

ACOM POLICY 415, ATTACHMENT B NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST

CONTRACTOR: _____ **DATE RECEIVED:** _____

CONTRACTOR CONTACT: _____ **PHONE #:** _____

LINES OF BUSINESS: _____ **AHCCCS APPROVED DATE:** _____

AHCCCS REVIEWER: _____ **AHCCCS REVIEWED DATE:** _____

The Contractor must complete a separate checklist for each line of business. As indicated in the table, the Contractor must complete column 'C' and may complete column 'F' if applicable. AHCCCS completes columns 'D' or 'E' and 'G'

(A) NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS	(B) REQUIREMENTS APPLY TO LINES OF BUSINESS AS INDICATED BELOW						(C) FOUND ON PAGE:	AHCCCS		(F) CONTRACTOR COMMENTS	(G) AHCCCS COMMENTS
	ACUTE CARE	CMMP	ALTCS/EPD	DDD	CRS	RBHA		(D) YES	(E) NO		
CONTRACT SECTION D ACOM POLICY 415 The submission includes all of the following:											
Attachment A – Network Attestation Statement	X	X	X	X	X	X					
Attachment C – ALTCS/EPD Contractor Supplement.			X								
ACOM 417 Attachment A (One for each quarter of the previous year).	X	X	X	X	X	X					

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That covered services are as accessible to AHCCCS members in terms of timeliness, amount, duration and scope as those services are to non-AHCCCS persons within the same service area.	X	X	X	X	X	X					
That covered services are provided promptly and are reasonably accessible in terms of location and hours of operation.	X	X	X	X	X	X					
That there are sufficient personnel for the provision of all covered services, including emergency care on a 24 hour a day, seven day a week basis.	X	X	X	X	X	X					
Evaluation of the prior year's Plan including reference to the success of proposed interventions and/or the need for re-evaluation.	X	X	X	X	X	X					

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Current status of the network by service type (Hospital, Nursing Facility, HCBS, Primary Care OB/GYN, Specialist, Oral Health, Non Emergent Transportation, Ancillary Services, etc.) at all levels including: a. How members access the system; b. Relationships between various network partners (focus on provider to provider contact and facilitation of such by the Contractor; e.g. PCP, Specialists, Hospitals, T/RBHAs, CRS,)	X	X	X	X	X	X					

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Current network gaps and the methodology used to identify network gaps when assessing the adequacy of its network	X	X	X	X	X	X					
Reference to the Contractor's quarterly analysis of the Minimum Network Standard report from ACOM 436, and efforts to resolve gaps found through that analysis.	X	X	X	X	X	X					
For each county served, the Contractor must report the time and distance from their original residence that the 90 th percentile of their total membership must travel to reach a contracted facility that provides the behavioral health services measured for the Contractor in ACOM 436.	X		X		X	X					

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<p>For each county served the time and distance from their original residence that the 90th percentile of their total membership must travel to reach a contracted Behavioral Health Outpatient and Integrated Clinic, and provides Crisis stabilization services as defined in ACOM 436 for each of the following populations:</p> <ul style="list-style-type: none"> AHCCCS members served through the Contractor's program for AHCCCS member with Developmental Disabilities Members enrolled with CMDP but receiving services from the RBHA Members diagnosed with a Serious Mental Illness Members served under the Contractors General Mental Health and Substance Abuse program Members under the age of 18 						X					

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Reference to the Contractor's quarterly review of their subcontracted health plans' Minimum Network Standard report from ACOM 436, and their efforts to resolve gaps found through that analysis.				X							
Interventions to fill network gaps and barriers to those interventions.	X	X	X	X	X	X					
Analysis of the Contractor's quarterly Appointment Availability Report statistics as set forth in ACOM Policy 417 for potential gaps.	X	X	X	X	X	X					

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Description of how the Contractor's strategies and methodologies to determine timeliness goals for the DME identified in ACOM 415 Attachment H.			X	X							
Analysis of the Contractor's quarterly submission of DME timeliness data set forth in ACOM 415, Attachment H for potential gaps.			X	X							
Immediate short-term interventions when a gap occurs, including expedited or temporary credentialing.	X	X	X	X	X	X					
Outcome measures/evaluation of interventions.	X	X	X	X	X	X					

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Include an assessment of network implications from the Contractor's Cultural Competency Plan, including steps taken based on that assessment for all members with a focus on network adequacy to ensure the cultural and linguistic needs of members are met.	X	X	X	X	X	X					
Ongoing activities for network development based on identified gaps and a process for evaluating anticipated membership growth and expected service utilization given the characteristics of the population and member's healthcare needs.	X	X	X	X	X	X					

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Describe the utilization of out of network providers in addressing or preventing gaps and provide a current table that reports the following											
<ul style="list-style-type: none"> Provider Name Location Provider Type Population Served Total by population Out of network utilization by provider type 	X		X	X	X	X					

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Coordination between internal departments; including a comprehensive listing of all committees and committee membership where this coordination occurs. Identification of members should include the department/area (e.g. QM, MM/UM, GRV, FIN, CLAIMS) that they represent on the committee.	X	X	X	X	X	X					

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Coordination with outside organizations. Acute Care, CMDP and CRS Contractors Contractors shall address Provider Forum activities. RBHA Contractors shall address the extent in which the RBHA has periodically met with a broad spectrum of behavioral and physical health providers to improve service delivery. ALTCS EPD Contractors shall address member/provider council activities. The CRS Contractor shall address Member Advocacy Council activities.	X	X	X	X	X	X					

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Description of network design by GSA for the general population, including details regarding i. How members access the system ii. Relationships between various network partners system	X	X	X	X	X	X					

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<p>Description of network design by GSA for populations with special health care needs.</p> <p>Acute, CMDP, and CRS At a minimum these populations include individuals with serious or chronic physical, developmental and/or behavioral health conditions, individuals served by Arizona Early Intervention Program (AzEIP), the homeless, individuals in the justice system (adults and children), and those in border communities.</p> <p>Acute and CRS This includes behavioral health crisis stabilization services.</p> <p>ALTCS/EPD and DDD At a minimum these populations include individuals with behavioral health needs, young adults and children.</p>	X	X	X	X	X						

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Continued ALTCS/EPD and DDD At a minimum these populations include individuals with Behavioral health needs, young adults and children.											

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Describe how the network is designed for special populations (At a minimum these populations include):											
<ul style="list-style-type: none"> Members in the Arizona Early Intervention Program (AzEIP) Members in Border Communities, (including county to county and State borders) CMDP members Members receiving Dialectical Behavioral Health Therapy – Adult and Children (Separately) Homeless members Individuals in the justice system –Adult and Children (Separately) Members receiving Infant and Early childhood Mental Health services Gender Identity and Sexual Orientation Minorities 					X						

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<i>Continued</i> <ul style="list-style-type: none"> • Non-Title XIX/XXI SMI members • Members receiving Peer and Family Support Services • Members receiving Sex Offender Treatment – Adult and Children (Separately) • Members receiving services for Sex Abuse Trauma – Adult and Children (Separately) • Victims of sex trafficking • Transition-Aged Youth • Veterans • Members with a developmental disability 											

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<p><i>Continued</i></p> <ul style="list-style-type: none"> • Populations under substance use disorder treatment <ul style="list-style-type: none"> ○ Pregnant Women and/or Pregnant Women with Dependent Children ○ Persons who use drug by Injection ○ Adults ○ Children • General membership requiring access to the following types of substance use disorder treatment: <ul style="list-style-type: none"> ○ Medication Assisted Treatment ○ Outpatient ○ Intensive Outpatient ○ Partial Hospitalization ○ Residential ○ Inpatient 											

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Describe the Contractor's strategies for addressing the ability of the network providers to ensure physical access, reasonable accommodations, and accessible equipment for enrollees with physical or cognitive disabilities. The Contractor shall describe how it assesses the needs of its membership as well as how providers are assessed to meet the special accessibility needs for members with disabilities.			X								

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Describe the Contractor's criteria for identifying provider locations in its provider directory that accommodate members with physical disabilities. These criteria, for example, could include the provider's possession of adjustable examination tables, chairs, transfer surfaces, diagnostic imaging equipment, scales and auxiliary visual aids that accommodate enrollees with physical or cognitive disabilities.			X								

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Description of the available alternatives to Nursing Facility placement such as Assisted Living Facilities, Alternative Residential HCBS Settings, or Home and Community Based Services for members	X	X			X	X					
The Contractor's strategy for incorporating medical homes into its network and its progress in maximizing the capacity of medical homes.	X	X			X	X					
Description of the adequacy of the geographic access to tertiary hospital services.	X	X	X	X	X	X					
The assistance provided to PCPs when they refer members to specialists. The methods used to communicate the availability of this assistance to the providers.	X	X	X	X	X	X					

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Methodology(ies) the Contractor uses to collect and analyze member, provider, staff and other stakeholder feedback about the network’s design and performance. When specific issues are identified, the protocols for handling those issues.	X	X	X	X	X	X					
Strategies the Contractor has for W orkforce d evelopment, including residency programs, Graduate Medical Education (GME) programs, <u>and</u> dental student training programs, and paraprofessional programs (attendant care, personal care and homemaker) as per contract.	X	X	X	X	X	X					

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<u>Strategies the Contractor has for Long Term healthcare workforce development, including paraprofessional programs (attendant care, personal care and homemaker).</u>			X								

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Description of efforts taken to ensure that a priority is placed on allowing members, when appropriate, to reside or return to their own home versus having to reside in an institution or a Alternative residential -HCBS s Setting. Institution may include Skilled nursing, Assisted living and Behavioral Health Residential Treatment Centers. To that end, the development of home and community based services shall include provisions for the availability of services on a seven day a week basis, and for extended hours, as dictated by member needs.	X		X	X	X	X					

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Strategies the Contractor will take to provide members with “in-home” HCBS services versus placing members in Assisted Living Facilities and Nursing Facilities. A priority shall be placed on allowing members, when appropriate, to reside or return to their own home versus having to reside in an institutional or an <u>alternative residential HCBS</u> setting.			X	X							

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Specific pro-active strategies/actions the Contractor will take to reduce the percentage of HCBS members in Alternative Residential HCBS Settings once 20% or more of its HCBS membership resides in Alternative Residential Settings HCBS Settings. If any GSA served by the Contractor is currently greater than 20%, the Contractor must demonstrate the implementation of its strategies/actions.			X								
Description of how the Contractor will handle the loss (closure, contract termination) of a major healthcare provider (hospital, nursing facility, large provider group).	X	X	X	X	X	X					

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Description of how the Contractor assesses the medical and social needs of new members to determine how the Contractor may assist the member in navigating the network more efficiently.	X	X	X	X	X	X					
Description of what assistance is provided to members with a high severity of illness or higher utilization to better navigate the provider network.	X	X	X	X	X	X					
Description of the interventions the Contractor implements to reduce avoidable/preventable ER utilization and the outcome of those interventions.	X	X	X	X	X	X					
Description of how members with special health care needs are assigned to specialists for their primary care needs.	X	X	X	X	X	X					

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Description of the most significant barriers to efficient network deployment within the Contractor's service area.	X	X	X	X	X	X					
Description of the interventions the Contractor implements to address and reduce no-show rates including how the Contractor assesses the efficacy its efforts.	X	X	X	X	X	X					
Description of network activities, including payment reform/value based purchasing efforts, aimed at enhancing efficiencies and improving the quality of care provided to members.	X	X	X	X	X	X					

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Describe the behavioral health crisis system employed by the Contractor, including an analysis of crisis call times, mobile response times for populations by county						X					
The Contractor's process for addressing preventable crisis stabilization and psychiatric in-patient utilization. Include: <ul style="list-style-type: none"> • Analysis of the causes • A description of the strategies employed to reduce utilization for preventable crisis stabilization and psychiatric in-patient services. Strategies should include but not be limited to: <ol style="list-style-type: none"> Physician coverage/call 	X		X		X	X					

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	ACUTE CARE	CMDP	ALTCS/EPD	DDD	CRS	RBHA					
availability after hours and on weekends; ii. Same day behavioral health prescriber appointments; iii. Nurse call-in centers, information lines, member services; iv. Urgent Care/Crisis facilities; and v. Expansion of support and rehabilitation services.											

ACOM POLICY 415, ATTACHMENT B NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST

							CONTRACT	AHCCCS		CONTRACTOR	AHCCCS
(A) NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS CONTRACT SECTION D ACOM POLICY 415	(B) REQUIREMENTS APPLY TO LINES OF BUSINESS AS INDICATED BELOW						(C) FOUND ON PAGE:	(D) YES	(E) NO	(F) CONTRACTOR COMMENTS	(G) AHCCCS COMMENTS
	ACUTE CARE	CMDP	ALTCS/EPD	DDD	CRS	RBHA					
Describe the process when an RTC placement is necessary but unavailable. Include how the member's needs are addressed, the interventions conducted while maintaining safety. Include an analysis of how many members fall into this category and their average length of time in this category (in days).			X		X	X					
Provider network issues that occurred over the prior year that required intervention by the Contractor.	X	X	X	X	X	X					

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	ACUTE CARE	CMDP	ALTCS/EPD	DDD	CRS	RBHA					
<p>Description of how members who require out of state placement are identified and how placement options are coordinated. This should include but not be limited to:</p> <ul style="list-style-type: none"> An analysis of network gaps resulting in out of state placements Strategy for expanding in-state services to minimize or alleviate the need for out of state placements (this refers to subclass of facility as well as specific programming such as sex offender, eating disorder, autism, etc.) 					X						

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(A) NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS CONTRACT SECTION D ACOM POLICY 415	(B) REQUIREMENTS APPLY TO LINES OF BUSINESS AS INDICATED BELOW						(C) FOUND ON PAGE:	(D) YES	(E) NO	(F) CONTRACTOR COMMENTS	(G) AHCCCS COMMENTS
	ACUTE CARE	CMDP	ALTCS/EPD	DDD	CRS	RBHA					
<p>**Continued**</p> <ul style="list-style-type: none"> • Identification of supportive services in place to manage continued in-state progress (this refers to supportive services that are in place upon return in state such as case management, parenting classes, drug testing, peer support, etc.). 						X					
A narrative that describes the provider network sufficiency for services to the children, Title XIX/XXI and Non-Title XIX/XXI SMI members and SMI Members receiving physical health care services.						X					

ACOM POLICY 415, ATTACHMENT B NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST

							CONTRACT	AHCCCS		CONTRACTOR	AHCCCS
(A) NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS CONTRACT SECTION D ACOM POLICY 415	(B) REQUIREMENTS APPLY TO LINES OF BUSINESS AS INDICATED BELOW						(C) FOUND ON PAGE:	(D) YES	(E) NO	(F) CONTRACTOR COMMENTS	(G) AHCCCS COMMENTS
	ACUTE CARE	CMDP	ALTCS/EPD	DDD	CRS	RBHA					
A description of subcontracts for substance abuse prevention and treatment through the Substance Abuse Block Grant (SABG) Block Grant utilizing capacity data including wait list management methods for SABG Block Grant Priority populations.											
<u>The status of any affordable housing networking strategies and innovative practices/initiatives.</u>			X								