

**AHCCCS Contract Attachment C Reference Tool**

A narrative analysis statewide and by subcontractor, of the sufficiency of the Title XIX & Title XXI network based on the items 1-9 below. Criteria for assessing the network should consider analysis of multiple data sources including, but not limited to: performance on appointment standards/appointment availability; problem resolutions and member complaints / grievances / appeals / requests for hearing; Title XIX and Title XXI eligibles and penetration rates; utilization data; member satisfaction surveys; provider appeals, demographic data and information on the cultural needs of the communities and analysis of national data elements.

Requirement	Adequate Response	Plan Location
1. a. Attestation of the current status of the ADHS network that ensures it is sufficient to provide all covered behavioral health services to TXIX and TXXI members	Y	E.1 – ADHS/DBHS Attestation of Network Status
1. b. Evidence that DBHS receives or seeks input on the status of the network from members, providers, and staff.	Y	A.1 – Description A.9 – Peer and Family Involvement C.4 – Grievance and Appeals C.5 – Issue Resolution C.6 – Consumer Satisfaction Survey C.7 – Mystery Shopper Activities
1. c. Description of network design by GSA for the general population and provisions for special populations including but not limited to, SMI, the developmentally disabled, (Arizona Early Intervention Program [AzEIP], the homeless and those in border communities).	Y	A.1 – Description A.6 – Specialty Populations B.7.e – Specialty Clinician/Provider B.7.f – 18-21 Transition Services C.2 – Arizona State Hospital Discharge Planning
2. Process for evaluating the anticipated number of TXIX and TXXI membership growth and changes in order to maintain and build a network. Evaluation should include use of national epidemiological surveys and research studies (National Co-Morbidity Study, SAMHSA statistics, census bureau statistics, Epidemiological Catchment Area) to establish synthetic prevalence rates.	Y	B.1 – Enrollment, Eligibility, Penetration, NOM’s, Prevalency Data
3. a. Expected utilization of service, given the characteristics of the population and the behavioral health care needs.		B.4 – Utilization Data

Requirement	Adequate Response	Plan Location
3. b. Analysis of membership access to specialty care providers/services (trauma, eating disorders, sexual offenders, adolescent substance abuse, co-occurring disorders etc.)	Y	A.6 – Specialty Populations B.7.e – Specialty Clinician/Provider
4. Description of methodology to address adequate access to non-emergency transportation services	Y	B.5 – Transportation Infrastructure
5. Number of providers not accepting new Medicaid patients	Y	B.6 – Acceptance of New Members
6. Availability of weekend and after hours appointments in each GSA	Y	C.1 – Providers Offering Evening and Weekend (After-Hours) Services
7. a. Analysis of the causes of avoidable/preventable crisis stabilization/psychiatric inpatient utilization	Y	A.7 – Purchasing Strategies B.7.a – Inpatient/Residential Services
7. b. Description of proactive strategies to reduce avoidable/preventable crisis stabilization/psychiatric inpatient utilization	Y	A.7 – Purchasing Strategies
7. c. Describe any purchasing strategies to reduce avoidable/preventable crisis stabilization/psychiatric inpatient utilization such as: i. Physician coverage/call availability after hours and on weekends, ii. Same day behavioral health prescriber appointments, iii. Nurse call in centers, information lines, members services, and iv. Urgent Care/Crisis facilities. v. Expansion of support and rehabilitation services	Y	A.7 – Purchasing Strategies B.7.d – Support and Rehabilitation Services
8. a. Description of monitoring activities that identify network gaps	Y	A.3 – Provider Choice/Geo-Mapping A.4 – Description of Monitoring Activities
8. b. Plan for immediate and long term interventions to fill network gaps and evaluation of those interventions including specific strategies of how members will receive medically necessary services if a large provider or provider group is unavailable due to closure, contract termination,	Y	D.1 – Prescriber Sufficiency D.2 – FY 09 Adult SMI, GMH/SA System of Care Summary D.3 – FY 09 Children’s System of Care Summary E.4 – ADHS/DBHS Adult System of Care Network Development Plan, FY 09

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natural disaster, etc.		E.5 – ADHS/DBHS Children’s System of Care Network Development, FY 09 E.6 – T/RBHA Adult System of Care Network Development Plans, FY 09 E.7 – T/RBHA Children’s System of Care Network Development Plans, FY 09
8. c. Identification of barriers in network development		A.4 – Description of Monitoring Activities C.3 – Single Case Agreements C.4 – Grievance and Appeals C.5 – Issue Resolution Data
8. d. Provider network issues that occurred over the prior year that were significant in nature requiring a corrective action plan		A.4 – Description of Monitoring Activities C.8 – Corrective Actions Related to network Issues, Reporting Requirements
9. Priorities and goals for the upcoming year.		A.5 – Tribal Development Coordination Activities D.2 – FY 09 Adult SMI, GMH/SA System of Care Summary D.3 – FY 09 Children’s System of Care Summary E.4 – ADHS/DBHS Adult System of Care Network Development Plan, FY 09 E.5 – ADHS/DBHS Children’s System of Care Network Development, FY 09 E.6 – T/RBHA Adult System of Care Network Development Plans, FY 09 E.7 – T/RBHA Children’s System of Care Network Development Plans, FY 09