Reconstruction of Main Kitchen

Milestone 1 Description: *

The request includes all labor and materials to renovate the main kitchen and dining room.

Milestone 2 Title: *

Demolition & Reconstruction of Second Kitchen

Milestone 2 Description: *

The request includes all materials and labor to renovate the smaller 2nd kitchen and dining area.

Milestone 3 Title: *

Equipment Purchase & Installation

Milestone 3 Description: *

This request includes steam tables, refrigerator, oven, induction stove tops, and dishwasher, compartment and sink.

Milestone 4 Title: *

Design, training, menu planning for Cooking Classes

Milestone 4 Description: *

The request includes staff trained on the therapeutic cooking classes, as well as design and plan menus for program.

Milestone 5 Title: *

Purchase kitchen equipment for classes

Milestone 5 Description *

This request includes kitchen utensils, pots/pans/ dishes and design permits.

Milestone 6 Title: *

Cooking classes - 12/23 - 09/24

Milestone 6 Description: *

The request includes staff teaching cooking class for 9 months.

7. How does this project fit within your organizational strategy and vision? *

The applicant's vision is to create an environment that inspires seniors to experience enriched and fulfilling lives. In 2018, the applicant changed its name with the express desire to focus on helping older adults to not just live but to thrive. Their program focuses on six pillars of health: physical, emotional, spiritual, social, vocational, and intellectual. Renovating their kitchens improves the health and safety for the residents, while providing a better social environment for all. The therapeutic cooking classes satisfy the spiritual and emotional pillars by providing opportunities to enjoy and prepare nutritious meals, reliving family memories and engaging in the sensory joys of food and cooking. Often memory care residents have lost interest in eating and have poor nutrition. Learning healthy food choices can restore an interest in food and eating and improved physical wellbeing. Including the families of the residents in the cooking program also provides emotional, social and spiritual improvements.

8. What are the potential risks to success and alternative plans to address these risks to ensure project success? *

Maximum of 250 words.

The risks to success of this project are staff turnover and the need to keep staff trained to provide the therapeutic cooking classes. Due to the nature of the social isolation and lack of attention to activities that accompany dementia, it will be important to keep interest going in participating in the cooking program. This will be done by having staff encourage residents to come out of their rooms to enjoy the renovated dining area and to participate in the programming. Also, having family members involved in the classes will help to keep residents engaged.

9. Describe the communications plan or marketing strategy used to promote your project. *

Maximum of 250 words

This project with the renovated kitchens and therapeutic cooking classes will be marketed to the community and prospective residents' families via brochures, the applicant's website and through social media. The applicant will provide in person tours for interested parties, as well as offer direct mail and digital advertising. The cooking demonstrations will be filmed by their professional media team to share with other residents on campus via their closed circuit TV channel. In addition, the media team will create YouTube videos with the goal of encouraging the families of the residents to get involved. The assisted living leadership team will use these videos to boost the interest of residents and garner their feedback for program improvement. This strengthens interest and allows for a sense of ownership and accountability by the residents.

Project Impact

Section 3: Project Impact

*Please respond to these questions with the most honest and reasonable estimate of the impact your project will have on the population you serve. Inflating numbers will not increase your score.

Example: $b + c = d$

95 members currently being served + 45 new members = 140 total impacted

1a. How many people does your organization currently serve?

800

1b. How many individuals currently being served by your organization will be impacted by the project?

95

1c. How many individuals new to your organization do you anticipate will be impacted by the project?

45

1d. How many people do you anticipate this project will impact?

140

1a. How many people does your organization currently serve? *

800

1b. Of the total number of individuals impacted by the project, how many are currently being served by your organization? *

95

1c. Of the total number of individuals impacted by the project, how many individuals do you anticipate will be new to your organization? *

45

1d. How many people do you anticipate this project will impact? *

140

1e. Please confirm the anticipated total number of people this project will impact. *

True

2. Select the target population(s) that will benefit. (Select all that apply) *

Aging and older adults (65+)

3. What area of Arizona will be served by this project? *

Statewide

4. What counties will be served by this project? Select all that apply (if project will serve the whole state select "statewide"). *

Statewide

5. Is your organization working with other partner organizations on this project? *

No

Budget

Section 4: Budget

Definitions

Please complete a budget for your project in the table on this page using the instructions below.

Milestone, Phase or Deliverable: This refers to a collection of activities within a project. Each project phase is goal-oriented and ends at a specific milestone or with a certain deliverable. These should match the milestones and deliverables in Section 2: Project Overview.

Projected Start Date: Projected date a project phase will begin.

Projected End Date: Projected date a project phase will end.

Staff Hours: The total estimated number of hours staff will spend on each phase of this project.

Admin & Staffing Costs: Costs incurred to manage the ARP Program Award. These costs may include wages, salaries, fringe benefits, travel, cost of necessary supplies, marketing costs, trainings, equipment costs, and other indirect costs.

Staffing costs needed to complete a certain activity for your project are allowed administrative costs. Costs related to workforce activities (i.e. recruitment and retention) for employees performing regular work activities (not specific to the project) are not allowable costs for the program award. The program award funds may not supplant or replace existing state funds for Medicaid HCBS including funds related to workforce development. Sub-contractor costs (specific to the project) are allowable project costs and are not considered admin staffing costs. AHCCCS defines staff costs as follows: salaries, wages, and benefits for all personnel who will be working on the project. (Note: if an employee is anticipated to spend 50% of their time on this project, 50% of their costs should be reported). The 10% limit applies to administrative costs, which includes staffing costs.

Materials Costs: Various supplies, items, and equipment required for the project.

Other Costs: Expenses that are not captured in other categories, including travel, communication, marketing, professional services, etc.

Total Costs: This field will populate automatically to total the costs entered in the other fields.

Instructions

For each cost field, delete the placeholder text before you begin typing your response and make sure your cursor is at the beginning of the box. For best functionality, ensure that your computer screen is maximized to see all fields in their entirety.

Requirements

- A program award request may not exceed \$1,000,000 and must be at least \$10,000.
- Admin & staffing costs cannot exceed 10% of the total budget.

Example:

Project Description: The applicant wishes to expand the two kitchens by adding steam tables to keep meals warm for serving, expand the dining area, add a hydration station and have a demonstration kitchen area for therapeutic cooking classes.

Milestone 1 Title:

Demolition & Reconstruction of Main Kitchen

Milestone 1 Justification:

The request includes all labor and materials to renovate the main kitchen and dining room.

Start Date:	End Date:
Aug. 14, 2023	Oct. 8, 2023

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
0	\$0.00	\$112,000.00	\$0.00	\$112,000.00

Milestone 2 Title:

Demolition & Reconstruction of Second Kitchen

Milestone 2 Justification:

The request includes all materials and labor to renovate the smaller 2nd kitchen and dining area.

Start Date:	End Date:
Oct. 9, 2023	Oct. 23, 2023

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
0	\$0.00	\$84,880.00	\$0.00	\$84,880.00

Milestone 3 Title:

Equipment Purchase & Installation

Milestone 3 Justification:

This request includes steam tables, refrigerator, oven, induction stove tops, and dishwasher, compartment and sink

Start Date:	End Date:
Oct. 3, 2023	Oct. 9, 2023

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
0	\$0.00	\$44,311.97	\$0.00	\$44,311.97

Milestone 4 Title:

Design, training, menu planning for Cooking Classes

Milestone 4 Justification:

The request includes staff trained on the therapeutic cooking classes, as well as design and plan menus for program.

Start Date:	End Date:
Oct. 1, 2023	Oct. 31, 2023

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
8	\$217.36	\$0.00	\$0.00	\$217.36

Milestone 5 Title:

Purchase kitchen equipment for classes

Milestone 5 Justification:

This request includes kitchen utensils, pots/pans/ dishes and design permits.

Start Date:	End Date:
Oct. 1, 2023	Oct. 31, 2023

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
0	\$0.00	\$2,377.02	\$20,000.00	\$22,377.02

Milestone 6 Title:

Cooking classes - 12/23 - 09/24

Milestone 6 Justification:

The request includes staff teaching cooking classes for 9 months.

Start Date:	End Date:
Dec. 1, 2023	Aug. 31, 2024

Staff Hours	Admin & Staffing Cost	Material Cost	Other Cost	Total Cost
72	\$2,173.60	\$0.00	\$0.00	\$2,173.60

Please use the next two pages to complete your budget. The Milestone, Phase, or Deliverable is prefilled from Section 2, Question 6.

Milestone 1 *

Demolition & Reconstruction of Main Kitchen

Milestone 1 Cost Justification *

The request includes all labor and materials to renovate the main kitchen and dining room.

Milestone 1 Start Date *

Feb 5, 2024

Milestone 1 End Date *

Feb 6, 2024

Staff Hours *

0

Staff and Admin Costs

No answer

Material Costs

\$112,000.00 USD

Other Costs

No answer

Total Costs

\$112,000.00 USD

Milestone 2 *

Demolition & Reconstruction of Second Kitchen

Milestone 2 Cost Justification *

Maximum of 250 words

The request includes all materials and labor to renovate the smaller 2nd kitchen and dining area.

Start Date *

Feb 5, 2024

End Date *

Feb 6, 2024

Staff Hours *

0

Staff and Admin Costs

No answer

Material Costs

\$84,880.00 USD

Other Costs

No answer

Total Costs

\$84,880.00 USD

Milestone 3 *

Equipment Purchase & Installation

Milestone 3 Cost Justification *

Maximum of 250 words

This request includes steam tables, refrigerator, oven, induction stove tops, and dishwasher, compartment and sink

Start Date *

Feb 5, 2024

End Date *

Feb 6, 2024

Staff Hours *

0

Staff and Admin Costs

No answer

Material Costs

\$44,311.97 USD

Other Costs

No answer

Total Costs

\$44,311.97 USD

Milestone 4 *

Design, training, menu planning for Cooking Classes

Milestone 4 Cost Justification *

Maximum of 250 words

The request includes staff trained on the therapeutic cooking classes, as well as design and plan menus for program.

Start Date *

Feb 5, 2024

End Date *

Feb 6, 2024

Staff Hours *

8

Staff and Admin Costs

\$217.36 USD

Material Costs

No answer

Other Costs

No answer

Total Costs

\$217.36 USD

Milestone 5 *

Purchase kitchen equipment for classes

Milestone 5 Cost Justification *

Maximum of 250 words

This request includes kitchen utensils, pots/pans/ dishes and design permits.

Start Date *

Feb 5, 2024

End Date *

Feb 6, 2024

Staff Hours *

0

Staff and Admin Costs

\$0.00 USD

Material Costs

\$2,377.02 USD

Other Costs

\$20,000.00 USD

Total Costs

\$22,377.02 USD

Milestone 6 *

Cooking classes - 12/23 - 09/24

Milestone 6 Cost Justification *

The request includes staff teaching cooking class for 9 months.

Start Date *

End Date *

Feb 5, 2024

Feb 6, 2024

Staff Hours *

72

Staff and Admin Costs

\$2,173.60 USD

Material Costs

No answer

Other Costs

No answer

Total Costs

\$2,173.60 USD

Budget Summary

Staff Hours for all Milestones

80

Admin and Staffing Costs for all Milestones

\$2,390.96 USD

Material Costs for all Milestones

\$243,568.99 USD

Other Costs for all Milestones

\$20,000.00 USD

Total Costs for all Milestones

\$265,959.95 USD

1. How will your organization sustain the project once grant dollars have been exhausted? Sustainability can mean referring individuals to similar programs or other organizations, fundraising to continue the program, etc. *
Maximum of 600 words.

The applicant is committed to the long-term success of this program. Once the funding for this project ends in September 2024, they intend to keep the therapeutic cooking program active for the residents by keeping staff trained to continue to provide the classes. The maintenance of the kitchen equipment and the additional food costs will be satisfied through their operating budget. The applicant has a foundation that currently raises funds via donations to support programs for the residents and will raise and direct funds to keep this program going.

Timeline

Section 5: Timeline

1. Provide the start date and end date for the project.

Project Start Date *

Feb 5, 2024

Project End Date *

Aug 21, 2024

Provide any additional information regarding the project timeline, specifically information regarding key milestones preparation, or if you think the project may extend past the June 30, 2025 deadline. *
Maximum of 600 words.

While the renovation of the kitchens will be complete by XX Date, the design, planning and preparation for the therapeutic cooking classes will overlap and continue throughout the year. The plan is to begin the classes XX Date on a weekly basis and continue them ongoing. This grant will cover the staff expenses for administering the classes until XX Date and then maintain them beyond our regular operating budget.

Outcomes

Section 6: Outcomes

1. Select the outcomes your project will target with this project (select all that apply). Be thoughtful when selecting, please consider what your project will actually accomplish and keep in mind you will have to report on all of the outcomes you select. *

Self Advocacy
Relationship Building
Health Promotion

Self-Advocacy

Self Advocacy *

People had input in choosing their daily schedule.
People had choice about what to do in their free time.
People made decisions that affect their own life.
People made choices in their daily life.
People are able to express what they want, say what services and supports they need and what is important to them.

Relationship Building

Relationship Building *

People made new friends.
People have ways to maintain contact with friends.

Health Promotion

Health Promotion *

People are engaged in regular physical activity.

3. Describe how your organization will collect and measure data to report on each outcome selected above. *

Maximum of 250 words

The planned cooking program supports the concept of self-advocacy by helping the residents to make the decision to participate in the classes. Research shows that participation in meaningful activities benefits older adults' emotional and physical well-being, particularly for those with dementia by providing a sense of continuity, quality of life and self-identity. Engaging in meaningful activities can give residents a feeling of connectedness and helps them to build relationships with other residents, staff and their family members. Staff and family will gather the feedback from the residents about what they enjoy about the classes and where improvements can be made. This gives the residents a sense of ownership and accountability in the program. While pre/post tests and surveys may not be practical ways of measuring outcomes for seniors with dementia, participation and enjoyment in the program will be ways to gauge if the residents enjoy the classes and the enhanced dining experience. Residents typically have as many as six family members per person. This includes children, grandchildren, and their spouses. Including them in this program and highlighting their encouragement will be a key to success, so we will also measure their involvement and enjoyment in the program.

Attestations

Section 7: Attestations

If your program is awarded funding from this grant, you will be required to comply with the following attestations.

- Should AHCCCS identify funds that were not requested and/or expended according to the guidelines set by AHCCCS, AHCCCS reserves the right to recoup all improper funding or other expenditures. Funds must be expended by June 30, 2025, and untimely spending is subject to recoupment. Should the administrator of the program award improperly fund a program award, both the administrator of the program award and the recipient of the program award may be subject to recoupment by AHCCCS.
- The Office of Inspector General (OIG) is responsible for the Program Integrity for AHCCCS, Arizona's Medicaid program. The OIG is also responsible for handling reports of fraud, waste, and abuse of the AHCCCS program. All suspected fraud, waste, or abuse must be reported to the AHCCCS OIG. Additionally, only AHCCCS OIG is authorized to recover any overpayment identified due to fraud, waste, or abuse.
 - Fraud is defined as: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable State or Federal law A.R.S. § 13-2310 and [42 CFR 455.2].
 - Waste is defined as: Over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program.

- Abuse of the AHCCCS program is defined as: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the AHCCCS program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care, noncompliance with licensure standards, misuse of billing numbers, or misuse or abuse of billing privileges. It also includes beneficiary practices that result in unnecessary cost to the AHCCCS Program [42 CFR 455.2].
 - Anyone can report Arizona Medicaid fraud, waste, or abuse. There are no restrictions. To report suspected fraud by an AHCCCS medical provider, please call in Arizona: 602-417-4045, outside of Arizona: 888-ITS-NOT-OK or 888-487-6686. To report suspected fraud by an AHCCCS member, please call in Arizona: 602-417-4193, outside of Arizona: 888-ITS-NOT-OK or 888-487-6686. Additionally, Provider and Member fraud can be reported online at <https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>. Questions can also be emailed to the AHCCCS OIG at AHCCCSFraud@azahcccs.gov.
- All documentation and such records are subject to a post payment audit as it relates to fraud, waste, or abuse.
 - All program award funds will be expended for the sole purpose of operating the program described in the program award application.
 - No more than 10% of program award funds will be used on administrative & staffing costs of the program award.
 - The awardee may develop its own strategies and approaches to use the funding as long as the funding is used to administer the program award and spent on the allowable costs outlined in the awardee's submitted budget.
 - This program award will be implemented as described in the application, which is incorporated by reference into this Agreement.
 - The awardee will provide AHCCCS any additional documentation, such as a W-9 Tax ID form, upon request to facilitate payment.
 - This is a one-time request payment, and no additional funds can be requested from AHCCCS to cover additional costs incurred in implementing the program award outlined in the application.
 - Quarterly reports will be submitted to AHCCCS, through its contractor, Public Consulting Group, that were described in the application.
 - There is no, and there will be no, discrimination against any group of people on the basis of race, color, religion, age, national origin, gender or sexual orientation, gender identity, physical or mental disability, medical condition, marital status, or military status, in any activities or operations.
 - There is no business, professional, personal, or other interest, including, but not limited to, the representation of other clients, that would conflict in any manner or degree with the performance of obligations under this Agreement.
 - Neither this organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state or local governmental department or agency.
 - Neither the awardee nor its principals within a three-year period preceding this program award agreement has: a) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract; b) violated any federal or state antitrust statutes; or c) committed embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
 - Neither the awardee nor its principals are presently indicted or otherwise criminally or civilly charged by a governmental entity for: a) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction; b) violating any federal or state antitrust statutes; or c) committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement or receiving stolen property.
 - Neither this awardee nor its principals are aware of any information and possess no knowledge that any subcontractor(s) that will perform work pursuant to this agreement are in violation of any of the certifications set forth above.
 - Any unspent funding will be returned to AHCCCS within 60 days of the project end date.

I agree that my organization as well as any organizations contracted for purpose of the ARP Program Awards will meet the requirements set forth in this section. *

Yes

I have authority to submit this application on behalf of my organization. *

Yes

Name *

Name

Title *

Name

Name Name

Signed by Audrey Davis on Dec 11, 2023