<u>Banner- University Family</u> <u>Long Term Care Plan</u>

Operational Review Contract Year 2023 May 19, 2023

Conducted by the Arizona Health Care Cost Containment System





INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has served Arizona's most needy since 1982. The Agency's vision is "Shaping tomorrow's managed care... from today's experience, quality and innovation." As a component of achieving this vision, AHCCCS regularly reviews its Contractors to ensure that their operations and performance are in compliance with Federal and State law; rules and regulations; and the AHCCCS Contract. The reviewers use a process approved by the Centers for Medicare and Medicaid Services (CMS) based upon the terms of the contract with AHCCCS.

The primary objectives of the Banner – University Family Long Term Care Plan 2023 Operational Review are to:

- Determine if the Contractor satisfactorily meets AHCCCS' requirements as specified in Contract, AHCCCS policies, Arizona Revised Statute, the Arizona Administrative Code and 42 CFR Part 438, Managed Care,
- Provide technical assistance and identify areas where improvements can be made; as well as identifying areas of noteworthy performance and accomplishments,
- Review progress in implementing recommendations made during prior reviews,
- Determine if the Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures,
- Perform Contractor oversight as required by the CMS in accordance with AHCCCS' 1115 waiver, and
- Provide information to an External Quality Review Organization (EQRO) for its use as described in 42 CFR 438.364.

AHCCCS conducted an Operational Review of B-UFC LTC from March 6, 2023, through March 9, 2023.

A copy of the draft version of this report was provided to the Contractor on April 20, 2023. B-UFC-LTC was given a period of one week in which to file a challenge to any findings it did not feel were accurate based on the evidence available at the time of review. This final report represents any changes made as a result of this request.

Upon issuance of the report, the Contractor is required to maintain the confidentiality of the information, including the standard criteria and findings of the Review Team until such time as AHCCCS determines; in order to maintain the integrity of the process until all Contractors have been reviewed.



STAFF PARTICIPATION

The 2023 AHCCCS Review Team included employees of the Division of Health Care Services (DHCS) in Medical and Case Management, Operations, Quality Management, Quality Improvement, System of Care, and Finance and Reinsurance; the Division of Business and Finance (DBF); the Office of the General Counsel (OGC); the Division of Community Advocacy and Intergovernmental Relations (DCAIR); and the Office of the Inspector General (OIG).

NAME	CASE MANAGEMENT	CORPORATE	CLAIMS AND INFORMATION SYSTEMS	DELIVERY SYSTEMS	GENERAL ADMNISTRATION	GRIEVANCE SYSTEM	ADULT, EPSDT, AND MATERNAL CHILD HEALTH	MEDICAL MANAGEMENT	MEMBER INFORMATION	QUALITY MANAGEMENT	REINSURANCE	THIRD PARTY LIABILITY	QUALITY IMPROVEMENT	INTEGRATED SYSTEM OF CARE
Jakenna Lebsock														
Ena Binns	\boxtimes		\boxtimes	\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes
Michelle Holmes	\boxtimes			\boxtimes		\boxtimes	\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes
Christina Quast			\boxtimes							\boxtimes			\boxtimes	
Linda Oakley														
Melissa Arzabal	\boxtimes													
Alicia Wright	\boxtimes													
Bethany Draime	\boxtimes													
Mark Tucker	\boxtimes													
Brandi Howard	\boxtimes							\boxtimes						
Cynthia Hostetler	\boxtimes							\boxtimes						
Samantha O'Neal								\boxtimes						
Candra Kerschen								\boxtimes						



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Courtney Berman								\boxtimes						
Jessica Kane								\boxtimes						
Joni Mazon								\boxtimes						
Marcea Reed-Smith								\boxtimes						
John Leatherwood		\boxtimes												
Cynthia Green		\boxtimes												
Julie Bacon		\boxtimes												
Clarnicole Hernandez		\boxtimes												
Sima Molina Hosseini		\boxtimes												
Raena Raebel		\boxtimes												
Jay Dunkleberger	$\overline{\Box}$		$\overline{\Box}$	\boxtimes										
Chaz Longwell														
Jamie Green														
Susan Kennard				X										
Jessica Blackburn														
Dawn Sica					\boxtimes				\boxtimes					
Joseph Ruiz						\boxtimes								
James Kucharski						\boxtimes								
Arlyn Reza						\boxtimes								
Reynold Cortez						\boxtimes								



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Dr. Eric Tack														
Rachael Salley							\boxtimes							
Ashley Boruff														
Brenda Wise							\boxtimes							
Nicole Sanchez														
Karen Stewart														
Barbara Harvey														
Lola Davis									\boxtimes					
Rudy Preston										\boxtimes				
Monica Alison														
Erin Barlund														
Jessica Ament														
Christine Scott														
Fredreaka Graham														
Andrea Cliff														
Ashlee Raisor														
Itzel Cordova														
Jennifer Rovenstine														
Kathy Mirza														
Jamie Robin													\boxtimes	



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Lindsey Irelan													\boxtimes	
Min Ji Yi													\boxtimes	
Flynn Soper													\boxtimes	
Pam Sullivan											\boxtimes			
Kenneth Hoser											\boxtimes			
Tracy Thomas											\boxtimes			
Celia Renovato												\boxtimes		
Dr. Megan Woods														\boxtimes
Chy Porter														\boxtimes
Mary Beardsley-King														\boxtimes
Melissa Del-Colle														\boxtimes
Amy Munoz														\boxtimes
Polly Knape														\boxtimes
Kate Murphy														\boxtimes



CONTRACTOR'S STAFF PARTICIPATION

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James Stringham	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes			\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Dr. Sandra Stein										\boxtimes			\boxtimes	
Dr. Robert Krauss	\boxtimes						\boxtimes			\boxtimes				
Sarah Spiekermeier	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes				\boxtimes	\boxtimes	\boxtimes	\boxtimes
Ryan Thomsen	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Terri Dorazio			\boxtimes	\boxtimes		\boxtimes				\boxtimes		\boxtimes		
Gil Velez							\boxtimes							
Rob Aubrey			\boxtimes									\boxtimes		
Heidi Eccleston							\boxtimes							
Kelly Jordan	\boxtimes						\boxtimes						\boxtimes	
Alyssa Bellantoni			\boxtimes	\boxtimes	\boxtimes		\boxtimes			\boxtimes				
Michael Riegel							\boxtimes							
Rita Wiese							\boxtimes							
Alison Mell							\boxtimes			\boxtimes			\boxtimes	
Vanessa Flores		\boxtimes	\boxtimes	\boxtimes		\boxtimes				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Dan Koesser														
Deb Tellez	\boxtimes													
Emily Hanna	\boxtimes													



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Nicole Wilson	\boxtimes													
Alan Nesbit														
Larry O'Connor	\boxtimes													
Alisa Van Order	\boxtimes													
Carri Helmandollar	\boxtimes													
Ronda Glorioso	\boxtimes													
Linda Wagenknecht	\boxtimes													
Gwendolyn Gardner	\boxtimes													
Carmen Fuentes	\boxtimes													
Shirley Snage										\boxtimes				
Rachelle Zufelt										\boxtimes				
Suzanne Barnes										\boxtimes				
Juan Rodriguez										\boxtimes				
Stephen Ochsenbein										\boxtimes				
Eric A. Powell													\boxtimes	
Charisse Shrader										\boxtimes				
Sandra Robles										\boxtimes			\boxtimes	
James Maccioli						\boxtimes								



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Veronica Carrillo				\boxtimes										
Gil Velez				\boxtimes										
Bryan Lechich				\boxtimes						\boxtimes				
Silvia Parra			\boxtimes											
Silvia Parra Viki Alexander				_										
				_										
Viki Alexander				_										
Viki Alexander Terri Wingeier				_										
Viki Alexander Terri Wingeier Susam Gilkey				_										



SCORING METHODOLOGY

The 2023 Operational Review is organized into Focus Areas. Depending on the program contracts awarded, the Contractor may be evaluated in up to fourteen Focus Areas. For the 2023 Operational Review, these Focus Areas are:

- Case Management (CM)
- Corporate Compliance (CC)
- Claims and Information Systems (CIS)
- Delivery Systems (DS)
- General Administration (GA)
- Grievance Systems (GS)
- Adult, EPSDT and Maternal Child Health (MCH)
- Medical Management (MM)
- Member Information (MI)
- Quality Management (QM)
- Reinsurance (RI)
- Third Party Liability (TPL)
- Quality Improvement (QI)
- Integrated System of Care (ISOC)

Each Focus Area consists of several Standards designed to measure the Contractor's performance. A Contractor may receive up to a maximum possible score of 100 percent for each Standard measured in the 2023 Operational Review. Within each Standard are specific scoring detail criteria worth a defined percentage of the total possible score. AHCCCS totals the percentages awarded for each scoring detail into the Standard's total score. Using the sum of all applicable Standard total scores, AHCCCS then developed an overall Focus Area Score.

In addition, a Standard may be scored Not Applicable (N/A) if it does not apply to the Contractor and/or there were no instances in which the requirement applied.



A Corrective Action Plan (CAP) is required for any Standard where the Contractor's total score is less than 95 percent, unless otherwise indicated in the OR Tool, Reviewer Comments section.

Based on the findings of the review, one of three Required Corrective Action statements were made:

The Contractor	This indicates critical non-compliance in an area that must be corrected as soon as possible to
must	be in compliance with the AHCCCS contract.
The Contractor	This indicates non-compliance in an area that must be corrected to be in compliance with the
should	AHCCCS contract but is not critical to the everyday operation of the Contractor.
The Contractor should	This is a suggestion by the Review Team to improve operations of the Contractor, although it is
consider	not directly related to contract compliance.



SUMMARY OF FINDINGS

Case Management (CM)	CM Foc	us Area Score = 93% (1947 of 2100)
Standard	Score	Required Corrective Actions
CM 1 The Contractor implements policies and procedures for initial contact, on-site visits, and service initiation.	100%	None
CM 2 The Contractor implements policies and procedures for initial contact, on-site visits and service initiation.	100%	None
CM 3 The Contractor implements policies and procedures for conducting placement and service planning.	100%	None
The Contractor implements policies and procedures for conducting discharge planning for members enrolled with the Contractor while in the hospital and for existing members who experience a hospitalization.	73%	The Contractor must ensure that appropriate services are arranged for by the CMs and in place prior to a member's discharge to his or her own home or to an Alternative HCBS Setting and documented accordingly by the member's case management file. Additionally, the corrective action plan must address compliance with the AHCCCS requirement that an on-site review be conducted within 10 business days post-discharge from an npatient setting or when there is a change in placement type to ensure that appropriate services are in place and that the member/HCDM agree with the PCSP as authorized.
CM 5 The Contractor implements policies and procedures for conducting needs assessment and care planning.	95%	None
CM 6 The Contractor implements policies and procedures for conducting needs assessment and care planning.	60%	The Contractor must ensure that case managers are completing all required assessment areas within the PCSP (as applicable) and are documenting accordingly as part of PCSP process. At a minimum "N/A" indicating not applicable must be documented in any areas that explicitly do not apply to a member. Additionally, the plan must include actions the Contractor will take to minimize "copy/paste" type responses. The Contractor must ensure that the information documented in the Uniform Assessment Tools (UATs) is consistent with other case file documentation and that identified goals member specific, measurable, and that the progress of the established



Case Management (CM)	CM Focus	Area Score = 93% (1947 of 2100)
		goals, as well as the barriers to the achievement of the member's goals are reviewed at each assessment and updated in the PCSP.
CM 7 The Contractor implements policies and procedures that meet the Cost Effectiveness Study (CES) Standards.	99%	None
CM 8 The Contractor implements policies and procedures for placement and service planning.	78%	The Contractor must ensure that case managers are conducting comprehensive assessments; that documentation within the PCSP is consistent with other case file documentation; are engaging members/HCDMs and other members of the Planning Team, including attempts to engage and are documenting discussions as part of the process; and are incorporating recommendations made by the member's Primary Care Provider (PCP), as well as input from the ALTCS service providers, as appropriate. Member PCSPs must reflect member strengths, goals, preferences, needs, and desired outcomes. For members who are unable to participate in the PCSP process due to cognitive limitations, CMs are documenting attempts to gather information from other sources.
CM 9 The Contractor implements policies and procedures for the Client Assessment Tracking System (CATS).	95%	None
CM 10 The Contractor implements policies and procedures for Service Plan monitoring.	96%	None
CM 11 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	100%	None
CM 12 The Contractor implements policies and procedures for Service Plan monitoring and reassessment.	79%	The Contractor must ensure appropriate PCSP monitoring and member reassessments in accordance with AMPM 1620-E, including case management monitoring of hospice services.



Case Management (CM)	CM Foo	cus Area Score = 93% (1947 of 2100)
CM 13 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	100%	None
CM 14 The Contractor implements policies and procedures for providing and monitoring behavioral health (BH) services.	72%	The Contractor must ensure the implementation and documentation of pehavioral health service/s monitoring in accordance with AMPM 1620-G. This includes documenting the use of psychotropic medications, including the purpose of the medication and member reported therapeutic effects/adverse reactions at each reassessment; engaging in discussions and developing a plan of action with the BH professional and/or prescribing practitioner when medication issues are identified; and ensuring consistent documentation of COT, as well as ensuring that CMs adhere to the Contractor's documented process for COT.
CM 15 The Contractor implements policies and procedures for providing and monitoring skilled nursing services.	100%	None
CM 16 (DES/DDD Only) The Contractor implements policies and procedures for monitoring the cost effectiveness of its members.	N/A	N/A
CM 17 The Contractor implements policies and procedures for reporting abuse and neglect.	100%	None
CM 18 The Contractor implements policies and procedures for conducting case management staff orientation/training.	100%	None
CM 19 The Contractor implements policies and procedures for internal monitoring of the case management program on a quarterly basis.	100%	None



Case Management (CM)	CM Focus	s Area Score = 93% (1947 of 2100)
CM 20 The Contractor implements policies and procedures for monitoring case management caseloads for compliance with AHCCCS Standards.	100%	None
CM 21 The Contractor implements policies and procedures for a comprehensive inter-rater reliability (IRR) process to ensure consistency of member PCSPs and service authorizations.	100%	None
CM 22 (DES/DDD Only) The Contractor implements policies and procedures for monitoring Targeted Case Management services for program compliance.	N/A	N/A
CM 23 The Contractor implements policies and procedures for the timely initiation of services to existing members in an HCBS (own home) setting.	100%	None

Corporate Compliance (CC)	CC Focus	Area Score = 100% (500 of 500)
Standard	Score	Required Corrective Actions
CC 1 The Contractor has an operational Corporate Compliance program including a work plan that details compliance activities.	100%	None
CC 2 The Contractor and its subcontractors have a process for identifying suspected cases of Fraud, Waste and Abuse (FWA) and for reporting all the suspected FWA referrals to AHCCCS OIG following the established mechanisms.	100%	None
CC 3	100%	None



Corporate Compliance (CC)	CC Focus	Area Score = 100% (500 of 500)
The Contractor educates staff and the provider network on fraud, waste and abuse.		
CC 4 The Contractor audits its providers through its claims payment system or any other data analytics system for accuracy and to identify billing inconsistencies and potential instances of fraud, waste or abuse.	100%	None
CC 5 The Contractor collects required information for all persons with an ownership or control interest in the Contractor and its fiscal agents and determines on a monthly basis, whether such individuals have been convicted of a criminal offense related to any program under Medicare, Medicaid or the Title XX services program.	100%	None

Claims and Information Systems (CIS)	CIS Foo	cus Area Score = 99% (988 of 1000)
Standard	Score	Required Corrective Actions
CIS 1 The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.	100%	None
CIS 2 The Contractor's remittance advice to providers contains the minimum required information.	100%	None
CIS 3 The Contractor has a process to identify claims where the Contractor is or may be a secondary payor prior to payment.	100%	None
CIS 4 The Contractor has AHCCCS compliant policies and procedures for the recoupment of overpayments and adjustments for underpayments.	100%	None
CIS 5	88%	The Contractor must ensure it pays applicable interest on all claims.



Claims and Information Systems (CIS)	CIS Focus	Area Score = 99% (988 of 1000)
The Contractor pays applicable interest on all claims, including overturned claim disputes.		
CIS 6 The Contractor accurately applies quick-pay discounts.	100%	None
CIS 7 The Contractor processes and pays all overturned claim disputes in a manner consistent with the decision within 15 business days of the decision.	100%	None
CIS 8 The Contractor ensures that the parties responsible for the processing of claims have been trained on the specific rules and methodology for the processing of claims for the applicable AHCCCS line of business.	100%	None
CIS 9 The Contractor has a process to identify resubmitted claims and a process to adjust claims for data corrections or revised payment.	100%	None
CIS 10 The Contractor has a process to ensure that all contracts/agreements are loaded accurately and timely and pays non-contracted providers as outlined in statute.	100%	None

Delivery Systems (DS)	DS Focus Area Score = 95% (1332 of 1400)	
Standard	Score	Required Corrective Actions
DS 1 The Contractor has sufficient staffing in place to ensure providers receive assistance and appropriate, prompt resolution to their problems and inquiries.	100%	None
DS 2	100%	None



The Contractor determines, monitors, and adjusts the number of members assigned to each PCP.		
DS 3 Provider Services Representatives are adequately trained.	100%	None
DS 4 The Contractor provides the following information via written or electronic communication to contracted providers: Exclusion from the Network, Material Changes, Policy/Procedure Change, Subcontract Updates, Termination of Contract, and Disease/Chronic Care Management Information.	100%	None
DS 5 The Contractor's Provider Selection Policy and Procedure prohibits discrimination against providers who serve high-risk populations or that specialize in conditions that result in costly treatment.	100%	None
DS 6 The Contractor does not prohibit or otherwise restrict a provider from advising or advocating on behalf of a member who is his/her patient.	100%	None
DS 7 The Contractor has a mechanism for tracking and trending provider inquiries that includes timely acknowledgement and resolution and taking systemic action as appropriate.	100%	None
DS 8 The Contractor refers members to out-of-network providers if it is unable to provide requested services in its network.	100%	None
DS 9 The Contractor develops, distributes and maintains a provider manual, and makes its providers and subcontractors aware of its availability.	66%	The Contractor must ensure that its provider manual contains all requirements listed in ACOM 416.
DS 10	100%	None

The Contractor has a process for collecting, maintaining, updating and reporting accurate demographic information on its provider network.		
DS 11 The Contractor's network analysis meets AHCCCS requirements for evaluating member geographic access to care.	100%	None
DS 12 The Contractor has a process for determining if there has been a material change that could affect the adequacy of capacity and services.	100%	None
DS 13 (RBHA Only) The Contractor has comprehensive policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure they have properly adhered to the requirements of 2 CFR Part 200 to include federal grant funding requirement notifications, communication to providers of prohibited uses of federal grant funding, tracking of provider audits, including Single Audits, and follow-up on findings.	N/A	N/A
 DS 14 (RBHA Only) Contractor performed provider grant monitoring activities and has evidence of the following: Comprehensive provider SABG, MHBG, and other federal grant policies and procedures that include, but are not limited to, a listing of prohibited expenditures, references to the SABG and MHBG FAQs, AMPM 320-T, Exhibits 300-2b, monitoring and separately reporting of funds by SABG, MHBG and other federal grant funding categories; SABG, MHBG and other federal grant activities were monitored to ensure funds were expended for authorized purposes; 	N/A	N/A



 Federal grants funding tracking, including unexpended funds, for appropriate allocation by category, recoupment and/or return to AHCCCS. 		
DS 15 (RBHA Only) The Contractor has comprehensive Non-Title XIX/XXI policies and procedures and has provided evidence that they actively monitored their own and the provider's operations to ensure that they have properly addressed how Non-Title XIX/XXI funding should be monitored and separately reported by funding source in accordance with the RBHA Non-Title XIX/XXI contracts, applicable AHCCCS policies and procedures and the RBHA Financial Reporting Guide.	Not Scored	N/A
DS 16 The Contractor has an oversight process to ensure providers who employ Peer and Recovery Support Specialists (PRSS) have policies and procedures in place demonstrating PRSS meet qualification requirements, receive clinical and administrative supervision, and have continuing education and learning requirements available.	66%	The Contractor must ensure providers have policies and procedures demonstrating Peer and Recovery Support Specialists (PRSS) employed by the provider qualify as Behavioral Health Technicians (BHT), Behavioral Health Professionals (BHP), Behavioral Health Paraprofessionals (BHPP) and meet all other credentialing requirements. The Contractor must ensure providers ensure PRSS obtain a minimum of four hours of continuing education and ongoing learning relevant to peer support, with at least one hour covering ethics and boundaries related to the practice of peer support.
DS 17 The Contractor has ensured that provider sites where provider case management services are delivered have regular and ongoing member and/or family participation in decision making, quality improvement, and enhancement of customer service.	100%	None



General Administration (GA)	GA Focus Area Score = 100% (500 of 500)		
Standard	Score	Required Corrective Actions	
GA 1 The Contractor has policies and procedures in place consistent with confidentiality requirements for medical records and any other health and member information that identifies a particular member.	100%	None	
GA 2 The Contractor has policies and procedures for the maintenance of records and can provide those records, when requested.	100%	None	
GA 3 The Contractor provides training to all staff on AHCCCS guidelines.	100%	None	
GA 4 The Contractor develops, reviews, and maintains policies and procedures on policy development.	100%	None	
GA 5 The Contractor has policies and procedures for oversight and accountability of all administrative functions and responsibilities delegated to Administrative Services Subcontractors.	100%	None	

Grievance Systems (GS)	GS Focus	Area Score = 98% (1667 of 1700)
Standard	Score	Required Corrective Actions
GS 1 The Contractor issues and carries out appeal decisions within required timeframes.		None
GS 2 Contractor policies for appeal allow for providers to file on behalf of a member if the member has given their consent.		The Contractor must ensure documentation is in the case file that shows proof that an individual is an authorized representative for that specified AHCCCS member.



Grievance Systems (GS)	GS Focus	Area Score = 98% (1667 of 1700)
GS 3 The Contractor has a process for the intake and handling of member appeals that are filed orally.	100%	None
GS 4 The Contractor ensures that the individuals who make decisions on appeals were not involved in any previous level of review or decision making.	100%	None
GS 5 The Contractor ensures that the individuals who make decisions on appeals are appropriately qualified.	100%	None
GS 6 The Contractor has a process for internal communication and coordination when an appeal decision is reversed.	100%	None
GS 7 The Contractor continues or reinstates an enrollee's benefits when an appeal is pending under the appropriate circumstances as required by Federal Regulation.	100%	None
GS 8 The Contractor issues Notices of Appeal Resolution that include all information required by AHCCCS.	100%	None
If the Contractor or Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal or hearing was pending, the Contractor authorizes or provides the appealed services promptly and as expeditiously as the member's health condition requires. If an appeal is upheld the Contractor may recover the cost of services received by the enrollee during the appeal process.	100%	None



Grievance Systems (GS)	GS Focus	Area Score = 98% (1667 of 1700)
GS 10 The Contractor's member appeal policies allow for, and require notification of the member of, all rights granted under rule.	100%	None
GS 11 The Contractor maintains claim dispute records.	100%	None
GS 12 The Contractor logs, registries, or other written records include all the contractually required information.	100%	None
GS 13 The Contractor confirms all provider claim disputes with a written acknowledgement of receipt.	100%	None
GS 14 Requests for hearing received by the Contractor follows the timeframe and notice requirements.	100%	None
GS 15 The Contractor resolves claim disputes and mails written Notice of Decisions no later than 30 days after receipt of the dispute unless an extension is requested or approved by the provider.	80%	The Contractor must ensure that any rules or statutes are cited in accordance with the Arizona Revised Statutes (statutes) and Arizona Administrative Code (rules).
GS 16 The Contractor's grievance process follows the timeframe and written notice requirements.	100%	None
GS 17 The Contractor shall have written policies delineating the Grievance System.	100%	None



Adult, EPSDT and Maternal Child Health (MCH)	MCH Focus Area Score = 98% (1564 of 1600)		
Standard	Score	Required Corrective Actions	
MCH 1 The Contractor has established a maternity care program that operates with goals directed at achieving optimal birth outcomes that meet AHCCCS minimum requirements.	100%	None	
MCH 2 The Contractor ensures that pregnant members obtain initial prenatal care appointments, return visits, and receive ongoing prenatal care in accordance with ACOG standards and the AHCCCS Contractor Operations Manual (ACOM) Maternity Care Appointment Standards.	100%	None	
MCH 3 The Contractor ensures postpartum care is provided as outlined in AMPM Policy 410.	100%	None	
MCH 4 The Contractor ensures maternity care provided to pregnant and postpartum members with a substance use disorder follows ACOG recommendations.	100%	None	
MCH 5 Family planning services and supplies are provided to members, regardless of gender, who voluntarily choose to delay or prevent pregnancy.	100%	None	
MCH 6 The Contractor provides EPSDT services according to the AHCCCS EPSDT Periodicity Schedule.	84%	The Contractor must develop and submit its implemented process that ensures all provider materials used to inform providers such as newsletters, mailers, manuals, etc. are accurate, aligned with AHCCCS policies, and reflect current practices and timely disseminated.	
MCH 7 The Contractor monitors member adherence with obtaining EPSDT services.	100%	Non	



Adult, EPSDT and Maternal Child Health (MCH)	MCH Foc	us Area Score = 98% (1564 of 1600)
MCH 8 The Contractor monitors provider compliance with providing EPSDT services.	100%	None
MCH 9 The Contractor ensures that oral health/dental services are provided according to the AHCCCS Medical Policy Manual and the AHCCCS Dental Periodicity Schedule.	100%	None
MCH 10 The Contractor ensures providers participate with the Arizona State Immunization Information System (ASIIS) and Vaccine for Children (VFC) programs according to the state and federal requirements.	100%	None
MCH 11 The Contractor coordinates with appropriate agencies and programs including but not limited to VFC, WIC, Head Start, home visitation, and Raising Special Kids, and provides education, assists in referrals, and connects eligible EPSDT and maternity members with appropriate agencies, according to federal and state requirements.	100%	None
MCH 12 (All Plans except RBHAs) The Contractor coordinates with Arizona Early Intervention Program (AzEIP) according to federal and state requirements.	80%	The Contractor must provide its implemented processes to conduct anticipatory guidance and monitor the coordination of medically necessary care and services for members who have a developmental delay but are not eligible for early intervention services through AzEIP
MCH 13 The Contractor identifies and monitors the needs of EPSDT and Maternity members, coordinates their care, and conducts adequate follow up to verify that members receive timely and appropriate treatment.	100%	None



Adult, EPSDT and Maternal Child Health (MCH)	MCH Focu	s Area Score = 98% (1564 of 1600)
MCH 14 The Contractor monitors, evaluates, and improves utilization of nutritional screenings and appropriate interventions, including medically necessary supplemental nutrition to EPSDT age members.	100%	None
MCH 15 The Contractor ensures that women's preventive care services are provided according to the AHCCCS Medical Policy Manual (AMPM) .	100%	None
MCH 16 The Contractor has established accurate and up-to-date member outreach that operates with goals directed at achieving optimal outcomes that meet AHCCCS minimum requirements for maternal, child, family planning, well woman, oral, and behavioral health outcomes.	100%	None

Medical Management (MM)	MM Focus	S Area Score = 89% (1869 of 2100)
Standard	Score	Required Corrective Actions
MM 1 The Contractor has mechanisms to evaluate utilization data analysis and data management, including both underutilization and overutilization of services and implementation of changes as appropriate.	100%	None
MM 2 The Contractor has an effective, concurrent review process that includes a component for reviewing the medical necessity of institutional stays, including but not limited to Institutions for Mental Disease (IMD), Behavioral Health Settings and Nursing Facilities.	62%	The Contractor must comply with policies and procedures for concurrent review process.



Medical Management (MM)	MM Foc	us Area Score = 89% (1869 of 2100)
MM 3 The Contractor conducts proactive discharge planning and coordination of services for members between settings of care for short-term and long-term hospital and institutional stays.	47%	None
MM 4 Emergency Department (ED) Utilization and Monitoring of ED 24 Hours Post Medical Clearance.	10%	 The Contractor must have policies and procedures that address: Monitoring the length of time adults and children remain in the ED while awaiting behavioral health placement or wrap around serves. Immediately upon notification that a member requires behavioral health placement or wrap-around services is in the ED, coordinates care with the ED and the member's treatment team to discharge the member to the most appropriate placement or wrap-around service. The Contractor's CMO or Medical Director involvement for members experiencing a delay in discharge from the ED.
MM 5 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	98%	None
MM 6 The Contractor shall process Prior Authorization requests in accordance with State and Federal requirements.	100%	None
MM 7 The Contractor has a comprehensive inter-rater reliability (IRR) testing process to ensure consistent application of criteria for clinical decision making.	100%	None
MM 8 The Contractor conducts retrospective reviews.	99%	None



Medical Management (MM)	MM Focus	S Area Score = 89% (1869 of 2100)
MM 9 The Contractor develops or adopts and disseminates evidence-based clinical practice guidelines for physical and behavioral health services.	100%	None
MM 10 The Contractor evaluates new technologies and new uses for existing technologies.	100%	None
MM 11 The Contractor ensures that a Health Risk Assessment (HRA) is conducted to identify member behavioral and/or physical health care needs and members at risk for and/or with special health care needs.	100%	None
MM 12 The Contractor coordinates care for members with qualifying Children's Rehabilitative Services (CRS) conditions.	100%	None
MM 13 The Contractor identifies and coordinates care for members who are candidates for stem cell or solid organ transplants.	100%	None
MM 14 The Contractor promotes health maintenance and coordination of care through Disease/Chronic Care Management Programs.	100%	None
MM 15 The Contractor has a system and process that outline a Drug Utilization Review (DUR) Program.	100%	None
MM 16 The Contractor identifies, monitors, and implements interventions to prevent the misuse of controlled and non-controlled medications.	100%	None



MM 17 The Contractor facilitates coordination of services being provided to member when the member is transitioning between Contractors.	67%	None
MM 18 The Contractor does not deny emergency services.	100%	None
MM 19 The Contractor issues a Notice of Adverse Benefits determination to the member when a requested service has been denied, limited, suspended, terminated, or reduced.	86%	The Contractor must comply with the policies and procedures for issuance of Notice of Adverse Benefit Determinations.
MM 20 The Contractor demonstrates that services are delivered in compliance with Mental Health Parity.	100%	None
MM 21 (ACC, DCS/CHP and RBHA Only) The Contractor monitors nursing facility stays to assure that the length of stay does not exceed the 90 day per contract year limitation.	N/A	N/A
MM 22 The Contractor provides End of Life Care, Advanced Care planning and Advanced Directives.	100%	None

Member Information (MI)	MI Focus Area Score = 96% (863 of 900)	
Standard	Score	Required Corrective Actions
MI 1 The Contractor's New Member Information/Welcome Packets meet AHCCCS standards for content and distribution.	100%	None
MI 2 The Contractor notifies members that they can receive a new member handbook annually.	100%	None



Member Information (MI)	MI Focus	Area Score = 96% (863 of 900)
MI 3 The Contractor trains its Member Services Representatives, and appropriately handles and tracks member inquiries and complaints.	100%	None
MI 4 The Contractor notifies affected members timely when a PCP or frequently utilized provider leaves the network.	62.5%	The Contactor must notify affected members timely when a PCP or frequently utilized provider leaves the network.
MI 5 The Contractor has a process to notify affected members of material changes to network and/or operations at least 30 days before the effective date of the change.	100%	None
MI 6 The Contractor distributes, at a minimum, two member newsletters per contract year which contain the required member information.	100%	None
MI 7 The Contractor's Member Services, Transportation, and Prior Authorization staff has access to, and utilizes, appropriate mapping search engines and/or applications when scheduling appointments and/or referring members to services or service providers.	100%	None
MI 8 The Contractor submits to AHCCCS for approval qualifying member information materials given to its current members, that do not fall within annual, semi-annual or quarterly required submissions and maintains a log of all member material distributed to its members.	100%	None
MI 9 The Contractor maintains policies on Social Networking.	100%	None



Quality Management (QM)	QM Focus Area Score = 88% (1404 of 1600)	
Standard	Score	Required Corrective Actions
QM 1 The Contractor has a structure and process in place for tracking and trending reportable incidents, quality-of-care concerns, and member service concerns for member/system resolution.	92%	Element #1: Triage Process – Sentinel Events: Review of two QOC case sample files (IRF-2022-17483 and IRF-2022-20319) revealed that these cases were not appropriately identified as Sentinel Events in accordance with AHCCCS Contract and AMPM policy 961. Element #5 - Regulatory Agency Reporting, Documentation, and Reporting Timeframes: The Contractor must revise and ensure consistency among appropriate policies and procedures regarding the timeframes for submitting a report to a regulatory agency that meets AMPM policy 960 requirements. The Contractor must train QM QOC staff on the above revised policies and procedures, as well as the process for regulatory agency referral and reporting, including appropriate documentation of these referrals in the QM Portal.
QM 2	100%	The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. None
The Contractor has a structure and process in place for reportable incidents, quality-of-care concerns and member complaint tracking and trending for system improvement.		
QM 3 Contractor Quality Management staff are able to speak to requirements of the QM Program and describe day-to-day work processes to support compliance with Contract, Policy, and Program requirements.		N/A



Quality Management (QM)	QM Focus	Area Score = 88% (1404 of 1600)
QM 4 The Contractor has a structure and process in place to identify and investigate adverse outcomes, including mortalities, for member/system improvement.	100%	N/A
QM 5 (ALTCS/EPD and DES/DDD Only) Contractor ensures that the staff providing attendant care, personal care, homemaker services, and habilitation services are monitored as outlined in Chapter 900.	100%	N/A
QM 6 The Contractor ensures that residential settings (including behavioral health residential treatment facilities) are monitored annually in accordance to policy, by qualified staff.		Element #1: The Contractor must update appropriate audit tools, including the QRC created audit tool to encompass the monitoring requirements as specified in AMPM policy 910. In addition, the Contractor must train appropriate staff on the above updated audit tools and must submit training materials and attendance/attestations of Contractor staff completing the training to include printed first and last name, title, and date of training received. Element #5: The Contractor must update policies and procedures pertaining to Annual Residential Monitoring to align with AMPM policy 910 and must retrain appropriate staff to the updated policies and procedures. In addition, the Contractor must submit training materials and attendance/attestations of appropriate Contractor staff completing the training to include printed first and last name, title and date of training received.
QM 7 The Contractor has implemented a process to complete on-site quality management monitoring and investigations when potential quality of care concerns are identified, including health and safety concerns and Immediate Jeopardy.		Element #1: The Contractor must submit updated and approved policy and procedures specific to the Health and Safety process to align with the Health and Safety reporting requirements delineated in AMPM policy 960. The policy and procedure must also reflect appropriate revision and review dates. The Contractor must train QM QOC staff on the above updated policy and procedure and submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received.



Quality Management (QM)	OM Focus	Area Score = 88% (1404 of 1600)
QM 8 The Contractor has the appropriate staff employed to carry out Quality Management /Performance Improvement (QM/PI) Program Quality Management administrative requirements.	67%	Element #2: Quality Management QOC clinical staff are trained on QOC nvestigations prior to performing these investigations: Regarding sentinel event reporting, high profile, and media alerts, the Contractor must revise QM & Desktop - QOC- Triaging a referral 2023 process to ensure that it aligns with the Contractor's Quality Management policies and AHCCCS AMPM policy 960 and 961 requirements related to timely notification and reporting. Further, the Contractor must retrain QM QOC investigators on AMPM Policy 960 and 961 requirements and the above revised desktop related to sentinel event, high profile, and media case notification and reporting. The Contractor must submit training materials and attendance/attestations of QM QOC investigators completing the training to include printed first and last name, title, and date of training received. Element #6: Sufficient Local Quality Management QOC Staff: The Contractor must ensure compliance with AHCCCS Contract related to the key staff position of the QM Manager. The Contractor must revise its organizational chart to reflect appropriate reporting of QM QOC staff to the QM Manager and ensure that the QM Manager clearly falls within the QM QOC Department of the Contractor's organization. The Contractor must revise and demonstrate alignment with AHCCCS Contract requirements for the QM Manager's job description, role, and work functions.
QM 9 The Contractor has a structured Quality Management/Performance Improvement (QM/PI) Program that includes Quality Management policies reflective of AHCCCS requirements including, but not limited to: Quality of Care, Credentialing, On-Site Reviews, etc.		High Profile Case Reporting and Initial Findings Report: The Contractor must develop Quality Management processes that are reflective of current AHCCCS Quality Management requirements, and this includes updates to the Contractor's BUFC ALTCS QMPI Plan. The Contractor must submit for AHCCCS review an updated and approved version of the BUFC ALTCS QMPI Plan related to high profile case notification and timeframe for submission of the initial findings report in accordance with AMPM policy 960 requirements.



QM Focus Area Score = 88% (1404 of 1600)
The Contractor must retrain QM QOC staff on AMPM Policy 960 requirements and appropriate Contractor policies and procedures related to high profile case reporting. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to include printed first and last name, title, and date of training received. The Contractor must provide case examples that provide evidence that the Contractor has addressed concerns related to timely notification and report of initial findings for high profile events to AHCCCS per AMPM guidelines. Health and Safety Policy: Refer to QM 7, Element #1 for this required corrective action. Element #2: High Profile Case Reporting and Media Alerts The Contractor must ensure implementation of internal Quality Management processes that align with the Contractor's Quality Management policies, and this includes updates to the Contractor's procedural document, Desktop-QOC-Triaging a Referral. The Contractor must submit for AHCCCS review an updated version of the Contractor's Desktop-QOC-Triaging a Referral related to the process of notification and reporting of high profile and media alert cases to AHCCCS in accordance with AMPM policy 960 requirements. The Contractor must retrain QM QOC staff on AMPM Policy 960 requirements and appropriate Contractor policies and procedures related to high profile and media alert case reporting. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to



Quality Management (QM)	QM Focus Area Score = 88% (1404 of 1600)
	The Contractor must provide case examples that provide evidence that the Contractor has addressed concerns related to timely notification and reporting of high profile and media alert cases to AHCCCS per AMPM guidelines. Health and Safety Desktop:
	Refer to QM 7, Element #1 for this required corrective action.
	Sentinel Event Reporting: The Contractor must revise QM 9 Desktop-QOC- Triaging a Referral to ensure that it aligns with the Contractor's Quality Management policies and AHCCCS AMPM policy 961 requirements related to notification and reporting of sentinel events. The Contractor must submit for AHCCCS review an updated version of this document reflecting this internal process. The Contractor must retrain QM QOC staff on AMPM Policy 961 requirements and appropriate Contractor policies and procedures related to sentinel event case notification and reporting. The Contractor must submit training materials and attendance/attestations of QM QOC staff completing the training to
	include printed first and last name, title, and date of training received.
	The Contractor must provide case examples that provide evidence that the Contractor has addressed concerns related to timely notification and reporting of sentinel events to AHCCCS per AMPM guidelines.
	 Element #1 and Element #2: Annual Residential Monitoring: Refer to QM 6, Element #5 for this required corrective action.



Quality Management (QM)	QM Focus	Area Score = 88% (1404 of 1600)
		Regulatory Agency Reporting, Documentation, and Reporting Timeframes: Refer to QM 1, Element #5 for this required corrective action.
QM 10 The Contractor has implemented a structured peer review process that includes administrative requirements related to the peer review process.	100%	None
QM 11 The Contractor ensures credentialing, re-credentialing, and provisional credentialing of the providers in their contracted provider network.	100%	None
QM 12 The Contractor has a process to grant provisional credentialing which meets the AHCCCS required timelines.	99%	None
QM 13 The Contractor ensures the credentialing and recredentialing of Individual Providers.	100%	None
QM 14 The Contractor ensures the credentialing and recredentialing of organizational providers.	100%	None
QM 15 The Contractor has a structure and process in place for receiving, reporting, and reviewing seclusion and restraint reports.	99%	None
QM 16 The Contractor has a structure and process in place for ensuring that Incident accident and death reports (IAD), Internal referrals (IRF), quality of care (QOC) concerns and seclusion and restraint (SAR) reports are properly redacted and made available to the Independent Oversight Committee (IOC).	97%	None



Quality Management (QM)	QM Focus	Area Score = 88% (1404 of 1600)
QM 17 (ALTCS/EPD and DES/DDD Only) The Contractor ensures that Home and Community Based settings as defined in the Arizona State Transition Plan available on the AHCCCS website (www.azahcccs.gov/hcbs) are monitored annually in accordance to policy, by qualified staff.		None



Reinsurance (RI)	RI Focus Area Score = 100% (400 of 400)	
Standard	Score	Required Corrective Actions
RI 1 The Contractor has policies, desk level procedures, and appropriate training of personnel for the processing and submission of transplant reinsurance cases to AHCCCS for reimbursement.	100%	None
RI 2 The Contractor has policies and procedures for auditing of reinsurance cases to determine 1) the appropriate payment due on the case and 2) the service was encountered correctly.	100%	None
RI 3 The Contractor has identified a process for advising AHCCCS of reinsurance overpayments against associated reinsurance encounters within 30 days of identification. This process includes open or closed contract years and open or closed reinsurance cases.	100%	None
RI 4 The Contractor has policies and procedures for monitoring the appropriateness of the reinsurance revenue received against paid claims data.	100%	None

Third Party Liability (TPL)	TPL Focu	TPL Focus Area Score = 100% (800 of 800)	
Standard	Score	Required Corrective Actions	
If the Contractor discovers the probable existence of a liable party that is not known to AHCCCS, the Contractor reports that information to the AHCCCS contracted vendor not later than 10 days from the date of discovery.	100%	None	



Third Party Liability (TPL)	TPL	Focus Area Score = 100% (800 of 800)
TPL 2 The Contractor identifies the existence of potentially liable parties through the use of trauma code edits and other procedures.	100%	None
TPL 3 The Contractor does not pursue recovery on the case or discuss the case with the third party unless the case has been referred to the Contractor by AHCCCS, or by the AHCCCS authorized representative: Restitution Recovery, Motor Vehicle Cases, Other Casualty Cases, Worker's Compensation, and Tortfeasors.	100%	None
TPL 4 The Contractor notifies the AHCCCS authorized representative upon the identification of reinsurance or fee-for-service payments made by AHCCCS on a total plan case.	100%	None
TPL 5 The Contractor files liens on total plan casualty cases that exceed \$250.	100%	None
TPL 6 Prior to negotiating a settlement on a total plan case, the Contractor shall notify AHCCCS to ensure that no reinsurance or fee-for-service payments have been made by AHCCCS.	100%	None
TPL 7 The Contractor shall submit complete settlement information to AHCCCS, using the AHCCCS approved casualty recovery Notification of Settlement form within 10 business days from the settlement date, or on an AHCCCS-approved electronic file by the 20th of each month.	100%	None
TPL 8 The Contractor shall respond to requests from AHCCCS or AHCCCS' TPL Contractor to provide a list of claims related to the joint or mass tort case within 10 business days of the request.	100%	None



Quality Improvement (QI)	QI Focus	Area Score = 95% (570 of 600)
Standard	Score	Required Corrective Actions
QI 1 The Contractor and its governing body are accountable for all Quality Management/Performance Improvement (QM/PI) program functions.	90%	The Contractor must demonstrate that QM/PI positions performing work functions related to the Contract, including administrative services subcontractors' staff, have a direct reporting relationship to the local CMO.
QI 2 The Contractor reviews, analyzes, and evaluates quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program.	80%	The Contractor must demonstrate that it conducts subpopulation data analysis of quality improvement data (inclusive of members with special health care needs including but not limited to Behavioral Health category/diagnosis) and implements targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts for AHCCCS-Mandated Performance Improvement Projects. The Contractor must demonstrate that it conducts subpopulation data analysis of quality improvement data (inclusive of members with special health care needs including but not limited to Behavioral Health category/diagnosis and CRS designated members) and implements targeted interventions to address any noted disparities identified as part of the Contractor's data analysis efforts for Contractor Self-Selected Performance Improvement Projects.
QI 3 The Contractor maintains the integrity of and appropriately shares quality improvement data (performance measures, performance improvement projects, etc.) necessary for implementing and maintaining its Quality Management/Performance Improvement (QM/PI) Program .	100%	None
QI 4 The Contractor conducts AHCCCS-mandated and Contractor self-selected Performance Improvement Projects (PIPs) to assess the quality/appropriateness of its service provision and to improve overall performance.		None



Quality Improvement (QI)	QI Focus /	Area Score = 95% (570 of 600)
QI 5 The Contractor has implemented a process to measure and report to the State its performance utilizing standardized measures required by the State, as well as other required/Contractor-selected metrics specific to its Quality Management/ Performance Improvement (QM/PI) Program Activities.		None
QI 6 The Contractor participates in applicable community initiatives for each Medicaid line of business.		None

Integrated System of Care	ISOC Focus Area Score = 96% (2010 of 2100)	
Standard	Score	Required Corrective Actions
ISOC 1 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) prior to member discharge and for members who are conditionally released.		The Contractor must update policy to reflect current AHCCCS Policy and Contract surrounding coordination for members who are, or will soon become eligible for conditional release, prior to discharge into the community. The Contractor must create and implement a detailed methodology for monitoring coordination of members who are, or will soon become, eligible for conditional release.
ISOC 2 (All Plans except DCS/CHP) The Contractor collaborates with the Arizona State Hospital (AzSH) for members awaiting admission to and members who are discharge ready from AzSH.	60%	The Contractor must update policy to reflect current AHCCCS Policy and Contract surrounding coordination for members awaiting admission to AzSH. The Contractor must create and implement a detailed methodology for monitoring coordination of members awaiting admission to AzSH.
ISOC 3 The Contractor allows Primary Care Providers (PCPs) to provide behavioral health services within their scope of practice, including but not limited to referral/coordination with behavioral health provider of	100%	None



Integrated System of Care	ISOC Foo	cus Area Score = 96% (2010 of 2100)
the MAT model to treat Substance Use Disorders for the purpose of medication management.		
ISOC 4 The Contractor ensures that members receive medically necessary behavioral health services.	100%	None
ISOC 5 The Contractor ensures the availability and provision of services to members diagnosed with or at risk for Autism Spectrum Disorder (ASD).	100%	None
ISOC 6 The Contractor employs care managers and ensures the provision of Contractor care management functions.	100%	None
ISOC 7 The Contractor ensures coordination and provision of appropriate services for members who are on court ordered treatment.	90%	The Contractor must ensure its policies reflect current AHCCS policy and contract for members who are on court ordered treatment
ISOC 8 The Contractor monitors members and services provided to members in out-of-state placement settings.	100%	None
ISOC 9 The Contractor has implemented processes for all outreach, engagement, re-engagement and closure activities for behavioral health services.	100%	None
ISOC 10 The Contractor ensures the availability and timely delivery of generalist direct support providers and specialty providers to deliver flexible, in-home, community-based support and rehabilitation services (Meet Me Where I Am Services (MMWIA).	100%	None



Integrated System of Care	ISOC Foc	us Area Score = 96% (2010 of 2100)
ISOC 11 The Contractor ensures the availability and implementation of Evidence-Based practices (EBPs) for Transition Aged Youth (TAY) ages 16-24.	100%	None
ISOC 12 The Contractor ensures the provision of Trauma Informed Care and Services.	100%	None
ISOC 13 The Contractor promotes service delivery and network capacity for children age birth to five.	100%	None
ISOC 14 The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for youth.	100%	None
ISOC 15 (All Plans except DCS/CHP) The Contractor ensures the availability and implementation of substance use disorder (SUD) services and programs for adults.	100%	None
ISOC 16 The Contractor ensures that members are routinely screened for risk factors related to Social Determinants of Health (SDOH) and that identified needs are addressed.	100%	None
ISOC 17 The Contractor ensures that behavioral health medical record requirements are completed in accordance with AHCCCS Policy.	100%	None
ISOC 18 The Contractor ensures that a current assessment and service plan have been completed within the previous 365 days and are part of the behavioral health medical record.	100%	None



Integrated System of Care	ISOC Foci	us Area Score = 96% (2010 of 2100)
ISOC 19 The Contractor promotes Arizona's Child and Family Team (CFT) practice model and Twelve Guiding Principles in the Children's System of Care, within all aspects of service delivery for all children.		None
ISOC 20 The Contractor demonstrates integrated care efforts for members throughout all service delivery .	100%	None
ISOC 21 The Contractor maintains collaborative relationships with other government entities that deliver services to members and their families, ensures access to services, and coordinates care with consistent quality.	100%	None