

1. AMENDMENT #: 6	2. CONTRACT #: YH17-0003-03	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2020	4. PROGRAM: RBHA – MARICOPA COUNTY NON-TITLE XIX/XXI
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5. CONTRACTOR NAME AND ADDRESS: Mercy Care 4350 E Cotton Center Blvd, Building D Phoenix, AZ 85040
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6. PURPOSE: To amend and extend the Term of Contract through September 30, 2022 and Section E, Terms and Conditions; and to amend the following Contract Sections for the period of October 1, 2020 through September 30, 2021: Section B, Capitation Rates and Contractor Specific Requirements, Section C, Definitions, Section D, Program Requirements, Section E, Terms and Conditions, and Section F Attachments.

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, 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.

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

9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: DO NOT SIGN SEE SEPARATE SIGNATURE PAGE	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: 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 YH17-0001

[END OF SECTION B: CAPITATION RATES AND CONTRACTOR SPECIFIC REQUIREMENTS]

SECTION C: DEFINITIONS

Refer to Title XIX/XXI Contract YH17-0001 and:

GENERAL FUND

The primary fund of a government that is 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.

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), adults determined to have a SMI, and evidence-based practices for first episode psychosis.

NON-TITLE XIX/XXI FUNDING

Fixed, non-capitated funds, including but not limited to funds from MHBG, SABG, County, other funds and State appropriations (excluding State appropriations for State match to support Title XIX and Title XXI programs), which are used to fund services to Non-Title XIX/XXI eligible persons and for medically necessary services not covered by Title XIX or Title XXI programs.

NON-TITLE XIX/XXI MEMBER OR NON-TITLE XIX/XXI INDIVIDUAL

An eligible individual who is enrolled in AHCCCS, as defined in A.R.S. §36-2931, §36-2901, and A.R.S. §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 SED MEMBER

A Non-Title XIX/XXI member who has met the criteria to be designated with Serious Emotional Disturbance (SED).

NON-TITLE XIX/XXI SMI MEMBER

A Non-Title XIX/XXI member who has met the criteria to be designated as Seriously Mentally Ill.

RELATED PARTY

A party that has, or may have, the ability to control

or significantly influence a Contractor, or a party that is, or may be, controlled or significantly influenced by a Contractor. "Related parties" include, but are not limited to, agents, managing employees, individuals with an ownership or controlling interest in the Contractor and their immediate families, subcontractors, wholly-owned subsidiaries or suppliers, parent companies, sister companies, holding companies, and other entities controlled or managed by any such entities or individuals.

**SUBSTANCE ABUSE BLOCK
GRANT (SABG)**

An annual formula grant that provides Federal grant funds from The Substance Abuse and Mental Health Services Administration (SAMHSA) that supports primary prevention services and treatment services for persons with substance use disorders. 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 HIV and tuberculosis disease in high-risk substance users.

[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 Title XIX/XXI Contract YH17-0001. The Contractor shall adhere to all requirements and provisions of the Title XIX/XXI YH17-0001 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 YH17-0001 apply to the populations under this Contract, the following text is used:
 - **“Refer to Title XIX/XXI Contract YH17-0001.”**
2. In instances where the requirements and provisions of both Title XIX/XXI Contract YH17-0001 and additional requirements apply to the populations under this Contract, the following text is used:
 - **“Refer to Title XIX/XXI Contract YH17-0001 and.”**
2. In instances where the requirements and provisions of the Title XIX/XXI Contract #YH17-0001 do not apply to the populations under this Contract, the following text is used:
 - **“Exempt”**
3. In instances where the requirements and provisions of the Title XIX/XXI Contract #YH17-0001 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 YH17-0001 Contract, the language in this Contract will prevail only with regard to administration of the Non-Title XIX/XXI services provided to populations under this Contract.

In addition, this Contract provides for State only funded pregnancy termination services.

No requirements related to the coverage of physical health services specified in the Title XIX/XXI YH17-0001 Contract are applicable herein, including instances when this Contract refers to the Title XIX/XXI Contract.

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

1. Reduce the impact of substance use and mental illness on communities,
2. Increase availability of services for diverse and underserved populations,
3. Plan, implement, and evaluate activities that prevent and treat mental illness and substance use,
4. Support the development of, and provision of, comprehensive community mental health services,
5. Ensure continuous quality improvement,

6. Promote systems improvement and ensure compliance, and
7. Improve data collection and reporting activities.

Services provided under this Contract are primarily funded by the County Intergovernmental Agreements (IGAs), Mental Health Block Grant (MHBG), Substance Abuse Block Grant (SABG), or State General Fund (Section 1115 Demonstration Waiver).

Block Grants: Arizona's Substance Abuse Block Grant (SABG) and the Mental Health Block Grant (MHBG) are federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The grants have specific requirements for Managed Care Organizations and community provider agencies to adhere to as they best meet the needs of individuals in Arizona with substance use disorders and/or behavioral health needs. AHCCCS develops and submits to SAMHSA, annually, a statewide Block Grant Application and Plan describing 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 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: The MHBG program's objective is to support the recipients in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (PDF | 253 KB). SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. Recipients can be flexible in the use of funds for both new and unique programs or to supplement their current activities. In addition to providing MHBG awards, CMHS provides recipients with technical assistance (TA). The TA supports the use of evidence-based programs. Refer to AMPM Policy 320-T1.

Substance Abuse Block Grant: The Substance Abuse Block Grant (SABG) is a formula grant which program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). 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 SABG. Title 45 *Code of Federal Regulations* Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Block Grant; Final Rule, 61 *Federal Register* 1492 (PDF | 259 KB) was published on January 19, 1996. SAMHSA's 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 SABG. Effective July 1, 2021, AHCCCS will discontinue allocating the portion of the Substance Abuse Block Grant (SABG) used for prevention services to the Regional Behavioral Health Authorities (RBHAs). AHCCCS retains this portion of the SABG 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 generally may select the recipient from among all eligible recipients may 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. An example of a discretionary grant includes, but is not limited to, State Opioid Response (SOR). Refer to AMPM Policy 320-T1.

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

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 sub-recipient of the Future Grant and the requirements of the Future Grant. Should the Contractor agree to be a sub-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.

2. ELIGIBILITY CATEGORIES

Refer to Title XIX/XXI Contract and

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 (or are members of Federally Recognized Tribes) subject to available funding allocated to the Contractor:

1. AHCCCS Complete Care,
2. CMDP,
3. TRBHA,
4. RBHA,
5. AIHP,
6. ALTCS E/PD (unless the service is otherwise available to the member), and
7. DES/DDD (unless the service is otherwise available to the member).

Non-Title XIX/XXI Services: The Contractor is responsible for the provision of the following Non-Title XIX/XXI (i.e. State Only) services: include, but are not limited to, room and board, mental health services (formerly known as traditional healing), auricular acupuncture, child care, and supportive housing rent/utility subsidies and relocation services, to the Medicaid Eligible and Non-Medicaid Eligible populations as listed in this Contract and subject to the priority population members as specified in AMPM Exhibit 300-2B. Services through Non-Title XIX/XXI funding are limited to availability of funds and specific funding restrictions.

Non-Title XIX/XXI Eligible Populations: The Contractor shall be responsible to provide covered behavioral health services to non-Title XIX/XXI eligible children and adults subject to available funding allocated to the Contractor.

Substance Abuse Block Grant Recipient and Mental Health Block Grant Recipient: The Contractor shall submit a SABG/Prevention/MHBG Plan as specified in Section F, Attachment F3, Contractor Chart of Deliverables and as follows, indicating the following information for both Block Grants (Substance Abuse Block Grant ((SABG)) and Mental Health Block Grant ((MHBG))), and for all eligible and priority populations as specified in AMPM 320-T1:

1. Methodology and data used to identify populations to be served, including identified underserved populations or additional populations of interest as specified,
2. Plan for FEP infrastructure development, service provision, and expansion (MHBG only),
3. Outreach efforts to reach identified populations,
4. Strategy to fully expend funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
5. Identified providers to serve the populations, including provider name, locations, contact information, programs/levels of care offered, gender-specific services as applicable, specialty populations served, and capacity, to include caseload ratios that allow for adequate access to individualized services in a timely manner,
6. Identified services to meet the needs,
7. Any planned treatment or prevention Evidence Based Practices (EBPs). Include a plan for monitoring fidelity and monitoring and evaluating any program adaptations,
8. Plan for coordinating with other Health Plans for Non-Title XIX/XXI funded state only services,
9. Plan for coordinating with other Health Plans for access to SABG and MHBG funding for members who lose their Title XIX/XXI eligibility, and
10. Additional information as directed by AHCCCS.

The Contractor shall submit a SABG/Prevention/MHBG Block Grant Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. The corresponding information from the preceding annual plan,
2. Identification of any barriers that occurred in accomplishing the plan as well as steps to address barriers moving forward,
3. Description of actions throughout the course of the year monitoring expenditures and making adjustments in a timely manner to best meet the needs of the community,
4. All required information for SAMHSA's annual reporting requirements,
5. All required information for the annual legislative reporting requirements, and
6. Additional information as directed by AHCCCS.

SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):

1. Pregnant women/teenagers who use drugs by injection,
2. Pregnant women/teenagers who use substances,

3. Other persons who use drugs by injection,
4. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
5. All other clients with a substance use disorder, regardless of age, gender, or route of use (as funding is available).

Persons must indicate active substance use within the previous 12-month period to be eligible for SABG funded treatment services.

Priority Population eligibility shall be 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 media, and posters placed in targeted areas and other locations where pregnant women, women with dependent children, persons who inject drugs, and uninsured or underinsured people with SUD who do not meet eligibility for Title XIX/XXI are likely to attend, in accordance with the specifications in 45 CFR 96.131(a)(1-4). Contractors shall work with providers to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, healthcare providers, and social services agencies.

The Contractor shall submit SED Program Status Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Description of service array provided to members with SED diagnoses,
2. Description of programs implemented under MHBG-SED that are not encounterable services, if any,
3. Description of programs addressing suicidal ideation among members with SED through school and community programs,
4. Referral Sources the Contractor has actively engaged,
5. Outreach efforts to identify members with SED diagnoses who are not eligible for Medicaid who are receiving comprehensive behavioral health services through MHBG-SED funding,
6. Outreach efforts to identify members with SED diagnoses who have private insurance and are in need of wrap around services through MHBG-SED funding,
7. Number of enrolled members receiving MHBG-SED funded services,
8. Number of newly enrolled members receiving MHBG-SED funded services,
9. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts,
10. Identification of under/over utilization of MHBG-SED funding and plan to address management of the MHBG-SED funding to maximize utilization and services to eligible members, and
11. Identification of any barriers as well as plans to address the barriers and/or identification of successes and plans to sustain or build on the successes.

The Contractor shall submit FEP Program Status Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables as follows:

1. Description of service array provided to individuals with FEP diagnoses,
2. Outreach efforts to identify individuals with FEP diagnoses who are not eligible for Medicaid who are receiving comprehensive behavioral health services through MHBG FEP funding,
3. Outreach efforts to identify individuals with FEP diagnoses who have private insurance and are in need of wrap around services through MHBG FEP funding,
4. Number of enrolled members receiving MHBG FEP funded services,
5. Number of newly enrolled members receiving MHBG FEP funded services,
6. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts,
7. Identification of under/over utilization of MHBG FEP funding and plan to address management of the MHBG FEP funding to maximize utilization and services to eligible members, and
8. Identification of any barriers as well as plans to address the barriers and/or identification of successes and plans to sustain or build on the successes.

The annual FEP Program Status Report takes the place of the October quarterly FEP Program Status Report. However, the Contractor shall submit an attestation for the October quarterly FEP Program Status Report deliverable indicating that the Contractor has included the information in its annual deliverable.

MHBG funds are used to provide services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

Federal Health Insurance Exchange: The Contractor and contracted providers must educate and encourage Non-Title XIX/XXI SMI members to enroll in a qualified health plan through the Federal health insurance exchange and offer assistance for 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 health insurance exchange 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 premiums, deductibles, or co-pays except for the circumstances listed below:

1. Coverage of premiums and copays for Medicare Part D SMI Members, or
2. Coverage of high cost deductibles and copays, paid exclusively through Substance Use Disorder Service Funds authorized by the Arizona Opioid Epidemic Act SB 1001, Laws 2018. First Special Session, for Opioid Use Disorder treatment. Refer to ACOM Policy 434.

The Contractor must issue approval prior to any utilization of Non-Title XIX/XXI funding for services otherwise covered under a qualified plan through the Federal exchange.

3. ENROLLMENT AND DISENROLLMENT

Refer to Title XIX/XXI Contract YH17-0001 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 Non-Title XIX/XXI eligible members.

For a Non-Title XIX/XXI eligible person to be enrolled, providers must submit an 834 enrollment transaction to the Contractor.

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 Period Coverage: Prior Period Coverage for members who are initially eligible as Non-Title XIX and assigned to a RBHA and who transition to Title XIX eligibility:

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

Opt-Out for Cause: EXEMPT

4. RESERVED

5. PEER AND FAMILY INVOLVEMENT AND PARTICIPATION

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall utilize peer and family delivered support services/specialists and embed peer and family voice at all levels of the system. The Contractor shall apply the same provisions as delineated in AMPM Policy 963 and AMPM Policy 964 for its Non-Title XIX/XXI population and submit Peer/Recovery Support Specialist (PRSS) and Credentialed Parent/Family Support Specialist Involvement in Service Delivery as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

6. RESERVED

7. ACCOMODATING AHCCCS MEMBERS

Refer to Title XIX/XXI Contract YH17-0001

8. TRANSITION ACTIVITIES

Refer to Title XIX/XXI Contract YH17-0001

9. SCOPE OF SERVICES

Moral or Religious Objections: 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 basis to the Contractor's members. If AHCCCS does not approve the Contractor's Proposal, AHCCCS will disenroll members who are seeking these services from the Contractor and assign members to another Contractor [42 CFR 438.56]. The Proposal must:

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, and
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 must immediately develop a policy implementing the Proposal along with a notification to members of how to access these services. The notification and policy must be consistent with the provisions of 42 CFR 438.10 and shall be approved by AHCCCS prior to dissemination. The notification must be provided to newly assigned members within 12 days of enrollment, and must be provided to all current members at least 30 days prior to the effective date of the Proposal [42 CFR 438.102(a)(2)a].

Physical Health Covered Services: To the extent not covered by the Title XIX YH18-0001 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 member,
2. Seriously impairing a bodily function of the pregnant member,
3. Causing dysfunction of a bodily organ or part of the pregnant member,
4. Exacerbating a health problem of the pregnant member, or
5. Preventing the pregnant member from obtaining treatment for a health problem.

Conditions, Limitations and Exclusions: The attending physician must acknowledge that a pregnancy termination has been determined medically necessary by submitting the *Certificate of Necessity for Pregnancy Termination* and clinical information that supports the medical necessity for the procedure, as referenced in AMPM Policy 410. This form must be submitted to the appropriate assigned Contractor Medical Director or designee for enrolled pregnant members, or the AHCCCS Chief Medical Officer or designee for Fee-For-Service (FFS) members. The Certificate must certify that, in the physician's professional judgment, one or more of the above criteria have been met.

Pregnancy terminations must 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.

Prescription Medications: Refer to Title XIX/XXI Contract YH17-0001 and:

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

1. Crisis Drug List for Non-Title XIX/XXI individuals,
2. SMI Drug List for Non-Title XIX/XXI individuals,
 - a. [The SMI Behavioral Health Drug List shall include the behavioral health medications listed 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. SED Drug List for Non-Title XIX/XXI individuals, and
4. SABG Drug List for Non-Title XIX/XXI individuals.

Refer to AMPM Policy 310-V.

The Contractor's PBM shall provide generic and branded reimbursement guarantees, an aggressive Maximum Allowable Cost (MAC) pricing program, a generic dispensing rate

guarantee, and utilization management methodologies to dispense the least costly, clinically appropriate medication and report the rebates in conformance with requirements in the AHCCCS Financial Reporting Guide. MHBG funding shall be directed to service delivery including medication management and the coverage of prescription medications from the Non-Title XIX/XXI SED Drug List for eligible Non-Title XIX/XXI members who do not otherwise have access or resources available to obtain medically necessary medications to treat their behavioral health conditions. SABG funding shall be directed to service delivery. The Contractor shall utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified in the Non-Title XIX/XXI SABG Drug List are excluded from this restriction.

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.

Prevention Services: The Contractor shall:

1. Administer a prevention system utilizing the Strategic Prevention Framework (SPF) model as a framework for all system activities and a community based prevention model as specified by AHCCCS,
2. Ensure all contractor prevention staff, or staff that works on prevention system implementation tasks, to complete the Substance Abuse Prevention Skills Training (SAPST), or the AHCCCS designated equivalent training, within six months of date of hire,
3. Conduct a Regional Prevention Needs Assessment identifying unmet prevention needs in the targeted communities. The needs assessment must include the following elements: existing substance use and abuse prevention efforts, data collection to justify program planning and evaluation, trends about substances use and/or abuse, training capacity, prescription drug addiction prevalence, resources and referral process available, demographics of population, evaluation, strengths and barriers to treatment, and sustainability plan. The contractor may use an existing regional needs assessment that includes all the above information if the needs assessment is no more than three (3) years old at the time of contract execution, and is subject to AHCCCS approval. The Regional Prevention Needs Assessment shall be submitted as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
4. Develop a Regional Prevention Budget and submit to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
5. Develop a Regional Logic Model encompassing all prevention activities being proposed/implemented, submitted to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
6. Partner/Participate in Community Networks including the following populations: youth (persons <= 18 years of age), parents, business community, media, schools, youth-serving organizations, law enforcement agencies, religious, faith based, or fraternal organizations, civic and volunteer groups, healthcare professionals, State, local or tribal agencies with expertise in the field of substance abuse, other organizations involved in reducing substance abuse, and special populations (e.g. LGBTQ networks, underage drinking, women services, rural networks, older adults, other populations shown to have health disparities),

7. Submit a Prevention Progress Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables, including but not limited to community network collaborations, coalition efforts, prevention providers meetings, trainings, and community events outreach activities and annual site visits to each RBHA receiving SABG funds,
8. Submit a Regional Strategic Prevention Plan, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, including the activities for delivering and sustaining effective prevention services. The Regional Strategic Prevention Plan implementation addresses how to prevent the onset and reduce the progression of substance misuse problems in targeted communities strategically, and shall include the AHCCCS approved logic model and follow the template provided by AHCCCS. The Contractor may use an existing strategic plan that includes all the above information if the plan is no more than three years old at the time of Contract execution, and is subject to AHCCCS approval. The Plan may be submitted as an update and shall include the updated AHCCCS approved logic model,
9. Conduct annual site visits to each provider receiving SABG funds where AHCCCS staff, Contractor Prevention Coordinator, and Provider staff, coalition's, members, and relevant program coordinators are present,
10. Submit reports including: Annual Plan including Prevention Program Description and Prevention Planned Allocation of Funds, Expenditure Reports, Performance Indicators and Accomplishments, and Ad hoc reports required for each region receiving SABG Prevention funding, as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
11. Submit all Contractor-approved Prevention Subcontractor Logic Models to AHCCCS for review, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, and
12. Submit a report depicting the percentage of Primary Prevention Evidence Based Programs/Interventions (EBPs) being used by all providers as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Behavioral Health Covered Services: Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall:

1. Ensure the delivery of medically necessary and clinically appropriate covered behavioral health services to eligible members in conformance with AMPM Policy 320-T1, and AMPM Policy 320-T2, and AMPM Exhibit 300-2B,
2. Deliver covered behavioral health services under the Mental Health (MHBG) Block Grant, the Substance Abuse Prevention and Treatment Block Grant (SABG) and other grant funding as available,
3. Ensure, in accordance with 42 CF Part 54, that individuals receiving substance use disorder treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object. If a person objects to the religious character of a behavioral health provider, the provider must 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 must notify the Contractor of the referral and ensure that the person makes contact with the alternative provider. The Contractor shall develop and make available policies and procedures that indicate who and how providers should notify the Contractor of these referrals. The Contractor shall ensure, that at the time of intake, behavioral health providers providing substance use

- services under the SABG notify individuals of this right; refer to AMPM Policy 320-T1. Providers must document that the person has received notice in the person's comprehensive clinical record,
4. Submit reports on use of MHBG and SABG programs and funds, including a SABG/MHBG Treatment Providers Oversight Monitoring Report documenting activities completed during the time period monitoring block grant funding recipients, in accordance with Block Grant reporting requirements and as specified in Section F, Attachment F3, Contractor Chart of Deliverables, and
 5. Deliver covered behavioral health services in accordance with the terms of the Intergovernmental Agreement (IGA) between AHCCCS and all County agreements for pre-petition screening and evaluation services required under Title 36 of the Arizona Revised Statutes. Refer to AMPM Policy 320-U.

Behavioral Health Residential Facility: The Contractor shall apply AHCCCS-approved Behavioral Health Residential Facility (BHRF) Medical Necessity Criteria for its Non-Title XIX/XXI population as required for Title XIX/XXI populations as specified in Attachment F3, Contractor Chart of Deliverables.

Crisis Services: The Contractor is responsible for the provision of a full continuum crisis services for up to 72 hours for Non-Title XIX/XXI members.

Permanent Supportive Housing: Refer to Section D, Paragraph 11, Behavioral Health Service Delivery.

Substance Abuse Block Grant: The Substance Abuse Block Grant (SABG) is a Formula Grant, which supports treatment services for members with SUDs and primary substance use and misuse Prevention efforts. The SABG is used to plan, implement, and evaluate activities to prevent and treat SUDs. Grant funds are also used to provide Early Intervention Services for HIV and tuberculosis disease in high-risk individuals who use substances.

The Contractor shall ensure SABG Agreements are in place for the following:

1. 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,
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,
3. In accordance with 45 CFR 96.132(c), the Contractor shall coordinate and monitor prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services),
4. In accordance with 45 CFR 96.132(e), the Contractor shall have a system to protect and monitor from 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 be in compliance with all

applicable State and Federal laws and regulations, including 42 CFR part 2. This system shall include provisions for and documentation of ongoing employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures, and

5. AHCCCS SABG Priority Population Waitlist is used by all SABG Treatment Providers. The Contractor shall monitor the provider's utilization of the AHCCCS SABG Priority Population Waitlist and ensure technical assistance is given to providers with members on the AHCCCS SABG Priority Population Waitlist. The Contractor shall submit a SABG Priority Population Wait List Report, as specified in AMPM Policy 320-T1 and Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall determine the level of the effort of the Prevention Administrator to ensure proper prevention system implementation through a Prevention Administrator Level of Effort Attestation as specified in Section F, Attachment F3, Contractor Chart of Deliverables. Refer to Section D, Paragraph 15, Staffing Requirements.

The Contractor shall submit the SABG Agreements Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall ensure Capacity Management by the following:

1. In compliance with 45 CFR 96.132(a), create and monitor the process for referring individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; 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,
2. Ensure that each individual who requests, and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than:
 - a. 14 days after making the request for admission to such a program, or
 - b. 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.
3. Carry out activities to encourage individuals in need of such treatment to undergo such treatment. The Contractor shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method, and
4. The Model shall require that outreach efforts include the following:
 - a. Selecting, training and supervising outreach workers,
 - b. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including [42 CFR part 2],

- c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV,
 - d. Recommend steps that can be taken to ensure that HIV transmission does not occur, and
 - e. Encouraging entry into treatment.
5. Provide notification (SABG Capacity Management Report) upon reaching 90% of its capacity to admit individuals to the program as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The following services shall be provided to all SABG populations:

Tuberculosis Services: The Contractor shall require any entity receiving amounts from the Grant for operating a program of treatment for substance abuse to follow procedures and document how the program will address:

1. At the time of intake, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as defined in [45 CFR 96.121] to each individual receiving treatment for such abuse,
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, will 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. Identification of those individuals who are at high risk of becoming infected,
 - c. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2, and
 - d. Conduct case management activities to ensure that individuals receive such services.

The Contractor shall submit SABG TB Services Treatment Procedure and Protocol as specified in Section F, Contractor Chart of Deliverables.

Human Immunodeficiency Virus or Communicable Diseases Services: With respect to individuals undergoing treatment for substance abuse, the Contractor shall, make available to the individuals, early intervention services for Human Immunodeficiency Virus (HIV) disease 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 providers where the Contractor's HIV Coordinator, provider staff, and supervisors are present. The site visit shall include the attendance of at least one HIV educational class. SABG HIV Site Visit Report documentation shall be submitted as specified in Section F, Attachment F3, Contractor Chart of Deliverables,

The Contractor shall collect and submit SABG HIV Activity Reports from providers, training materials provided to HIV Coordinators, HIV Early Intervention Services Providers, and other ad hoc reports related to HIV Prevention issues as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

HIV Early Intervention Services Providers who accept funding under the SABG 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 will be performed accurately. Refer to Centers for Disease Control Quality Assurance Guidelines. HIV Early Intervention Services Providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, in accordance with A.R.S. §36-470. HIV rapid testing kits shall be obtained from the Arizona Department of Health Services (ADHS) Office of HIV Prevention. HIV Early Intervention Services Providers shall establish a memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be 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 the Arizona Department of Health Services [ADHS]) as required by the Centers for Disease Control and Prevention (CDC). Providers shall use the Luther database to submit HIV testing data after each test administered.

The following services must be made available to SABG special populations:

1. Behavioral health providers must provide specialized, gender-specific treatment as defined by AHCCCS and recovery support services for females who are pregnant or have dependent children and their families in outpatient/residential treatment settings,
2. Services are also provided to mothers who are attempting to regain custody of their children,
3. Services must treat the family as a unit,
4. As needed, providers must admit both mothers and their dependent children into treatment, and
5. The following services are provided or arranged as needed:
 - a. Referral for primary medical care for pregnant females,
 - b. Referral for primary pediatric care for children,
 - c. Gender-specific substance abuse treatment, and
 - d. Therapeutic interventions for dependent children.

The Contractor must ensure the following issues do not pose barriers to access to obtaining substance use treatment:

1. Child care,
2. Case management, or
3. Transportation.

The Contractor must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must 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. Contractors shall work with providers

to publicize admission preferences by frequently disseminating information about treatment availability to networks of community-based organizations, healthcare providers, and social services agencies.

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

Interim Services or Interim Substance Abuse Services: Services that are provided until an individual is admitted to a substance abuse treatment program. The purpose of interim services is 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 in a Residential Treatment Facility.

The minimum required interim services include counseling and education about the following:

1. Prevention of, and types of behaviors which increase, the risk of contracting HIV, Hepatitis C and other communicable diseases,
2. Effects of substance use on fetal development,
3. Risks of needle-sharing,
4. Risks of transmission to sexual partners and infants,
5. Steps that can be taken to ensure that HIV and TB transmission does not occur,
6. Risk assessment/screening,
7. Referrals for HIV, Hepatitis C, and TB screening and treatment services,
8. Referrals for primary and prenatal medical care, and
9. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI members only).

Provision of interim services must be documented in the member's chart as well as reported to AHCCCS through the AHCCCS SABG Priority Population Waitlist. Interim services are required for Non-Title XIX/XXI members who are maintained on the AHCCCS SABG Priority Population Waitlist. Title XIX/XXI eligible persons who also meet a priority population type may not be placed on the AHCCCS SABG Priority Population Waitlist.

For pregnant women, when appropriate treatment services are not available, interim services shall be offered within 48 hours and be provided until the member can be admitted to treatment.

For women with dependent children, interim services shall be offered within five calendar days and provided until the member can be admitted to treatment.

For injection drug users, interim services shall be offered within 14 calendar days and provided until the member can be admitted into treatment.

Oxford House: SAMHSA approved the Oxford House Model in June 2018. The Oxford House is a live-in residence for individuals in recovery from substance use disorders. An Oxford House is described as a democratically self-governed and self-support drug-free home. The

Contractor shall monitor on an ongoing basis the use of SABG general treatment 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 described below:

1. Hiring and training of outreach workers,
2. How outreach workers will be 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. How many new homes per year are 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 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 MAT services in homes,
16. Inclusion of individuals determined to have an SMI or co-occurring behavioral health diagnoses in the homes as well as partnership with other housing entities that provide behavioral health specific housing for individuals that may be more appropriate in that setting,
17. Procedures for working with individuals who relapse and how they will be connected to assistance by the outreach workers,
18. Verification of Oxford House registration through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Inventory of Behavioral Health Services (I-BHS) for Arizona,
19. Draft of the proposed contract and budget with Oxford House for AHCCCS review and approval, and
20. Financial Reporting:
 - a. A template of the financial report that will be required from Oxford House to invoice their services,
 - b. Oxford House must provide financial reports to the Contractor. The Contractor is required to provide these Oxford House Financial Reports to AHCCCS as specified in Section F, Attachment F3, Contractor Chart of Deliverables. The reports must demonstrate that the funds are within the budget/contract provided. The amounts included in the financial reports will be included as a capacity credit in the 85% encounter valuation requirement, and

- c. The Financial Reports must be reconciled to the SABG Expenditure tables submitted annually.

The Contractor shall continue to provide the required services, oversight, and deliverables as specified in the approved Plan and shall submit an Oxford House Model 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.

Mental Health Block Grant: The Mental Health Block Grant (MHBG) is allocated from SAMHSA to provide Non-Title XIX/XXI behavioral health services to adults determined to have an SMI, children with SED, and individuals with FEP. MHBG funds are only to be used for allowable services identified in 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).

The Contractor and its providers must comply with State recognized tribal court orders for Title XIX/XXI and Non-Title XIX/XXI SMI individuals. When tribal providers are also involved in the care and treatment of court ordered tribal members, the Contractor and its providers must 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 the reservation, 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 and ACOM Policy 423.

Integrated Health Care Service Delivery for SMI Members: EXEMPT

10. SPECIAL HEALTH CARE NEEDS

Refer to Title XIX/XXI Contract YH17-0001

11. BEHAVIORAL HEALTH SERVICE DELIVERY

Refer to Title XIX/XXI Contract YH17-0001 and:

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

Adult System of Care: The Contractor shall implement the following service delivery programs for members determined to have SMI consistent with U.S. Department of Health and Human

Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) established program models:

1. Assertive Community Treatment (ACT),
2. Permanent Supportive Housing,
3. Supported Employment (Refer to ACOM Policy 447), and
4. Consumer Operated Services.

The Contractor shall monitor and report the fidelity to the service delivery programs using the AHCCCS adopted measurement instrument, for example, the SAMHSA Fidelity Scale or General Organizational Index and submit a Fidelity Review Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables. A single Fidelity Review Report shall be submitted to include all populations served (Title XIX/XXI and Non-Title XIX/XXI).

Children's System of Care: For child members, the Contractor shall ensure delivery of services in conformance with Arizona Vision-Twelve Principles for Children Behavioral Health Service Delivery as specified in Section D, Paragraph 1, Purpose, Applicability, and Introduction and AMPM Policy 430, and shall abide by AHCCCS Appointment Standards specified in ACOM Policy 417.

Independent Peer Review: AHCCCS oversees Independent Case Reviews (ICRs) to meet the Peer Review requirement of the SABG 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, as specified in Section F, Attachment F3, Contractor Chart of Deliverables, that are randomly selected by AHCCCS. The Contractor shall ensure the expected forms are included in the member's electronic medical record. Documents are indicated below but are not limited to:

1. Admission criteria/intake process,
2. Assessments,
3. Treatment planning, including appropriate referral (e.g. prenatal care, TN, and HIV services),
4. Documentation of implementation of treatment services,
5. Discharge and continuing care planning, and
6. Indications of treatment outcomes.

The Contractor shall develop procedures for the implementation of the results of the Independent Peer Review.

Mental Health Parity: EXEMPT

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

1. Services,
2. Availability,

3. Eligibility,
4. Referral processes, and
5. Outreach and engagement.

Permanent Supportive Housing: The Contractor shall:

1. Ensure housing needs are evaluated as part of identifying independent living goals and service planning,
2. Ensure all members have information about and assistance securing available housing resources including market rate, mainstream subsidy and AHCCCS subsidized housing programs,
3. Assist members by reducing barriers to housing and promoting a Housing First approach,
4. Provide specialized engagement, housing and supportive service coordination for members with housing needs including individuals at risk of or experiencing homelessness, and
5. Ensure the availability of Title XIX/XXI wrap-around services including home-based services as necessary to assist members in maintaining housing and coordinating with service plan goals.

The Contractor is responsible for administering and operating AHCCCS Supportive Housing funding including State of Arizona Non-Title XIX/XXI Housing Funds, Supportive Housing Funds, and SMI Housing Trust Funds. In administering these funds, the Contractor shall perform the following key duties:

1. Coordinate State and Federal housing programs to develop and provide a housing continuum of programs for members determined to have SMI as well as all other eligible members as specified in ACOM Policy 448,
2. Coordinate supportive services with RBHA, ACC, DDD, EPD, and other Housing Administrator to assist members in attaining and maintaining housing including individuals referred from other MCOs. Coordination may include but is not limited to:
 - a. Ensuring the provider network is assessing housing needs of individuals determined SMI or GMH/SU including individuals at risk of or experiencing homelessness and provide timely appropriate referrals,
 - b. Coordinating with providers and care teams to verify SMI, high cost/high needs status, and other eligibility criteria for members referred for housing, and
 - c. Coordinate with local HUD Continuum of Care for GSA to identify, engage, housing and coordinate supportive services for members experiencing homelessness.
3. Comply with all federally funded and State funded housing requirements as directed by AHCCCS,
4. Evaluate the fidelity of the Housing program utilizing the SAMHSA's Permanent Supportive Housing toolkit and report fidelity of the Housing Program as part of the Fidelity Review Report as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
5. Collaborate with community stakeholders, State agency partners, Federal agencies and other entities to identify, apply for or leverage alternative funding sources for housing programs,

6. Follow housing processes and policies specified in ACOM Policy 448 and other supporting documentation to coordinate for referrals, verification of eligibility, service coordination and other functions,
7. Utilize no less than 95% of all of the identified housing units in which AHCCCS funds are utilized to provide subsidy or were previously purchased with SMI Housing Trust Fund funding in the GSA for purposes of providing housing for members determined to have an SMI, and
8. Participate in the Housing Work Group, facilitated by the AHCCCS Director of Housing Programs, to provide input and assist in identifying metrics, establishing performance benchmarks, implementing evidence based practices, and standardizing required reporting and deliverables to evaluate Contractors' effective and efficient performance of the housing duties and standards.

The Contractor shall submit deliverables related to the Housing Program as specified in Section F, Attachment F3, Contractor Chart of Deliverables and as specified below:

1. Housing Inventory including the following:
 - a. A listing of all of the **AHCCCS funded units** by address and how many were leased that month. Scattered sites can be listed in a lump sum by program type,
 - b. A full listing of available vouchers and leased vouchers. The definition of a leased voucher is the member has found a unit, leased up and assistance is being paid to a landlord. An issued voucher is not a leased voucher and should not be reported as such, and
 - c. A listing of non-AHCCCS funded units by address and how many units are available. The number leased for non-AHCCCS funded units is not necessary.
2. A Members Served/Utilization Report including the following:
 - a. Number of members served,
 - b. By member type,
 - c. By assistance type (subsidy, utility, rapid rehousing),
 - d. The number of units built, rehabbed or acquired in a given month,
 - e. A summary of the number of AHCCCS funded units available broken out by scattered sites community living and those purchased with AHCCCS funding. The Housing Inventory numbers are to be rolled up into the Members Served/Utilization Report,
 - f. A summary number of units actually leased in each of the categories above,
 - g. A separate breakout of the addresses of all of the AHCCCS funded units available and leased,
 - h. Number of subsidized units that cannot be leased due to ongoing significant repairs or damage (beyond normal turnover). These units must be identified but should not be included in utilization calculation as part of unit capacity, and
 - i. Housing Waitlist Information including the following:
 - i. Aggregate number of unduplicated individuals currently on waitlist within ACC-RBHA from all programs,
 - ii. Total number of individuals on waitlist for Community Living Programs,
 - iii. Total number of individuals on waitlist for Scattered Site Voucher Programs,
 - iv. Total number of individuals on waitlists for subsidized housing programs (e.g. ACT Housing, Bridge Housing Programs, FlexCare),

- v. Number of individuals on waitlists determined SMI, and
- vi. Number of individuals on waitlists identified with GMH/SU.

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 is provided through Federal Grants or non-State funded sources).

The Maricopa County RBHA shall provide appropriate referrals of AHCCCS members determined to have an SMI for the Arizona Department of Housing and AHCCCS SMI Housing Trust Fund collaborative projects, Laurel Tree and Heritage. The referrals shall be based upon a waitlist ranking of eligible individuals experiencing homelessness including acuity scores. If no other housing subsidy (e.g. Public Housing Authority Housing Choice Vouchers) is provided for members placed in these projects, the Maricopa County RBHA shall provide, directly to the property owner or management agent, the rental assistance for the identified and eligible AHCCCS members with rental assistance such that the household will pay not greater than an amount equal to 30% of the member's adjusted monthly income. Other permanent housing and general supportive services shall be provided as needed and at the discretion of the AHCCCS member and the Maricopa County RBHA. The provision of the supportive services is not contingent upon the AHCCCS member's housing and/or rental assistance. Lastly, the Maricopa County RBHA shall incorporate a report of the census of AHCCCS members residing on the property in the Housing Inventory deliverable, as specified Section F, Attachment F3, Contractor Chart of Deliverables.

AHCCCS Permanent Supportive Housing Administrator Transition Preparation: The Contractor shall prepare information for transfer of Permanent Supportive Housing programs to the AHCCCS Permanent Supportive Housing Administrator. Refer to Section D, Paragraph 70, Pending Issues. At minimum information to be transferred shall include:

1. final financial close out records for SFY 2021 for housing programs and prior year required reporting (Inventory and Utilization Reports),
2. Rent logs of all housed tenants to include: tenant name, rented unit/address, rent amount, and current lease terms,
3. Housing inventory report of all current CLP properties, rent paid, and CCR terms if still under CCR SMI requirements,
4. Housing waitlist policies and documentation for all AHCCCS Non-Title XIX/XXI Housing Programs including logs/rosters of members currently on waitlists. Waitlist information shall include at minimum: status of active/pending referrals, dates of placement on waitlist for all members on list, waitlist rank or priority, any specific housing program waitlists,
5. Secure releases from members to allow sharing of housing and eligibility information with the AHCCCS Housing Administrator. If possible share point of contact/provider for service coordination for members, and
6. Coordinate with Housing Administrator to ensure all individuals, MCOs, service team, providers, and landlords receive notification of program changes prior to transition.

The Contractor may be required to provide additional ad hoc reports to assist AHCCCS in maintaining housing funding and programs.

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 theGSA 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, 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 MAT,
 - 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 “bath salts”, “spice”, and high-potency substances containing THC,
 - l. Individuals involved in the criminal justice system or at risk of becoming involved,
 - m. Individuals who have experienced trauma, toxic stress or Adverse Childhood Experiences (ACEs),
 - n. Military service members/veterans and military/veteran family members,
 - o. Tribal Members, and
 - p. 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 MAT (Med Units, COE support, Project ECHO for PPW),
 - g. Sustaining and Enhancing Naloxone Distribution,
 - h. Increasing Localized Community Opioid Prevention Efforts,
 - i. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts,
 - j. Expanding Navigation and Access to MAT through 24/7 access points (Medication Units, New OTPs and extending operating hours for OTPs),

- k. Expansion and implementation of recovery supports,
 - l. Enhanced access and timeliness of Peer and Family Recovery Supports, and
 - m. Oxford House Model for Pregnant and Post-Partum women and their children.
3. The Contractor shall monitor and report on the availability of OUD treatment services and submit an OUD Provider List as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
 4. Develop, manage, and monitor provider use of Evidence Based Programs and Practices including, but not limited to:
 - a. EBPPs used by all providers for the treatment of SUD,
 - b. Intake, assessment, engagement, treatment planning, service delivery, inclusion of recovery interventions, discharge planning, relapse prevention planning, harm reduction efforts, data and outcome collection, and post-discharge engagement,
 - c. Medication Assisted Treatment integrated into services as appropriate,
 - d. Gender based treatment,
 - e. LGBQ EBPPs,
 - f. Culturally appropriate EBPPs,
 - g. Criminal Involvement,
 - h. Adolescent specific, and
 - i. Development and use of Promising Practices if no EBPP is available.

Supportive Housing: Refer to Section D, Paragraph 9, Scope of Services.

12. AHCCCS GUIDELINES, POLICIES AND MANUALS

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall comply with:

1. SABG and MHBG Block Grant Application, Assessment, and Plan,
2. SABG and MHBG Frequently Asked Questions (FAQs),
3. Non-Title XIX/XXI FAQs, and
4. Grant Publication Material.

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 YH17-0001 and:

The Contractor shall have the following Staff:

1. **Housing Administrator** who resides in Arizona within the assigned Geographic Service Area, acts as the interagency liaison with Arizona Department of Housing (ADOH), and manages and oversees housing programs, including grants, special housing planning initiatives, and development and expansion of housing availability for members.

The Contractor shall ensure that it has a designated staff person(s) as a Housing Administrator. The Housing Administrator is required to reside in Arizona within the Contractor's assigned Geographic Service Area. The Housing Administrator is an expert(s) on housing programs and resources within the Contractor's service area. The Housing Administrator may be designated as the expert in other areas as well as housing, but they must be clearly identified and function as the Housing Administrator. While the Contractor must have at least one designated Housing Administrator, the Contractor shall have sufficient dedicated housing staffing reporting to the Housing Administrator based on the GSA size and member enrollment numbers in order to adequately meet contractual and policy housing service requirements. Key duties of the Housing Administrator include:

1. Assist provider network's support staff (e.g. case managers) with up to date information designed to aid members in making informed decisions about and accessing their independent living housing options including AHCCCS Non-Title XIX/XXI Housing Subsidy Programs (e.g. scattered site vouchers, Community Living Programs), mainstream housing subsidy programs (e.g. HUD Housing Choice Vouchers, local Public Housing Authority Programs), and market rate housing options,
2. Provide education and training to providers and support staff on housing programs and evidence based practices related to housing services,
3. Supporting provider case managers and network support staff with identifying members with housing needs, making appropriate housing referrals to AHCCCS Housing Subsidy Programs mainstream housing programs and other housing resources for individuals with housing needs,
4. Assist members and provider case managers to support transition or post-transition activities including, but not limited to, requests and referrals, assistance with eligibility documentation and verification, transition wait times, transition barriers and special needs/accommodations, rent amount, monthly income amounts, location of housing options chosen, and counties chosen for transition,
5. As specified in the Network Development and Management Plan (Refer to Title XIX/XXI Contract YH17-0001, the Contractor shall report on the status of any affordable housing networking strategies and innovative practices/initiatives it elects to implement,
6. Act as the Contractor's liaison to the quarterly AHCCCS Housing Coordination Meeting led by the AHCCCS Director of Housing Programs as well as other ad hoc AHCCCS Housing Workgroups and initiatives,
7. Serve as the Contractor's liaison to local HUD approved Continuum of Care for the Contractor's service area. The Housing Administrator or the Housing Administrator's designee shall attend appropriate CoC meetings, participate in Continuum of Care coordinated entry and HMIS systems, and assist Continuum of Care in identifying,

- engaging, and securing appropriate housing and services for members experiencing homelessness,
8. Advocate, plan, and coordinate with provider supportive services to ensure members in independent, and AHCCCS, and mainstream subsidized housing programs, offer appropriate services to maintain their housing, and
 9. The Housing Administrator is responsible for identifying housing resources and building relationships with contracted Housing Providers and mainstream public housing authorities for the purposes of developing innovative practices to expand housing options, assisting and coordinating. This may include assisting providers in identifying and applying for AHCCCS SMI Housing Trust Fund projects.

The Contractor shall ensure the Housing Administrator is familiar with the following standards and practices related to Permanent Supportive Housing, including but not limited to:

1. Federal Fair Housing, Equal Opportunity, Non-Discrimination and other Federal and State Housing laws Fair housing,
 2. The Arizona Residential Landlord Tenant Act (ARLTA),
 3. Use of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment or other housing assessment and/or housing prioritization tools in the Housing Administrator's service area,
 4. Fundamentals of Housing First and the SAMHSA Permanent Supportive Housing program,
 5. Housing Quality Standards (HQS), and
 6. Current and emerging tools and best practices in permanent supportive housing and services.
2. **Prevention Administrator** who resides in Arizona within the assigned Geographic Service Area, and manages and oversees substance abuse prevention and HIV prevention programs, including grants, special projects, and overall prevention system implementation.
 3. **Grants Administrator** who is responsible for the oversight of federally funded grants and all components of these grants. Sufficient staffing under this position must be in place to ensure coordination for the following areas:
 - a. Substance Use Disorder treatment,
 - b. Women's treatment,
 - c. Opioid Use Disorder treatment,
 - d. HIV Early Intervention Services,
 - e. Serious Emotional Disturbance treatment, and
 - f. Serious Mental Illness treatment.
 4. **Non-TXIX/XXI Funding Coordinator** who is responsible for the oversight of Non-Title XIX/XXI funds excluding federally funded grants.

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

1. An organization chart complete 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,
2. A functional organization chart of the key program areas, responsibilities, and reporting lines,
3. A listing of all Staff 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.

16. WRITTEN POLICIES AND PROCEDURES

Refer to Title XIX/XXI Contract YH17-0001

17. MEMBER INFORMATION

Refer to Title XIX/XXI Contract YH17-0001 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 406. 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 SABG funds have posters displayed as specified in 45 CFR 96.131.

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. SURVEYS

Refer to Title XIX/XXI Contract YH17-0001

19. CULTURAL COMPETENCY

Refer to Title XIX/XXI Contract YH17-0001

20. MEDICAL RECORDS

Refer to Title XIX/XXI Contract YH17-0001

21. ADVANCE DIRECTIVES

Refer to Title XIX/XXI Contract YH17-0001

22. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

Refer to Title XIX/XXI Contract YH17-0001 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 Arizona Department of Health Services on urgent issue resolutions. Urgent issue resolutions include Immediate Jeopardies (IJ), fires, or other public emergency situations. These staff shall have access to information necessary to identify members who may be at risk and their current health/service status, the ability to initiate new placements/services, and have the ability to perform status checks at affected facilities and perform ongoing monitoring, if necessary.

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

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, the Regulator, and other appropriate authorities, Incident, Accident and Death (IAD) Reports in conformance with requirements established by AHCCCS and as specified in AMPM Policy 961. IAD 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 Attachment F3, Contractor Chart of Deliverables.

Performance Improvement Projects: The Contractor shall comply with requests from AHCCCS 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 monitor service quality and to develop strategies to improve member outcomes and quality improvement activities related to the quality of care and system performance.

Performance Measures: EXEMPT and:

Refer to Section D, Paragraph 71, 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. The Contractor shall assess incidents for potential Quality of Care (QOC) concerns and report incidents concerning Non-Title XIX/XXI individuals and Non-Title XIX/XXI individuals receiving Non-Title XIX/XXI services to AHCCCS/DHCM, Quality Management Team in the same manner as reporting for Title XIX/XXI individuals as specified in AMPM Chapter 900 and as specified in Attachment F3, Contractor Chart of Deliverables.

Seclusion and Restraint: The Contractor shall follow local, State and Federal regulations and requirements related to Seclusion and Restraint (S&R). Reports regarding incidents of S&R 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 (A.R.S. §36-513, A.R.S. §41-3804).

23. MEDICAL MANAGEMENT

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall comply with member notice requirements as specified in ACOM Policy 444.

Substance Use Treatment Programs: The Contractor shall submit an overview of the substance use treatment programs, organizations, and entities currently operating in its region and throughout the state for the State Fiscal Year (July 1 – June 30). The Contractor shall submit a single Substance Use Treatment Program Report to include all populations served (Title XIX/XXI and Non-Title XIX/XXI) as specified in Section F, Attachment F3.

24. TELEPHONE PERFORMANCE STANDARDS

Refer to Title XIX/XXI Contract YH17-0001

25. GRIEVANCE AND APPEAL SYSTEM

Grievances for Title XIX/XXI Individuals with Serious Mental Illness regarding Title XIX/XXI or Non-Title XIX/XXI services: Refer to Title XIX/XXI Contract YH19-0001

Grievances for Title XIX/XXI Individuals without Serious Mental Illness regarding Title XIX/XXI services: Refer to Title XIX/XXI Contract YH19-0001

Grievances for Title XIX/XXI Individuals without Serious Mental Illness regarding Non-Title XIX/XXI services: Refer to Title XIX/XXI Contract YH19-0001

Grievances for Non-Title XIX/XXI Individuals with Serious Mental Illness: Refer to Title XIX/XXI Contract YH19-0001

Grievances for Non-Title XIX/XXI Individuals without Serious Mental Illness: 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-TXIX/TXXI 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, and
3. Refrain from engaging in conduct that prohibits, discourages, or interferes with a member's right to assert a member grievance.

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 A.A.C. R9-34-405.

The Contractor shall:

1. Provide non-contracted providers with the Contractor's Claim Dispute Policy with a remittance advice,
2. Send the remittance advice and policy within 45 days of receipt of a claim, and
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.

Appeals for Individuals with Serious Mental Illness: 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, or
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 Serious Mental Illness: 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 A.A.C. 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.

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

26. NETWORK DEVELOPMENT

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 415, and:

Network Development for Integrated Health Care Service Delivery: EXEMPT

27. PROVIDER AFFILIATION TRANSMISSION

Refer to Title XIX/XXI Contract YH17-0001

28. NETWORK MANAGEMENT

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 415, 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 persons eligible to receive services under this Contract.

The Contractor shall notify AHCCCS of a Material Change to the Provider Network within seven business days of notifying provider or receiving notification from a provider receiving AHCCCS-administered grant funding or provider offering Non-Title XIX/XXI services covered under this Contract will be terminating their contract with the Contractor as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Network Court Ordered Evaluation Management: The Contractor shall ensure the Pre-Petition Screening and Court Ordered Evaluation (COE) processes are implemented and monitored in compliance with AMPM Policy 320-U and submit deliverables related to Pre-Petition Screening and COE reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

The Contractor shall submit deliverables related to Prevention Services reporting as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

29. PRIMARY CARE PROVIDER STANDARDS – EXEMPT

30. MATERNITY CARE PROVIDER REQUIREMENTS – EXEMPT

31. REFERRAL MANAGEMENT PROCEDURES AND STANDARDS

Refer to Title XIX/XXI Contract YH17-0001, AMPM Policy 580, and:

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

Referrals for Non-Title XIX/XXI Behavioral Health 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 STANDARDS

Refer to Title XIX/XXI Contract YH17-0001 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 in addition to those specified in the *Response Times for Designated Behavioral Health Services under the SABG* Table below.

Response Times for Designated Behavioral Health Services under the SABG:		
WHEN	WHAT	WHO

Response Times for Designated Behavioral Health Services under the SABG:		
WHEN	WHAT	WHO
Behavioral health services provided within a timeframe indicated by clinical need, but no later than 48 hours from the referral/initial request for services.	Any needed covered behavioral health service, including admission to a residential program if clinically indicated. If a residential program is temporarily unavailable, an attempt shall be made to place the person within another provider agency facility, including those in other geographic service areas. If capacity still does not exist, the person shall be placed on the AHCCCS SABG Priority Population Waitlist and interim services must be provided until the individual is admitted. Refer to Section D, Paragraph 9, Scope of Services.	Pregnant women/teenagers referred for substance use treatment (includes pregnant injection drug users and pregnant substance users) and Substance-using females with dependent children, including those attempting to regain custody of their child(ren).
Behavioral health services provided within a timeframe indicated by clinical need but no later than 14 days following the initial request for services/referral. All subsequent behavioral health services must be provided within timeframes according to the needs of the person.	Includes any needed covered behavioral health services. Admit to a clinically appropriate substance use treatment program (can be residential or outpatient based on the person’s clinical needs); if unavailable, interim services must be offered to the person. Refer to Section D, Paragraph 9, Scope of Services.	All other injection drug users.*
Behavioral health services provided within a timeframe indicated by clinical need but no later than 23 days following the initial assessment. All subsequent behavioral health services must be provided within timeframes according to the needs of the person.	Includes any needed covered behavioral health services.	All other persons in need of substance use treatment.

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

Refer to Title XIX/XXI Contract YH17-0001 and:

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

35. PROVIDER ENROLLMENT/TERMINATION

Refer to Title XIX/XXI Contract YH17-0001 and:

The Contractor shall require that all entities receiving SABG or MHBG funds obtain and maintain an Inventory of Behavioral Health Services (I-BHS) number through SAMHSA. The Contractor shall verify that providers have an I-BHS number prior to receiving SABG or MHBG funding.

36. SUBCONTRACTS

Refer to Title XIX/XXI Contract YH17-0001 and:

Prevention Subcontracts: For prevention service delivery subcontracts, the Contractor shall:

1. Require the subcontractor to comply with the Strategic Prevention Framework (SPF) Model and community based prevention model as specified by AHCCCS,
2. Require the subcontractor to develop a prevention budget utilizing the approved AHCCCS template,
3. Require the subcontractor to develop a prevention logic model to specify the work to be performed; type, duration, and scope of the prevention strategy to be delivered; approximate number of participants to be served. The Contractor shall utilize the templates developed by AHCCCS, as appropriate,
4. Require the subcontractor to describe the evaluation methods to monitor performance and with the specific reporting requirements,
5. Require the subcontractor to implement primary prevention interventions that are Evidence Based (EBPs), Research Based (RBPs), or Promising Practices (PPs) according to peer reviewed journals and best practice lists as identified by AHCCCS. Innovative prevention interventions may be administered at a ratio of one innovative intervention per every one EBP/RBP/PPs being implemented by the subcontractor. Subcontractor Innovative Prevention Program Interventions are to be approved by AHCCCS and submitted to AHCCCS utilizing approved protocol, as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
6. Require the subcontractor to implement all Center for Substance Abuse Prevention (CSAP) strategies, per CSAP guidelines; Information Dissemination, Education, Community Based Process, Identification and Referral, Alternatives, and Environmental. Subcontractors shall

- serve the following Institute of Medicine (IOM) populations per community need: universal (direct and indirect), selective, and indicated,
7. Require all subcontractor prevention staff to complete the Substance Abuse Prevention Skills Training (SAPST), or the AHCCCS designated equivalent training, within 6 months of date of hire,
 8. Require the subcontractor to comply with SABG requirements, and
 9. Not incorporate prevention requirements into subcontracts for other covered services.

37. CLAIMS PAYMENT/HEALTH INFORMATION SYSTEM

Refer to Title XIX/XXI Contract YH17-0001 and:

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 YH17-0001

42. MATERIAL CHANGE TO BUSINESS OPERATIONS

Refer to Title XIX/XXI Contract YH17-0001

43. PERFORMANCE BOND OR BOND SUBSTITUTE

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 305, 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.

44. AMOUNT OF PERFORMANCE BOND OR BOND SUBSTITUTE

Refer to Title XIX/XXI Contract YH17-0001 and ACOM Policy 305, and:

The Contractor shall provide a performance bond or bond substitute in an amount equal to or greater than 100% of the Non-Title XIX/XXI payment due to the Contractor in the first month of the Contract Year. The Contractor shall provide the performance bond or bond substitute no later than 30 days following notification by AHCCCS of the amount. It is the Contractor's responsibility to self-monitor the required performance bond or bond substitute amount and increase the amount when necessary.

When the amount of the performance bond or bond substitute falls below 90% of the monthly Non-Title XIX/XXI RBHA payment amount, the amount of the performance bond or bond substitute must be increased to at least 100% of the monthly Non-Title XIX/XXI RBHA payment amount.

AHCCCS will calculate and monitor the Title XIX/XXI and Non-Title XIX/XXI performance bond amounts as one figure. The Contractor may meet the Title XIX/XXI and Non-Title XIX/XXI performance bond requirements with one performance bond or bond substitute.

45. ACCUMULATED FUND DEFICIT

Refer to Title XIX/XXI Contract YH17-0001

46. ADVANCES, EQUITY DISTRIBUTIONS, LOANS AND INVESTMENTS

Refer to Title XIX/XXI Contract YH17-0001

47. FINANCIAL VIABILITY STANDARDS

Refer to Title XIX/XXI Contract YH17-0001, ACOM Policy 305, 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%.

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%.

Capitalization Requirements: The Contractor shall demonstrate the maintenance of minimum capitalization (net assets/equity (not including on-balance sheet performance bond, due from the affiliates, guarantees of debts/pledges/assignments, and Other Assets deemed restricted by AHCCCS)) requirement 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 the Section D, Paragraph 43, Performance Bond or Bond Substitute.

48. AFFILIATED CORPORATION

Refer to Title XIX/XXI Contract YH17-0001

49. CHANGE IN CONTRACTOR ORGANIZATIONAL STRUCTURE

Refer to Title XIX/XXI Contract YH17-0001

50. COMPENSATION

The Contractor shall provide Draft and Final Audit Financial Reporting Packages, Single Audit Reports, Financial Statements, Notification of Unexpended Funds Report, and Non-Title XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source 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 in accordance with 2 CFR Part 200 Subpart F (whether for profit or non-profit). Notwithstanding the 42 CFR Part 200 Subpart F regulations, the Contractor shall include the SABG and MHBG as major programs for the purpose of this Contract. Additional agreed upon procedures and attestations may be required of the Contractor's auditor as determined by AHCCCS [42 CFR 438.3(m)].

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

Refer to Section D, Paragraph 3, Enrollment and Disenrollment for information regarding Prior Period Coverage for members transitioning to Title XIX from RBHA Non-Title XIX eligibility.

Health Insurance Providers Fee: EXEMPT. AHCCCS does not reimburse the Contractor for any Health Insurance Providers Fee (HIPF) payments on Non-Title XIX/XXI revenue.

Management of Federal Block Grant Funds and other Federal Grants: The Contractor shall be authorized to expend:

1. Substance Abuse Block Grant funds (SABG) for planning, implementing, and evaluating activities to prevent and treat substance use and related activities addressing HIV and tuberculosis services,
2. Mental Health Block Grant funds (MHBG) for services for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED), Evidence Based Practices for First Episode Psychosis, as well as an assessment to determine eligibility for SED funded Non-Title XIX/XXI services, and
3. Other Federal grant funding as allocated by AHCCCS as directed for purposes set forth in the Federal grant requirements.

The Contractor shall:

1. Comply with all sub-recipient obligations under Federal Block Grant funds and other federal grants received in accordance with 2 CFR Part 200,
2. Be responsible to notify in writing and monitor providers receiving Federal Block Grant Funds and other Federal Grants in accordance with 2 CFR Part 200,
3. Comply with AMPM Policy 320-T1 and any applicable communications received from AHCCCS,
4. Be responsible to notify and monitor sub-recipients and/or providers on AMPM Policy 320-T1 and any applicable communications received from AHCCCS,

5. Manage, record, and report Federal Grant funds in accordance with 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 SABG and MHBG Block Grants, including but not limited to:
 - a. Confidentiality of Alcohol and Drug Patient Records [42 CFR Part 2],
 - b. Charitable Choice Provisions; Final Rule [42 CFR Part 54 and 54a],
 - c. Substance Abuse Prevention and Treatment Block Grant [45 CFR 96.45, 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 U.S.C. 300ee-5),
 - e. Children's Health Act of 2000 (P.L. 106-310), October 17, 2000,
 - f. ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992, and
 - g. Public Health Service 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 MHBG and SABG FAQs on the AHCCCS website, State of Arizona Accounting Manual (SAAM), and 2 CFR Part 200,
9. Plan MHBG and SABG grant funds and services separately and provide information related to block grant activities and expenditures to AHCCCS upon request as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
10. Report MHBG and SABG grant funds and services separately and provide information related to SABG/MHBG/Activities and Expenditures as specified in Section F, Attachment F3, Contractor Chart of Deliverables and upon request of AHCCCS,
11. Report additional information related to SABG and MHBG using the SABG/MHBG Reports as specified in Section F, Attachment F3, Contractor Chart of Deliverables,
12. 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 SAMSHA Grant number [XXX]. The views expressed in these materials do not necessarily reflect the official policies or contractual requirements of the Arizona Health Care Cost Containment System (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."
13. Submit Contractor and provider level expenditure data to AHCCCS consistent with the annual funding levels in the AHCCCS Allocation Schedule for certain allocations of the SABG including substance use treatment services, crisis services, primary prevention services, specialty programs and services for pregnant women and women with dependent children and HIV Early Intervention Services and the MHBG including SED and SMI services and Evidenced Based Practices (EBP) for First Episode Psychosis,
14. 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 in accordance with 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 State of Arizona Accounting Manual (SAAM),
15. Not discriminate against non-governmental organizations on the basis of religion in the distribution of Block Grant funds,
 16. **Not** expend Federal Block Grant funds for any of the following prohibited activities:
 - a. Inpatient hospital services,
 - b. Physical health care services including payment of copays,
 - c. Make cash payments to members receiving or intending to receive health services,
 - d. Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS,
 - e. Purchase major medical equipment,
 - f. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds,
 - g. Provide financial assistance to any entity other than a public or non-profit private entity,
 - h. Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS,
 - i. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; refer to https://grants.nih.gov/grants/policy/salcap_summary.htm,
 - j. Purchase treatment services in penal or correctional institutions in the State of Arizona,
 - k. Flex funds purchases,
 - l. Sponsorship for events and conferences, or
 - m. Child Care, with the exception of SABG.
 17. Comply with prevention funds management,
 18. Comply with all terms, conditions, and requirements for any Federal Grant funding as specified in AHCCCS allocation schedule and letters, and
 19. SAMHSA grant funds may not be used to directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. 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. See, 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 U.S.C. §§ 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 an 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 in accordance with the practices, procedures, and standards in the State of Arizona Accounting Manual (SAAM) and Non-Federal requirements.

The Contractor shall:

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

Non-Title XIX/XXI funding cannot 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.

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 without inclusion of any crisis capacity credit, and
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, and
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.

AHCCCS shall:

1. On a State fiscal year basis, not allow the Contractor to earn a profit from allocated funds for Supportive Housing, Crisis, and Non-Title XIX/XXI SMI. There is no maximum loss for Non-Title XIX/XXI funded programs, and
2. Establish a profit limit on the Contractor's potential profits from the SABG, MHBG, SED, MHBG SMI, MHBG FEP, County, and Non-Title XIX/XXI Other funds.

Reconciliation of Title XIX Behavioral Health PPC Expenses: AHCCCS shall make a payment to the Contractor when a GMH/SU or non-CMDP child member assigned to a RBHA transitions to Title XIX eligibility after receiving Title XIX covered services using Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG) and Maricopa County funding. A reconciliation will be performed and the payment will be based on Title XIX behavioral health adjudicated medical expenses provided during the prior period coverage timeframe if a Non-Title XIX enrollment segment was created before Title XIX enrollment, as referenced in the RBHA Title XIX Contract and ACOM Policy 308.

The Contractor shall appropriately account for any funding that was initially expensed as Non-Title XIX/XXI funding and was then replaced with Title XIX funding through the reconciliation of Title XIX behavioral Health PPC Expenses. 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 SUDS or other applicable invoices submitted to AHCCCS that are impacted by the member's eligibility change

Sources of Revenue: AHCCCS shall:

1. Annually prepare the Non-Title XIX/XXI 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 SABG Federal Block 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,
2. Make payments to the Contractor according to the Non-Title XIX/XXI 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 10th business day of each month. AHCCCS retains the discretion to make payments using an alternative payment schedule,
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, and
5. Make disbursements upon receipt of the Notice of Grant Award from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (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. Submit the Contractor's Expenditure Report (CER) as specified in Section F, Attachment F3, Contractor Chart of Deliverables, with supporting documentation for reimbursement of certain Non-TXIX general funds for housing acquisition/renovation, SMI Housing Trust funds, or grant funds as specified in the Allocation Schedule and/or terms of Allocation letter,
3. Obtain written prior approval from AHCCCS for any deviation from the AHCCCS Allocation Schedule (or Payment Schedule). Refer to the AHCCCS Financial Reporting Guide, and
4. In accordance with A.R.S. §35-190, State General Funds are appropriated by legislature and must be expended (based on dates of service) by June 30 of each year at both the Contractor and contracted provider levels. Any general funds allocated for housing must be spent in accordance with approved housing plan.

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 YH17-0001 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. Refer to the AHCCCS Financial Reporting Guide. Refer to ACOM Policy 426 and ACOM Policy 434.

55. COPAYMENTS

Refer to Title XIX/XXI Contract YH17-0001 and:

For Non-Title XIX/XXI members who are determined to have an Serious Mental Illness, AHCCCS has established a copayment to be charged to these members for covered services (A.R.S.§36-3409). The Contractor is required to comply with the following:

1. Copayments are not assessed for crisis services or collected at the time crisis services are provided,
2. Persons determined to have an SMI must be informed prior to the provision of services of any fees associated with the services (A.A.C. R9-21-202(A)(8)), and providers must document such notification to the person in his/her comprehensive clinical record,
3. Copayments assessed for Non-Title XIX/XXI members determined to have an SMI are intended to be payments by the member for all covered behavioral health services, but copayments are only collected at the time of the psychiatric assessment and psychiatric follow up appointments,
4. Copayments are:
 - a. A fixed dollar amount of \$3,
 - b. Applied to in network services, and
 - c. Collected at the time services are rendered.
5. The Contractor must establish methods to encourage a collaborative approach to resolve non-payment issues, which may include the following:
 - a. Engage in informal discussions and avoid confrontational situations,
 - b. Re-screen the person for AHCCCS eligibility, and
 - c. Present other payment options, such as payment plans or payment deferrals, and discuss additional payment options as requested by the person.
6. Individuals receiving services through SABG, MHBG, and discretionary grants are not assessed copays. Refer to AMPM Policy 320-T1.

Copayment requirements are not applicable to services funded by the SABG or MHBG).

56. MEDICARE SERVICES AND COST SHARING

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 delineated in ACOM Policy 201.

57. MARKETING

Refer to Title XIX/XXI Contract YH17-0001

58. CORPORATE COMPLIANCE

Refer to Title XIX/XXI Contract YH17-0001

59. RECORD RETENTION

Refer to Title XIX/XXI Contract YH17-0001

60. SYSTEMS AND DATA EXCHANGE REQUIREMENTS

Refer to Title XIX/XXI Contract YH17-0001

61. ENCOUNTER DATA REPORTING

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.

62. ENROLLMENT AND CAPITATION TRANSACTION UPDATES

Refer to Title XIX/XXI Contract YH17-0001

63. PERIODIC REPORTING REQUIREMENTS

Refer to Title XIX/XXI Contract YH17-0001

64. REQUESTS FOR INFORMATION

Refer to Title XIX/XXI Contract YH17-0001

65. DISSEMINATION OF INFORMATION

Refer to Title XIX/XXI Contract YH17-0001

66. READINESS REVIEWS

Refer to Title XIX/XXI Contract YH17-0001

67. MONITORING AND OPERATIONAL REVIEWS

Refer to Title XIX/XXI Contract YH17-0001 and:

AHCCCS will perform Annual Reviews of the Contractor to review processes and procedures related to Grants and Non-Title XIX/XXI funding and services. This Annual Review will be combined with the larger Operational Review when scheduled for the same year. The Contractor shall submit all requested documentation for Annual Reviews.

68. ADMINISTRATIVE ACTIONS

Refer to Title XIX/XXI Contract YH17-0001 and:

Should the Contractor be found to be not in compliance with contractual requirements AHCCCS shall reduce the related amount of the allocation.

69. CONTINUITY OF OPERATIONS AND RECOVERY PLAN

Refer to Title XIX/XXI Contract YH17-0001

70. MEDICARE REQUIREMENTS

Refer to Title XIX/XXI Contract YH17-0001

71. PENDING ISSUES

Refer to Title XIX Contract YH17-0001 and:

Performance Metrics: AHCCCS intends to implement performance metric requirements on utilization, process, and/or outcome measures to monitor Contractor administration of grant and other Non-Title XIX/XXI funding. Performance metric requirements are important to monitor the services provided, inform decision-making, and ultimately improve the quality of services provided.

Permanent Supportive Housing Administrator: AHCCCS anticipates issuing an RFP for a single statewide Housing Administrator contracted directly with AHCCCS effective October 1, 2021. The Housing Administrator will be responsible for management and administration of all AHCCCS permanent supportive housing subsidies funded through state-appropriated housing and supportive housing dollars. Key responsibilities of the Housing Administrator will include, but not be limited to, acceptance of referrals from all AHCCCS programs, waitlist oversight, housing quality inspections, legal compliance, verification of eligibility documentation, member briefings, subsidy payments, renewals, and required housing reporting. Review and award of SMI Housing Trust Fund monies for capital projects for members determined SMI will remain with AHCCCS as will oversight and distribution of housing funds to the TRBHAs. AHCCCS may employ a phased in approach for implementation of the Housing Administrator.

The Contractor will be responsible for coordinating with the Permanent Supportive Housing Administrator to assist program participants in attaining and maintaining PSH. The Contractor's duties include establishing processes and procedures for the coordination of referrals, verification of housing eligibility, ensuring coordination of care and supportive service delivery and tracking of program outcomes.

Referrals: AHCCCS is evaluating options to streamline and automate, to the extent possible, reporting, and tracking of referrals for Non-Title XIX/XXI services, including Room and Board, Childcare, Acupuncture, Traditional Healing, and Housing. While AHCCCS intends to reach a decision on reporting mechanisms in the near future, it is anticipated that the information will continue to be gathered through existing systems and/or deliverables including the Title XIX/XXI/Non-Title XIX/XXI Fidelity Review Report, the Facility and Member Placement Report, and others, as applicable.

SB1523 Mental Health Omnibus: The SB1523 Mental Health Omnibus establishes the Children's Behavioral Health Services Fund, to be administered by AHCCCS and appropriates \$8 million for this purpose. The Fund is used to enter into an agreement with one or more Contractors for children's behavioral health services for children who are uninsured/underinsured, are referred for behavioral health services by an educational institution, and have written parental consent to obtain the behavioral health services. The Contractor will be responsible to use designated funding as directed by AHCCCS and submit reporting as part of the Behavioral Health Services for School-Aged Children deliverable as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

Substance Abuse Block Grant Prevention Services Administration: Effective July 1, 2021, AHCCCS will discontinue allocating the portion of the Substance Abuse Block Grant (SABG) used for prevention services to the Regional Behavioral Health Authorities (RBHAs). AHCCCS will retain this portion of the SABG funding and directly contract with providers for prevention services.

72. VALUE-BASED PURCHASING

Refer to Title XIX/XXI Contract YH17-0001

73. LEGISLATIVE , LEGAL, AND REGULATORY ISSUES

Refer to Title XIX/XXI Contract YH17-0001 and:

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

The Contractor will 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 specific in Section F, Attachment F3, Contractor Chart of Deliverables.

[END OF SECTION D: PROGRAM REQUIREMENTS]

SECTION E: CONTRACT TERMS AND CONDITIONS

Refer to Title XIX/XXI Contract YH17-0001 and:

AHCCCS YH20-0002 Transfer of RBHA Services/Competitive Contract Expansion Activities: As part of the AHCCCS Competitive Contract Expansion (CCE) #YH20-0002, effective October 1, 2022, in the event there is a delay in the implementation of the Contract with a Successful Offeror, AHCCCS may negotiate with Contractors under the RBHA Contract #YH17-0003 to extend service provision until a time specified by AHCCCS.

[END OF SECTION E: CONTRACT TERMS AND CONDITIONS]

SECTION F: ATTACHMENTS

ATTACHMENT F1:

MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS

CONTRACT/RFP NO. YH17-0003

SECTION F: ATTACHMENTS

ATTACHMENT F1: MEMBER GRIEVANCE AND APPEAL SYSTEM STANDARDS

Refer to Title XIX/XXI Contract YH17-0001 and ACOM Policy 444 and 446

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

ATTACHMENTS

**ATTACHMENT F2:
PROVIDER CLAIM DISPUTE STANDARDS**

CONTRACT/RFP NO. YH17-0003

ATTACHMENT F2: PROVIDER CLAIM DISPUTE STANDARDS

Refer to Title XIX/XXI Contract YH17-0001 and ACOM Policy 444 and 446

[END OF ATTACHMENT F2: PROVIDER CLAIMS DISPUTE STANDARDS]

ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES

Refer to Title XIX/XXI Contract YH17-0001 and:

The following table is a summary of the periodic reporting requirements for the Contractor and is subject to change at any time during the term of the contract. The table is presented for convenience only and should not be construed to limit the Contractor’s responsibilities in any manner. Content for all deliverables is subject to review. The submission of late, inaccurate, or incomplete data shall be subject to the penalty provisions described in Section D, Paragraph 68, Administrative Actions.

The deliverables listed below 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 are noted to be submitted via SharePoint are to be submitted to the SharePoint Contract Compliance site at: compliance.azahcccs.gov. Should AHCCCS modify any deliverables, or the submission process for deliverables, AHCCCS shall provide a notice of instruction to the Contractor outlining changes to the deliverable.

Refer to Contractor Chart of Deliverables below:

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DCAIR/INDEPENDENT OVERSIGHT COMMITTEE	Ad Hoc	Redacted S&R Individual Reports Concerning All Enrolled Individuals Receiving Services from A Behavioral Health Provider	Within three days of Contractor review or completion of IAD/IRF/QOC process	D,22	AMPM Policy 962	AMPM Policy 962, Attachment A	AHCCCS QM Portal
DCAIR/OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS	Quarterly	Credentialed Parent/Family Support Specialist Involvement in Service Delivery	15 days after the end of each quarter	D, 5	AMPM Policy 964	AMPM Policy 964, Attachment A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DCAIR/OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS	Quarterly	Peer/Recovery Support Specialist Involvement in Service Delivery	15 days after the end of each quarter	D, 5	AMPM Policy 963; AMPM Policy 964	AMPM Policy 963, Attachment A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Deliverable in SharePoint)
DHCM/FINANCE	Ad Hoc	Final Non-Title XIX/XXI Profit Limit Template (If applicable)	30 Days after Final Audit Submission	D,50	ACOM Policy 323; AHCCCS Financial Reporting Guide	N/A	SharePoint
DHCM/FINANCE	Ad Hoc	Non-XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure by Funding Source (If applicable)	30 Days after Final Audit Submission	D,50	ACOM Policy 323; AHCCCS Financial Reporting Guide	N/A	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/FINANCE	Annually	Draft Audit Financial Reporting Package and Single Audit Report	90 days after Contractor's Fiscal Year end	D,50	AHCCCS Financial Reporting Guide	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/FINANCE	Annually	Final Audit Financial Reporting Package and Single Audit Report	120 days after Contractor's Fiscal Year end	D,50	AHCCCS Financial Reporting Guide	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Draft Audit Financial Reporting Package Deliverable in SharePoint)
DHCM/FINANCE	Annually	Notification of Housing Unexpended Funds	November 30	D,50	AHCCCS Financial Reporting Guide	N/A	Email and Notification to the DHCM Finance Manager

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/FINANCE	Annually	Notification of Unexpended Funds	March 31	D,50	AHCCCS Financial Reporting Guide	N/A	Email and Notification to the DHCM Finance Manager
DHCM/FINANCE	Monthly	Contractor Expenditure Report	15 th day of the month following the expenditure period	D, 50	N/A	Refer to the AHCCCS Contractor Guides & Manuals section of the AHCCCS website for the AHCCCS Contractor Expenditure Report (CER) Form and Instructions	Email to: BHSInvoices@azahcccs.gov
DHCM/FINANCE	Monthly	Non-Title XIX/XXI State Fiscal Year Statement of Activities and Schedule A Disclosure (due monthly from January – May, excluding March)	30 days after January, February, April and May month end	D,50	AHCCCS Financial Reporting Guide	N/A	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DHCM/FINANCE	Quarterly	Financial Reporting Package	45 days after quarter end: (Oct - Dec: Due Feb 14) (Jan – March: Due May 15) (Apr – June: Due August 14) (July – Sept: Due Nov 14)	D,50	AHCCCS Financial Reporting Guide	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the Title XIX/XXI RBHA Deliverable in SharePoint)
DHCM/QUALITY MANAGEMENT	Ad Hoc	Advisement of Significant Incidents, Accidents, and Deaths	Within 24 hours of awareness	D,22	AMPM Policy 961	N/A	Secure Email to DHCM Quality Management Manager and QM Supervisor with cc to DHCM Clinical Administrator

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DHCM/QUALITY MANAGEMENT	Ad Hoc	Incident, Accident, and Death Reports for Members Within Specified Timeframes into the AHCCCS QM Portal; Additionally, Significant and/or Potential Media-Coverage IADs must also be sent directly to Quality Management staff as soon as the Contractor is aware of the issue	Within one day of awareness	D,22	AMPM Policy 961	N/A	AHCCCS QM Portal and Email Notification to DHCM Quality Management Manager and QM Supervisor with cc to DHCM Clinical Administrator as appropriate (significant and/or potential media cases)
DHCM/QUALITY MANAGEMENT	Ad Hoc	QOC Resolution Report	Within 72 hours of completion	D,22	N/A	N/A	AHCCCS QM Portal with QM Portal notification to assigned DHCM QM Coordinator

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DHCM/QUALITY MANAGEMENT	Ad Hoc	S&R Individual Reports Concerning All Enrolled Individuals	Within three days of Contractor receipt	D,22	AMPM Policy 962	AMPM Policy 962, Attachment A	AHCCCS QM Portal
DGA/GRANTS	Ad Hoc	Oxford House Model Report	Upon Request	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment H or an AHCCCS approved format, which contains all of the required information	SharePoint
DGA/GRANTS	Ad Hoc	Publication Materials	21 days prior to dissemination	D,50	N/A	N/A	SharePoint
DGA/GRANTS	Ad Hoc	SABG Capacity Management Report	Upon Request and within seven days of notification	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment J	SharePoint
DGA/GRANTS	Ad Hoc	SABG/MHBG Reports	Upon AHCCCS request	D,9	N/A	Reporting Form as provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	FEP Program Status Report	November 15	D,2	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment C	SharePoint
DGA/GRANTS	Annually	ICR Peer Review Data Pull	November 30	D,11	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment D	FTP Server

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DGA/GRANTS	Annually	Prevention Administrator Level of Effort Attestation	November 1	D,9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	Prevention Subcontracts	October 31	D, 9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	Prevention Subcontractor Logic Models	January 31	D, 9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	Regional Prevention Budget	November 15	D, 9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	Regional Prevention Logic Model	January 31	D, 9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	Regional Prevention Needs Assessment	January 1	D,9	N/A	Reporting Form as provided by DGA/Grants Unit, or Attestation Letter including current Needs Assessment	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DGA/GRANTS	Annually	Regional Strategic Prevention Plan	February 28	D,9	N/A	Reporting Form as provided by DGA/Grants Unit, or Attestation Letter including current Strategic Plan	SharePoint
DGA/GRANTS	Annually	SABG/MHBG/Activities and Expenditures Report	Upon Request	D,9	N/A	Reporting Form as provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	SABG/MHBG/Activities and Expenditures Plan	Upon Request	D,9	N/A	Reporting Form as provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	SABG/Prevention/MHBG Block Grant Report	August 15	D,2	N/A	Reporting Form as provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Annually	SABG/Prevention/MHBG Plan	July 1	D,2	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment K	SharePoint
DGA/GRANTS	Annually	SABG Agreements Report	August 1	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment G	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DGA/GRANTS	Annually	SABG HIV Site Visit Report	September 1	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment F	SharePoint
DGA/GRANTS	Annually	SABG TB Services Treatment Procedure and Protocol	October 31	D,9	AMPM Policy 320-T1	N/A	SharePoint
DGA/GRANTS	Annually	Subcontractor Innovative Prevention Program Interventions	October 31	D,36	N/A	Reporting Form as Provided by Grants Unit	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DGA/GRANTS	Annually	Substance Use Treatment Program Report	July 31	D,23	N/A	Reporting Form as provided by DGA, Grant Manager	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the Title XIX/XXI RBHA Substance Use Treatment Program Report deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DGA /GRANTS	Quarterly	FEP Program Status Report	45 days after the quarter end: February 15 May 15 August 15 November 15	D,2	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment C-1 For November 15 Deliverable – Attestation Only	SharePoint
DGA /GRANTS	Quarterly	Oxford House Financial Reports (for RBHAs with approved Plan)	January 30 April 30 July 30 October 30	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment FH-1	SharePoint
DGA/GRANTS	Quarterly	Percentage of Primary Prevention EBPs	October - December: Due Jan 29 January - March: Due April 30 April - June: Due July 30	D, 9	N/A	Reporting Form as Provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Quarterly	SABG Priority Population Waitlist Report	January 30 April 30 July 30 October 30	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment I	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DGA /GRANTS	Quarterly	SABG HIV Activity Report	January 30 April 30 July 30 October 30	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment E	SharePoint
DGA/GRANTS	Quarterly	SED Program Status Report	45 days after the quarter end: February 15 May 15 August 15 November 15	D,9	AMPM Policy 320-T1	AMPM Policy 320-T1, Attachment B	SharePoint
DGA/GRANTS	Semi-Annually	OUD Provider List	January 1 July 1	D,11	N/A	Reporting Form as Provided by the Grants Administrator	SharePoint
DGA/GRANTS	Semi-Annually	Prevention Progress Report	March 1 September 1	D,9	N/A	Reporting Form as provided by DGA/Grants Unit	SharePoint
DGA/GRANTS	Semi-Annually	SABG/MHBG Treatment Providers Oversight Monitoring Report	March 1 September 1	D,9	N/A	N/A	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist-Template-Reporting Form	Submitted Via
DHCM/HOUSING	Annually	Housing Spending Plan	No later than 30 days from notification by AHCCCS that State funds have been allocated for housing development	D,11	ACOM Policy 448	Reporting Form as provided by the Director of Housing Programs	SharePoint
DHCM/HOUSING	Monthly	Housing Inventory	15 th of the month	D,	ACOM Policy 448	Reporting Form as provided by the Director of Housing Programs	SharePoint
DHCM/HOUSING	Monthly	Members Served/Utilization Report	15 th of the month	D,11	N/A	Reporting Form as provided by the Director of Housing Programs	SharePoint
DHCM/HOUSING	Quarterly	Supervisory Care Home Census Report (Maricopa County)	30 days after quarter end	D,73	ACOM Policy 448	Reporting Form as provided by the Director of Housing Programs	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/MEDICAL MANAGEMENT	Ad Hoc	Drug Lists	Submit each drug list for approval prior to making any changes	D,9	AMPM Policy 310-V	N/A	SharePoint
DHCM/NETWORK	Ad Hoc	Material Change to the Provider Network for Grants and Non-Title XIX/XXI Services	Within 7 days of notification	D,28	AMPM Policy 320-T1; ACOM Policy 439	ACOM Policy 439, Attachment A	SharePoint
DHCM/OPERATIONS	Ad Hoc	Member Handbook (Final Approved Version)	On or before the start of the contract year	D,17	ACOM Policy 406	ACOM Policy 406, Attachment A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the Title XIX/XXI RBHA Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/OPERATIO NS	Ad Hoc	Non-Title XIX/XXI Member Information Materials	15 days prior to release	D,17	ACOM Policy 404	N/A	SharePoint
DHCM/OPERATIO NS	Annually	Member Handbook	August 1	D,17	ACOM Policy 406	ACOM Policy 406, Attachment A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under Title XIX/XXI RBHA Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/OPERATIO NS	Annually	Staff: Organization Chart, Functional Organization Chart, Listing of All Staff Information	15 days after the start of the Contract Year	D,15	N/A	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/QUALITY MANAGEMENT	Annually	Fidelity Review Report	January 15	D,11	N/A	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the Title XIX/XXI RBHA Deliverable in SharePoint)

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
DHCM/SYSTEM OF CARE	Annually	Behavioral Health Residential Facility Medical Necessity Criteria	December 15	D,9	AMPM Policy 320-V	N/A	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the ACC Deliverable in SharePoint)
DHCM/SYSTEM OF CARE	Quarterly	Pre-Petition Screening and Court Ordered Evaluation (COE) Report	45 days after quarter end	D,28	AMPM Policy 320-U	AMPM Policy 320-U, Attachment A	SharePoint

Area	Timeframe	Report	When Due	Contract Section/ Paragraph	Reference/ Policy	Checklist- Template- Reporting Form	Submitted Via
OALS	Quarterly	Non-Title XIX/XXI and SMI Grievance and Appeal Report	30 days after quarter end	D,25	ACOM Policy 444; ACOM Policy 446	Reporting Form as provided by BHGA, Unit Administrator	SharePoint (Combine Non-Title XIX/XXI Contract Deliverable with Title XIX/XXI Contract Deliverable and submit under the Title XIX/XXI RBHA Deliverable in SharePoint)

[END OF ATTACHMENT F3: CONTRACTOR CHART OF DELIVERABLES]

[END OF SECTION F: ATTACHMENTS]