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980 PERFORMANCE IMPROVEMENT PROJECTS

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8 REFERENCES: 42 CFR 438.320, 42 CFR 438.330, AMPM 980 - Attachment A

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PURPOSE

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This policy establishes the requirements of the Division of Developmental
Disabilities (Division) regarding the management and implementation of
AHCCCS-Mandated and Division Self-Selected Performance Improvement
Projects (PIPs) within the Quality Management/Performance Improvement
(QM/PI) Program and its responsibilities to monitor, provide oversight and
ongoing evaluation of the Administrative Services Subcontractors' (AdSS)
performance.

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DEFINITIONS

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1. "Baseline Data" means data collected at the beginning of a PIP
that is used as a starting point for measurement and the basis
for comparison with subsequent remeasurement(s) in

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24 demonstrating Statistically Significant and sustained
25 improvement.
- 26 2. "Benchmark" means the process of comparing a practice's
27 performance with an external standard to motivate engagement
28 in Quality improvement efforts and understand where
29 performance falls in comparison to others. Benchmarks may be
30 generated from similar organizations, Quality collaboratives, and
31 authoritative bodies.
- 32 3. "Developmental Disability" or "DD" means as defined in A.R.S. §
33 36-551.
- 34 4. "Grievance" means a Member's expression of dissatisfaction with
35 any matter, other than an adverse benefit determination.
- 36 5. "Measurable" means the ability to determine definitively whether
37 or not a quantifiable Objective has been met, or whether
38 progress has been made towards a positive outcome.
- 39 6. "Member" means the same as "Client" as defined in A.R.S. §
40 36-551.

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42 7. "Methodology" means the planned documented process, steps,
43 activities, or actions taken to achieve a goal or Objective, or to
44 progress towards a positive Outcome.
- 45 8. "Monitoring" means the process of auditing, observing,
46 evaluating, analyzing, and conducting follow-up activities, and
47 documenting results via desktop or on-site review.
- 48 9. "Objective" means a Measurable step, generally one of a series
49 of progressive steps, to achieve a goal.
- 50 10. "Outcomes" means changes in patient health, functional status,
51 satisfaction, or goal achievement that result from health care or
52 supportive services ~~[42 CFR 438.320]~~.
- 53 11. "Performance Improvement Project" or "PIP" means a planned
54 process of data gathering, evaluation and analysis to determine
55 interventions or activities that are projected to have a positive
56 Outcome. A PIP includes measuring the impact of the
57 interventions or activities toward improving the Quality of care
58 and service delivery. PIPs are designed to achieve Statistically
59 Significant improvement, sustained over time, in health
60 Outcomes and Member satisfaction, and include the elements

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62 outlined in 42 CFR 438.330(2). A PIP may also be referred to as
63 a Quality Improvement Project (QIP).
- 64 12. “Performance Improvement/Quality Improvement” means the
65 approach utilized to better services and/or Outcomes through
66 the continuous improvement of processes to prevent or decrease
67 the likelihood of issues. This is generally accomplished through
68 identifying areas of opportunity and testing new solutions or
69 interventions to correct underlying causes of
70 persistent/systemic issues or overcome identified barriers.
- 71 13. “Plan Do Study Act Cycle” or “PDSA Cycle” means a scientific
72 method for testing a change or intervention, designed to result
73 in improvement in a specific area. The cycle is completed by
74 planning the change or intervention, implementing it, observing
75 the results, and analyzing results for Outcomes on the
76 interventions. When these steps are conducted over a relatively
77 short time period, i.e., ~~over days, weeks, or months,~~ the
78 approach is known as Rapid Cycle Improvement.
- 79 14. “Plan Do Study Act Method” or “PDSA Method” means a four step
80 model to test a change that is implemented. Going through the

- 81
82 prescribed four steps utilizing one or more PDSA Cycles guides
83 the thinking process into breaking down the task into steps and
84 then evaluating the Outcome, improving on it, and testing again.
- 85 15. “Quality” as ~~specified in 42 CFR 438.320~~, it pertains to external
86 Quality review, means the degree to which an MCO increases the
87 likelihood of desired Outcomes of its Members through:
- 88 a. Its structural and operational characteristics.
 - 89 b. The provision of services that are consistent with current
90 professional, evidence-based knowledge.
 - 91 c. Interventions for performance improvement.
- 92 16. “Statistically Significant” means a judgment of whether a result
93 occurred because of chance. When a result is Statistically
94 Significant, it means that it is unlikely that the result occurred
95 because of chance or random fluctuation. There is a cutoff for
96 determining statistical significance which is defined as the
97 significance level. If the probability of a result (the significance
98 value or p value) is less than the cutoff (the significance level),
99 the result is judged to be Statistically Significant. Statistical
100 significance is calculated utilizing the chi square Methodology,

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102 and a Statistically Significant result is defined as a p value less
103 than or equal to 0.05. ~~result occurs that is unlikely due to chance~~
104 ~~or random fluctuation.~~

105 17. "Validation" means the review of information, data, and
106 procedures to determine the extent to which they are accurate,
107 reliable, free from bias and in accordance with standards for data
108 collection and analysis.

109 **POLICY**

110 **A. PERFORMANCE IMPROVEMENT PROJECT REQUIREMENTS**

- 111 1. The Division shall participate in Division Self-Selected PIPs and
112 AHCCCS-Mandated PIPs selected through: ~~and Division~~
113 Self-Selected PIPs.
- 114 a. AHCCCS Mandated PIP topics are selected through Analysis
115 of internal and external data/trends; and/or
116 Informed by Division and stakeholder input.
- 117 2. The Division shall select, with AHCCCS approval, additional PIPs
118 based on self-identified opportunities for improvement, as
119 supported by a root cause analysis, external and internal data,

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121 surveillance of trends and other information available to the
122 Division.
- 123 3. The Division shall consider all populations and services covered
124 when developing Quality assessments and PIPs.
- 125 4. The Division shall participate in performance measures and PIPs
126 that are mandated by the Centers for Medicare and Medicaid
127 Services (CMS).
- 128 5. ~~The Division shall develop, design and implement PIPs to~~
129 ~~improve systemic and Member focused Outcomes and~~
130 ~~demonstrate sustainable improvement in clinical care and~~
131 ~~non-clinical services, through:~~
- 132 a. ~~Measurement of performance using objective Quality~~
133 ~~indicators.~~
- 134 b. ~~Implementation of interventions to achieve improvement~~
135 ~~in access to and Quality of care.~~
- 136 c. ~~Evaluation of the effectiveness of the interventions based~~
137 ~~on indicators collected as part of the PIP~~
- 138 d. ~~Planning and initiation of activities for increasing or~~
139 ~~sustaining improvement (42 CFR 438.330(d)(2)).~~

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B. PERFORMANCE IMPROVEMENT PROJECTS DESIGN

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1. The Division shall conduct PIPs, including any PIPs required by CMS, that focus on either clinical or non-clinical areas.

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a. Clinical focus topics may include:~~The Division may, when determined appropriate by the Division, include the following topics when selecting a clinical topic:~~

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i. Primary, secondary, or tertiary prevention of acute conditions;

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ii. Primary, secondary, or tertiary prevention of chronic conditions;

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iii. Primary, secondary, or tertiary prevention of behavioral health conditions;

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iv. Care of acute conditions;

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v. Care of chronic conditions;

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vi. Care of behavioral health conditions; and

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vii. Continuity and coordination of care.

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b. Non-clinical focus topics may include: ~~The Division may, when determined appropriate by the Division, include the following topics when selecting a non-clinical topic:~~

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161 i. Availability, accessibility, and adequacy of
162 Contractor's service delivery system;
- 163 ii. Cultural competency of services;
- 164 iii. Interpersonal aspects of care or Quality of
165 care/Member encounters; and
- 166 iv. Appeals, Grievances, and other complaints.
- 167 2. The Division shall identify and implement clinical and non-clinical
168 focused PIPs that are meaningful to the population(s) served and
169 based on self-identified opportunities for improvement.
- 170 3. The Division shall support identified these PIPs by using:
- 171 a. Root cause analyses;
- 172 b. External and internal data;
- 173 c. Surveillance of trends; or
- 174 d. Other information available to the Division.
- 175 4. The Division shall ensure the volume of the eligible population
176 included within the denominator would account for measurable
177 improvement and allow for the Division to appropriately adhere
178 to the protocol in AHCCCS' AMPM Attachment A. —Protocol for
179 Conducting Performance Improvement Projects (Attachment A).

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181 5. The Division shall adhere to ~~the protocol in~~ 42 CFR 438.330 and
182 CMS External Quality Review (EQR) protocols when developing
183 PIPs.
- 184 6. The Division shall design PIPs to correct identified system
185 issues, and/or achieve improvement of health Outcomes and/or
186 Member satisfaction, that is sustained over time, through:
- 187 a. Measurement of performance using objective Quality
188 indicators;
 - 189 b. Implementation of interventions to achieve improvement
190 in the access to and Quality of care;
 - 191 c. Evaluation of the effectiveness of the interventions based
192 on indicators collected as part of the PIP; and
 - 193 d. Planning and initiation of activities for increasing or
194 sustaining improvement.
- 195 7. The Division shall adhere to and align with the protocol specified
196 in AMPM Policy 980 – Attachment A, ~~Protocol for Conducting~~
197 ~~Performance Improvement Projects~~, when selecting, designing,
198 developing, and implementing self-selected PIPs.

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200 8. The Division may identify and implement multiple Self-Selected
201 PIPs, keeping the number of PIP indicators contained included
202 within a single PIP to four or fewer. indicators.
- 203 9. The Division shall use the PDSA Method to test changes or
204 interventions quickly and refine them, as necessary.
- 205 10. The Division shall utilize at least two several PDSA Cycles within
206 the PIP lifespan.
- 207 11. The Division shall include the following steps in the PDSA Cycle:
- 208 a. Plan: Plan the changes or interventions, including a plan
209 for collecting data. ~~b.~~ State the Objectives of the
210 interventions.
- 211 b. Do: Try out the interventions and document any problems
212 or unexpected results.
- 213 c. Study: Analyze the data and study the results. ~~e.~~
214 Compare the data to predictions and summarize what was
215 learned.
- 216 d. Act: Refine the changes or interventions, based on what
217 was learned, and prepare a plan for retesting the
218 interventions.

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220 e. Repeat: Continue the cycle as new data becomes available
221 until sustainable improvement is achieved.

222 12. The Division shall include all PDSA Cycles conducted as part of
223 the PIP within the Division's PIP Report submissions.

224 **C. PERFORMANCE IMPROVEMENT PROJECT TIMEFRAMES**

- 225 1. For AHCCCS-Mandated PIPs, the Division shall do the following:
- 226 a. Initiate mandated PIPs on a date that corresponds with the
227 calendar year established by AHCCCS.
- 228 b. Collect and analyze Baseline Data at the beginning of the
229 PIP.
- 230 c. Implement innovative and evidence-based interventions to
231 improve performance based on an evaluation of barriers
232 and root cause analysis during the Intervention years or
233 annual measurements.
- 234 d. Consider any unique factors for implementing interventions
235 to improve performance, such as:
- 236 i. The Division's membership;
237 ii. Health equity considerations;
238 iii. The provider network; and

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240 iv. ~~The geographic area(s) served~~
- 241 e. Submit annual measurements to AHCCCS in order to
242 demonstrate the Division meets required criteria for PIP
243 closure.
- 244 f. Report to AHCCCS at the intervals indicated within the
245 associated PIP methodologies in cases where AHCCCS
246 elects to implement Rapid Cycle PIPs.
- 247 g. Continue to participate in the PIP until the Division
248 demonstrates Statistically Significant and sustained
249 improvement ~~as outlined in Section E or as directed as~~ as
250 determined by AHCCCS.
- 251 h. The Division shall continue additional remeasurement
252 year/period(s) if one or more PIP indicator does not
253 demonstrate Statistically Significant and sustained
254 improvement as determined by AHCCCS prior to the end of
255 remeasurement year/period two until Statistically
256 Significant improvement is demonstrated.
- 257 2. For Division Self-Selected PIPs, the Division shall do the
258 following:

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260 a. Implement Rapid Cycle PIPs where applicable and
261 appropriate;
- 262 b. Align Self-selected PIP timelines with those indicated
263 within the associated PIP initiation Notification submitted
264 to and approved by AHCCCS;
- 265 c. Continue to participate in the PIP until the Division
266 demonstrates Statistically Significant and sustained
267 improvement for each included PIP indicator as outlined in
268 Section E or as approved by AHCCCS when Statistically
269 Significant and sustained improvement has not been
270 demonstrated;
- 271 d. The Division shall continue remeasurement year/period if
272 one or more PIP indicator does not demonstrate
273 Statistically Significant and sustained improvement prior to
274 the end of remeasurement year/period two, the PIP
275 indicator shall be continued for additional remeasurement
276 year(s)/period(s) until Statistically Significant and
277 sustained improvement is demonstrated; and

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279 ei. The Division shall Identify and implement a separate and
280 distinct Self-Selected PIP that is active and within a
281 Baseline, Intervention, Remeasurement one, or
282 Remeasurement two measurement period during the same
283 timeframe/reporting period as the additional
284 remeasurement year/period three.

285 **D. DATA COLLECTION METHODOLOGY**

- 286 1. The Division shall align their data collection Methodology,
287 including project indicators, procedures, and timelines with the
288 guidance and direction provided for all AHCCCS-Mandated PIPs.
- 289 2. The Division shall evaluate their performance on the selected PIP
290 indicators based on systematic, ongoing collection and analysis
291 of accurate, valid, and reliable data as collected and reported by
292 AHCCCS or as validated by the AHCCCS External Quality Review
293 Organization (EQRO).
- 294 3. The Division shall ensure collected data are accurate, valid, and
295 reliable through internal processes for Self-Selected PIPs that are
296 not based on standardized performance measures.

297 **E. INTER-RATER RELIABILITY**

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1. For PIPs that are not based on standardized performance measures as well as performance measures not included within AHCCCS Contract, the Division shall:
 - a. Submit specific documentation to verify that indicator criteria were met in accordance with AHCCCS instruction,
 - b. Have qualified personnel collect the data,
 - c. Implement ~~Ensure~~ inter-rater reliability if more than one person is collecting and entering data.
 2. The Division shall ~~verify~~ensure that data collected from multiple parties or individuals for PIP indicators is consistent and comparable through an implemented inter-rater reliability process.
 3. The Division shall contain in their documented inter-rater reliability process:
 - a. A detailed description of the Division's Methodology for conducting inter-rater reliability including:
 - i. Initial training and retraining, if applicable;
 - ii. Oversight;
 - iii. Validation of data collection; and

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319 iv. Other activities deemed applicable.
- 320 b. The required minimum score that each individual is
321 required to shall obtain in order to continue participation in
322 the data collection and reporting process;
- 323 c. A mechanism for evaluating individual accuracy scores and
324 any subsequent accuracy scores, if applicable; and
- 325 d. The actions taken should an individual not meet the
326 established accuracy score.
- 327 4. The Division shall monitor and track the inter-rater reliability
328 accuracy scores and associated follow up activities.
- 329 5. The Division shall provide evidence to AHCCCS of
330 implementation of the inter-rater reliability process as well as
331 the associated Monitoring upon request.

332 **F. MEASUREMENT OF STATISTICALLY SIGNIFICANT**
333 **DEMONSTRABLE IMPROVEMENT**

- 334 1. The Division shall implement interventions to achieve and
335 sustain Statistically Significant improvement, followed by
336 sustained improvement for one consecutive year/period, for each
337 PIP indicator.

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339 2. The Division shall initiate interventions that result in Statistically
340 Significant improvement in performance, that is sustained over
341 time, in its performance for each of the PIP indicators being
342 measured.
- 343 3. The Division shall provide evidence to AHCCCS of improvement
344 in repeated measurements of the PIP indicators specified for
345 each active PIP.
- 346 4. The Division shall demonstrate Statistically Significant
347 improvement when the improvement in the PIP indicator rate(s)
348 from the baseline year/period one measurement year to the first
349 next measurement year/period is Statistically Significant,
350 intervention year/period PIP indicator rate(s) are not considered
351 when determining Statistically Significant improvement.
- 352 5. The Division shall demonstrate sustained improvement when it:
353 a. Establishes how the Statistically Significant improvement
354 can be attributable to the interventions implemented by
355 the Division;
356 i. The Division shall attribute improvement occurred
357 due to the efforts occurring as part of the PIP and its

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359 associated interventions versus another unrelated
360 reason; and

361 b. Maintains, or increases, the improvements in performance
362 for each PIP indicator for at least one remeasurement
363 year/period after the Statistically Significant improvement
364 in performance is first achieved.

365 **G. PERFORMANCE IMPROVEMENT PROJECTS REPORTING**
366 **REQUIREMENTS**

367 1. The Division shall refer to the Resources, AHCCCS Guides -
368 Manuals - Policies, Quality Management/Performance
369 Improvement (QM/PI) Reporting Templates & Checklists section
370 of the AHCCCS website to locate the associated tools for the
371 Division ~~to~~ shall utilize, ~~as outlined in this section,~~ when
372 preparing and submitting the required PIP deliverables.

373 2. For AHCCCS-Mandated and Division Self-Selected PIPs, the
374 Division shall do the following:
375 a. Align PIP deliverable submissions with the requirements
376 outlined in:
377 i. The AHCCCS Contract;

Quality Management and Performance Improvement Program

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379 ii. AMPM policy; and
- 380 iii. The PIP Deliverable Submission Overview tool and
381 instructions found on the AHCCCS QM/PI Reporting
382 Templates & Checklists webpage.
- 383 b. Ensure PIP deliverable submissions contain line of
384 business/population specific data, reflective of the
385 Division’s performance during the current and all previous
386 reporting periods to include:
- 387 i. Baseline, intervention and remeasurement period
388 rates;
- 389 ii. Results that are utilized as the basis for analysis,
390 both quantitative and qualitative; and
- 391 iii. The selection/modification of interventions.
- 392 3. The Division shall utilize the AHCCCS PIP Report Template
393 applicable to the population/line of business being reported.
- 394 4. The Division may utilize one PIP Report Template throughout the
395 PIP lifecycle. however, if the AHCCCS PIP Report template has
396 undergone any updates since the Division’s baseline period
397 reporting,

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399 5. The Division shall complete and submit to AHCCCS a PIP
400 Addendum as part of its PIP Report submission to capture any
401 checklist items/requirements not included in the PIP Report
402 Template utilized to report baseline year results to AHCCCS.
- 403 6. The Division shall complete and submit to AHCCCS an AHCCCS
404 PIP Intervention & Analysis Template as a companion document
405 to its PIP report submission.
- 406 7. The Division shall adhere to the instructions found in the
407 AHCCCS PIP Intervention & Analysis template and ensure the
408 most current template available on the AHCCCS QM/PI Reporting
409 Templates & Checklists webpage is utilized for all submissions.
- 410 ~~2. The Division shall include baseline and annual remeasurements,~~
411 ~~inclusive of rates and results used as the basis for analysis, both~~
412 ~~quantitative and qualitative, and the selection or modification of~~
413 ~~interventions, within the Division's PIP report submissions.~~
- 414 ~~3. The Division shall submit reports that contain population and line~~
415 ~~of business-specific data reflective of the Division's performance~~
416 ~~during the current and previous reporting periods in alignment~~
417 ~~with the associated PIP timeline.~~

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419 8. ~~The Division shall ensure the inclusion of subpopulation data and~~
420 ~~disparity analyses within its PIP reporting, with the identification~~
421 ~~of targeted interventions to be implemented specific to findings,~~
422 ~~in alignment with the AHCCCS PIP Report and PIP Intervention &~~
423 ~~Analysis Template and Attachment instructions.~~
- 424 8. The Division shall ensure PIP reporting:
- 425 a. Includes subpopulation data and disparity analyses within
426 its PIP reporting, with identification of targeted
427 interventions to be implemented specific to findings; and
- 428 b. Aligns with the AHCCCS PIP Report and PIP
429 Intervention & Analysis Template instructions.
- 430 9. For AHCCCS-Mandated PIPs, the Division shall:
- 431 a. Submit PIP reports ~~for all AHCCCS-mandated PIP]s,~~ as
432 specified in the AHCCCS contract.
- 433 b. Utilize ~~the AHCCCS PIP Report Template and Attachment~~
434 ~~that is applicable to the population/line of business being~~
435 ~~reported.~~
- 436 b. Report to AHCCCS rates and results, reflective of combined
437 Title XIX and Title XXI reporting populations, as applicable

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439 to the population/line of business on the PIP Intervention &
440 Analysis Template.
- 441 c. Indicate if the interventions are applicable to Title XIX,
442 Title XXI, or both populations on the PIP Intervention &
443 Analysis Template.
- 444 d. Submit a final PIP report with the completed AHCCCS PIP
445 Intervention & Analysis Template, as specified in the
446 AHCCCS contract, following the year/period in which
447 Statistically Significant and sustained improvement is
448 demonstrated.
- 449 e. Evaluate Statistically Significant and sustained
450 improvement based on PIP indicator rates that have been
451 validated by the AHCCCS'EQRO or rates that are
452 considered as the AHCCCS official PIP indicator rates, as
453 specified in the AHCCCS Contract ~~and the associated~~
454 ~~AHCCCS PIP Methodology.~~
- 455 f. Evaluate Statistically Significant and sustained
456 improvement based on the Division's internally collected
457 and validated data for Self-Selected PIPs that are not

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based on AHCCCS required performance measures
reflective of calendar year performance.

~~i. PIPs not based on AHCCCS required performance
measures and reflective of calendar year
performance, significant and sustained improvement
shall be evaluated based on the Division's internally
collected and validate data.~~

- g. Utilize its remeasurement year/period two, or subsequent year/period, if required, PIP report to serve as their final PIP report submission contingent upon the following:
- i. The Division has met the AHCCCS contract and policy criteria related to Statistically Significant and sustained improvement to support PIP closure, and
 - ii. The sections required as part of the final PIP report have been completed.
- h. Keep AHCCCS-Mandated PIPs open until formal notification of approval for PIP closure from AHCCCS is received.
- i. Resubmit their final PIP report if the AHCCCS PIP Checklist requirements are not met.

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461 6. For Division Self-Selected PIPs, the Division shall: ~~do the~~
462 following:
- 463 a. Submit a Contractor Self-Selected PIP Initiation
464 Notification for AHCCCS' review and approval, as specified
465 in the AHCCCS contract, for each newly identified PIP.
- 466 b. Submit PIP reports for each Self-Selected PIPs, active
467 during the previous calendar year, as specified in the
468 AHCCCS contract.
- 469 c. ~~Utilize the AHCCCS PIP Report Template and Attachment,~~
470 ~~specific to population/line of business.~~
- 471 i. Indicate if the PIP indicator measurements or rates
472 and results are reflective of combined Title XIX and
473 Title XXI reporting populations, as applicable to
474 population and line of business.
- 475 ii. Indicate if the interventions are applicable to the
476 Title XIX, Title XXI, or both populations.
- 477 f. Submit a final self-selected PIP report with the completed
478 AHCCCS PIP Intervention & Analysis Template, as specified
479 in the AHCCCS contract, following the year in which

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Statistically Significant and sustained improvement is demonstrated.

- g. Evaluate Statistically Significant and sustained improvement based on PIP indicator rates that have been validated by AHCCCS' EQRO or considered as the AHCCCS official performance measure rates, as specified in the AHCCCS contract.
- h. Evaluate Statistically Significant and sustained improvement based on the Division's internally collected and validated data for self-selected PIPs that are not based on standardized performance measures and calendar year performance.
- i. Utilize its remeasurement year/period two or subsequent year/period, if required, PIP report to serve as their final PIP report submission to AHCCCS contingent upon the following:
 - i. The Division has met the AHCCCS contract and policy criteria related to Statistically Significant and sustained improvement to support PIP closure; and

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- ii. The sections required as part of the final PIP report have been completed.
- j. ~~The Division shall k~~ Keep Division self-selected PIPs open until the Division has met criteria related to Statistically Significant and sustained improvement.
- k. ~~The Division shall s~~ Submit a PIP Closure Request for each PIP they are requesting to close for AHCCCS' review and approval.
- l. ~~The Division shall i~~ Indicate the rationale for closing a PIP in cases where the Division has not met criteria related to Statistically Significant and sustained improvement to support PIP closure for each included PIP indicator.
- m. ~~The Division shall e~~ Close the PIP when formal notification of approval for PIP closure has been received from AHCCCS.
- n. ~~The Division shall r~~ Resubmit their final PIP report if the AHCCCS PIP Checklist requirements are not met.

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Signature of Chief Medical Officer:

Draft Policy for Public Comment