

436 NETWORK STANDARDS

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EFFECTIVE DATE: May 13, 2016

REFERENCES: 42 C.F.R. Part 457; 42 C.F.R. Part 438; 42 § C.F.R.
438.206(b)(1); A.R.S. §§ 32-1201, 32-1901, 36-401 et seq, 36-421 et seq;
A.A.C. R9-10, R9-10-101, R9-10-801 et seq, R9-22-101, R9-33-101; ACOM
415; ACOM 436; ACOM 438; AHCCCS Contract

PURPOSE

This policy applies to the Division’s Network staff. This policy outlines
Division Network Standards and the oversight and monitoring of Network
Standards.

DEFINITIONS

1. “Assisted Living Center” or “ALC” means an Assisted Living Facility that provides resident rooms or residential units to 11 or more residents as specified in A.R.S. § 36-401.
2. “Assisted Living Facility” or “ALF” means a residential care institution that provides supervisory care services, personal care services, or directed care services on a continuing basis in compliance with Arizona Department of Health Services (ADHS) licensing criteria as specified in 9 A.A.C. 10, Article 8.

3. "Assisted Living Home" or "ALH" means an ALTCS approved alternative home and community based services (HCBS) setting that provides room and board, supervision, and coordination of necessary services to 10 or fewer residents.
4. "Attachment A" means the ACOM 436 Attachment A - Minimum Network Requirements Verifications Template document that specifies the Network Standards in which the Division and the AdSS are required to meet.
5. "Behavioral Health Outpatient and Integrated Clinic, Adult" means a class of healthcare institution without inpatient beds that provides physical health services and behavioral health services for the diagnosis and treatment of patients who are age 18 and above.
6. "Behavioral Health Outpatient and Integrated Clinic, Pediatric" means a class of healthcare institution without inpatient beds that provides physical health services and behavioral health services for the diagnosis and treatment of patients who are under 18 years of age.

7. "Behavioral Health Residential Facility" or "BHRF" means, as specified in A.A.C. R9-10-101, a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - a. Limits the individual's ability to be independent; or
 - b. Causes the individual to require treatment to maintain or enhance independence.
8. "Cardiologist, Adult" means a medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system or patients aged 18 and above.
9. "Cardiologist, Pediatric" means a medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities for patients under the age of 18.
10. "Crisis Stabilization Facility" means an inpatient facility or outpatient treatment center licensed as specified in 9 A.A.C. 10 that provides crisis intervention services (stabilization).
11. "Dentist, Pediatric" means a medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. § 32-1201 for patients under the age of 18.

12. "District" or "Service District" means a section of Maricopa or Pima County defined by zip code for purposes of establishing and measuring minimum Network Standards for Group Homes, Assisted Living Centers, and Assisted Living Homes.
13. "Geographic Service Area" or "GSA" means an area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care services to a Member enrolled with that Contractor of record, as specified in 9 A.A.C. 22, Article 1 and 9 A.A.C. 28, Article 1.
14. "Group Home" means a community residential setting for not more than six individuals with intellectual/developmental disabilities, is operated by a service provider under contract with the department, and provides room and board and daily rehabilitation and other assessed medically necessary services and supports to meet the needs of each person. A Group Home does not include an adult developmental home, a child developmental home, a behavioral-supported group home, a nursing-supported group home, or an intermediate care facility for individuals with intellectual disabilities.

15. "Home" means a residential dwelling that is owned, rented, leased, or occupied by a Member, at no cost to the Member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:
- a. Health care institution as specified in A.R.S. § 36-401;
 - b. Residential care institution as specified in A.R.S. § 36-401;
 - c. Community residential setting as specified in A.R.S. § 36-551; or
 - d. Behavioral health facility as specified in 9 A.A.C. 20, Articles 1,4,5, and 6.
16. "Hospital" means a class of healthcare institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient. Refer to A.A.C. R9-10-101 et seq. and A.R.S. § 36-401-437.

17. "Member" means the same as "Client", a person receiving developmental disabilities services from the Division, as defined in A.R.S. § 36-551.
18. "Multi-Specialty Interdisciplinary Clinic" or "MSIC" means an established facility where specialists from multiple specialties meet with Members and their families for the purpose of providing interdisciplinary services to treat Members.
19. "Network" means physicians, health care Providers, suppliers, and hospitals that contract with a health plan to give care to Members.
20. "Network Standards" means the requirements the Division and AdSS must meet and monitor to ensure that all covered services are available and accessible to Members.
21. "Nursing Facility" means, as defined in 42 § U.S.C. 1936r(a), an institution or a distinct part of an institution that:
 - a. Is primarily engaged in providing to residents:
 - i. Skilled nursing care and related services for residents who require medical or nursing care;

- ii. Rehabilitation services for the rehabilitation of injured, disabled, or sick individuals; or
 - iii. On a regular basis, health-related care, and services to individuals who, because of their mental or physical condition, require care and services above the level of room and board that can be made available to them only through institutional facilities.
- b. Is not primarily for the care and treatment of mental diseases; and
 - c. Meets the requirements for a nursing facility described in subsections (b), (c), and (d) of 42 § U.S.C. 1936r.
 - d. Has in effect a transfer agreement, meeting the requirements of 42 § U.S.C. 1861(l), with one or more hospitals having agreements in effect under 42 § U.S.C. 1866.
22. "Obstetrician/Gynecologist" or "OB/GYN" means a healthcare practitioner responsible for the management of female reproductive health, pregnancy and childbirth needs or who possess special knowledge, skills and professional capability in

the medical and surgical care of the female reproductive system and associated disorders.

23. "Pharmacy" means a facility regulated by the State Board of Pharmacy and operating under A.R.S. § 32-1901.
24. "Primary Care Provider (PCP), Adult" means a person who is responsible for the management of the health care of Members who are over 21 years of age. A PCP may be a:
- a. Person licensed as an allopathic or osteopathic physician;
 - b. Practitioner defined as a licensed physician assistant; or
 - c. Certified nurse practitioner.
25. "Primary Care Provider (PCP), Pediatric" means a person who is responsible for the management of the health care of Members who are under 21 years of age. A PCP may be a:
- a. Person licensed as an allopathic or osteopathic physician;
 - b. Practitioner defined as a licensed physician assistant; or
 - c. Certified nurse practitioner.
26. "Provider" means a person, institution, or group engaged in the delivery of services, or ordering and referring those services,

who has an agreement with AHCCCS to provide services to AHCCCS Members.

27. "Provider Affiliation Transmission" or "PAT" means a data file that provides details of the Providers within the AdSS's Network and is used to measure compliance with Network adequacy requirements.

POLICY

A. DIVISION MINIMUM NETWORK STANDARDS REQUIREMENTS

1. The Division shall maintain a sufficient Network of Providers to meet the service needs of its Members based upon the minimum Network Standards requirements specified in Attachment A and as specified in the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) contract with AHCCCS.
2. If the Division delegates Network activities, the Division shall ensure subcontractor compliance with applicable Network Standards.
3. The Division shall document a sufficient Network to meet the service needs of its Members based upon the minimum Network requirements delineated in Attachment A.

4. The Division shall allow Members to access services in the most geographically convenient location possible and to prevent Members from traveling much greater distances to obtain care, but at the same time accommodate Network availability in each county.
5. The Division shall have contracts with a minimum number of ALC and ALH Providers as specified in Attachment A.
6. The Division shall use its Network of Assisted Living Center (ALC), Assisted Living Home (ALH), and DD Group Home Providers as defined in the table below to measure compliance with this policy:

Provider Category	Applies to	Required Provider Type	Member Population	Standard
Assisted Living Centers (ALC)	ALTCS E/PD and DES/DDD only	49	All	See Attachment A, ALTCS County Tables
Assisted Living Home (ALH)	ALTCS E/PD and DES/DDD only	36	All	See Attachment A, ALTCS County Tables

Group Home for persons with Developmental Disabilities	DES/DDD only	25	All	See Attachment A, ALTCS County Tables
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7. The Division shall have contracts with a minimum number of DD Group Homes as specified in Attachment A, ALTCS County tables.
8. The Division shall subdivide Maricopa and Pima Counties into districts for the purposes of establishing and measuring minimum Network Standards for DD Group Homes, ALCs, and ALHs as specified and defined in the table below:
 - a. Maricopa County

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 1	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85083, 85085, 85086, 85087, 85254, 85324, 85331
DISTRICT 2	Carefree, Cave Creek, Fountain Hills, and Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268,

		85377
DISTRICT 3	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
DISTRICT 4	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
DISTRICT 5	Buckeye, Goodyear, Phoenix, Tolleson, and Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337, 85392
DISTRICT 6	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310
DISTRICT 7	El Mirage, Peoria, Sun City, Sun City West, Surprise, and Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
DISTRICT 8	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256,

		85281, 85282
DISTRICT 9	Chandler, Tempe, Gilbert, Queen Creek, and Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248, 85249, 85283, 85284, 85295, 85296, 85297, 85298

b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
DISTRICT 1	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
DISTRICT 2	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750
DISTRICT 3	Southwest	85601, 85614, 85622, 85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
DISTRICT 4	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

9. The Division shall reference Attachment A that details the following minimum Network requirements for each county:

- a. Minimum contracts within a specific city or group of cities;
 - b. Contracts within specified distances to specific cities;
 - c. Minimum contracts within a county; and
 - d. Contracts in locations outside of a county's boundary, if applicable.
10. The Division shall calculate compliance with minimum Network Standards specified in ACOM 436.
11. When the Division has exhausted its efforts to meet any Network Standard specified in this policy, the Division shall submit a request for exception to Network Standards to AHCCCS as specified in ACOM Policy 436 and the DES/DDD contract with AHCCCS that includes the following required elements:
- a. The county or counties covered under the exception request;
 - b. The Provider types covered under the exception request;
 - c. A geospatial analysis showing the current Member access to the Provider types and counties covered under the exception request;

- d. An explanation describing why the Division cannot meet the established Network Standards requirements;
- e. An explanation of the efforts to contract with non-contracted Providers who could bring the Division into compliance with the Network Standard, including a discussion of the appropriateness of the rates offered to non-contracted Providers;
- f. The Division’s proposal for monitoring and ensuring Member access to services offered by Provider types under the exception request; and
- g. The Division’s plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.

B. MONITORING OF ADSS TIME AND DISTANCE NETWORK STANDARDS AND OVERSIGHT REQUIREMENTS

- 1. AdSS Time and Distance Standards
 - a. The Division shall monitor the AdSS to ensure the AdSS has a Provider Network in place for each county in the AdSS’s assigned service area to meet the time and

distance standards for the following Provider types and specialties specified in the table below:

PROVIDER CATEGORY	REQUIRED PROVIDER/SPECIALTY TYPE(S)
Behavioral Health Outpatient and Integrated Clinic, Adult and Pediatric	77 or IC
Behavioral Health Residential Facility (BHRF)	B8
Cardiologist, Adult	08 or 31 with a Specialty Code of 062 or 927
Cardiologist, Pediatric	08 or 31 with a Specialty Code of 062, 151, or 927
Crisis Stabilization Facility	02, 71, B5, B6, B7, or 77 and ICs that are authorized to provide behavioral health observation/stabilization in accordance with A.A.C. 9-10-1012
Dentist, Pediatric	07 with a Specialty Code of 800 or 804, C2 Federally Qualified Health Centers (FQHCs) identified by AHCCCS
Hospitals	02 or C4
Nursing Facilities	22
Obstetrician/Gynecologist (OB/GYN)	08, 19, 31, or CN with a Specialty Code of 089, 090, 091, 095, 181, or 219

Pharmacy	03 or 05
Primary Care Provider (PCP), Adult	08 or 31 with a Specialty Code of 050, 055, 060, 089, or 091 or
	19 or CN with a Specialty Code of 084, 095, or 097 or
	18 with a Specialty Code of 798
Primary Care Provider (PCP), Pediatrics	08 or 31 with a Specialty Code of 050, 150, or 176 or
	19, CN with a Specialty Code of 084, 087, or 097 or
	18 with a Specialty Code of 798

- b. The Division shall monitor for subcontractor compliance with applicable Network Standards if the AdSS delegates Network activities.
- c. The Division shall require the AdSS to utilize the table below to calculate compliance with time and distance standards for the following Provider categories, the lines of business that calculate compliance for that Provider type, and the Member population used in the calculation, and

the time or distance standards for Maricopa, Pima, and all other counties.

PROVIDER CATEGORY	APPLIES TO	MEMBER POPULATION	COUNTY	STANDARD (90% of membership does not need to travel more than)
Behavioral Health Outpatient and Integrated Clinic, Adult*	All Except CHP	18 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence
Behavioral Health Outpatient and Integrated Clinic, Pediatric*	All*	under 18 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	60 miles from their residence
Behavioral Health Residential Facility (BHRF)	All	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	95 minutes or 85 miles from their residence

Cardiologist, Adult*	All except CHP	21 years or older	Maricopa, Pima	30 minutes or 20 miles from their residence
			All Others	75 minutes or 60 miles from their residence
Cardiologist, Pediatric*	All	Under 21 years	Maricopa, Pima	60 minutes or 45 miles from their residence
			All Others	110 minutes or 100 miles from their residence
Crisis Stabilization Facility	ACC-RBHA Only	All	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	45 miles from their residence
Dentist, Pediatric	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

Hospitals	All	All	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
Nursing Facilities	ALTCS E/PD Only	Living in Own Home	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	95 minutes or 85 miles from their residence
Obstetrician /Gynecologist (OB/GYN)	All	15 to 45 years old	Maricopa, Pima	45 minutes or 30 miles from their residence
			All Others	90 minutes or 75 miles from their residence

Pharmacy	All	All	Maricopa, Pima	12 minutes or 8 miles from their residence
			All Others	40 minutes or 30 miles from their residence
Primary Care Provider (PCP), Adult*	All Except CHP	21 years or older	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence
Primary Care Provider (PCP), Pediatrics*	All	Under 21 years	Maricopa, Pima	15 minutes or 10 miles from their residence
			All Others	40 minutes or 30 miles from their residence

- d. When monitoring the AdSS for compliance with Network Standards, the Division shall ensure Provider types marked with an asterisk are:
 - i. Eligible for a telehealth standard modification; and

- ii. Require 80 percent of a county's membership to meet these time and distance standards in any county where telehealth services are available for the Provider category.
- e. The Division shall monitor Network Standards of AdSS contracts with Multi-Specialty Interdisciplinary Clinics (MSICs) for the following requirements:
 - i. The AdSS has contracts with all MSICs in its assigned Geographic Service Area (GSA) in the state, as well as any MSICs which have provided services to the AdSS's Members; and
 - ii. The AdSS identifies all contracted MSICs in Attachment A, including any MSIC Providers it has contracted with as an alternative delivery model submitted under the Contract, Network Development paragraph, and the Contract Chart of Deliverables, along with the AHCCCS approval date.
- f. If the AdSS delegates any portion of the process for calculating time and distance in the policy to a

subcontracted entity, such as a dental benefits or pharmacy benefits manager, the Division shall monitor the AdSS to ensure the entity complies with the definitions and calculation requirements specified in this policy.

2. AdSS Network Standards Exception Requests

The Division shall review Network Standards exception requests submitted by the AdSS and make a determination based on the following criteria:

- i. The total number of Providers in the same specialty practicing in the county;
- ii. The geographic composition of the county;
- iii. Provider willingness to enter into a contract;
- iv. Consideration of the rates offered to non-contracted Providers to bring the AdSS into compliance with the standard;
- v. The availability of Indian Health Services 638 contract (IHS/638) facilities available to the American Indian population in the county;

- vi. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services;
 - vii. The AdSS's proposal for monitoring and ensuring Member access; and
 - viii. Any additional information requested by the Division pertaining to the Network Standards exception request.
3. AdSS Reporting Requirements
- a. The Division shall require the AdSS to complete the following minimum Network Standards reporting requirements:
 - i. Submit a completed Attachment A reporting its compliance with the applicable standards in this policy, as specified in the contract;
 - ii. Report compliance with Network Standards requirements for each county in the AdSS's assigned service area; and

- iii. Submit a separate report for the Division's line of business (LOB). For purposes of calculating and reporting this data, the AdSS shall:
- 1) Use its enrollment and its Network as of the last day of the reporting period (March 31 and September 30);
 - 2) Omit non-Title XIX/XXI membership in time and distance calculations;
 - 3) Report the percentages in Attachment A, 'Time and Distance' tab rounded to the nearest tenth of a percent;
 - 4) Report 'N/R' (None Reported) for each time and distance standard, instead of a percentage, where there are no Members meeting the population criteria in the county;
 - 5) Report in Attachment A, "Time and Distance" tab, whether or not telehealth services are available in each county reported for each Provider type eligible for a telehealth standard

- modification by the AdSS,—by adding a ‘Y’ or ‘N’
in the “Telehealth Available (Y/N)” row
underneath the Provider type; and
- 6) Consider in its dental Network any contracted
FQHC identified annually by AHCCCS as
providing dental services.
- b. The Division shall require the AdSS to analyze compliance
with Network Standards based upon the Provider Network
reported through the Contractor Provider Affiliation
Transmission (PAT) and the Gap in Services Log.
- c. The Division shall require the AdSS to comply with the
following Network plan requirements:
- i. Take all steps to ensure Network Standards specified
in this policy are maintained;
 - ii. If established Network Standards cannot be met,
identify gaps and address short- and long-term
interventions in the Network Development and
Management Plan (NDMP) as outlined in AdSS
Operations Policy 415;

- iii. When an exception has been granted, address the sufficiency of Member access to the area and assess the continued need for the exception; and
- iv. Report Network gaps and short- and long-term interventions to address the gaps, in the NDMP as specified in AdSS Operations Policy 415.

C. DIVISION OVERSIGHT AND REPORTING

- 1. Network Reporting Requirements
 - a. The Division shall review the AdSS time and distance standards submissions and ensure the AdSS:
 - i. Meets the time and distance standards as outlined in the AdSS Operations Manual Chapter 436;
 - ii. Provides an analysis of its compliance with these requirements for each county in its assigned service area;
 - iii. Addresses its non-compliance with Network Standards as specified in the AdSS Operations Manual Chapter 436; and

- iv. Includes strategies and efforts to address areas of non-compliance.
 - b. The Division shall submit to AHCCCS as specified in Contract:
 - i. A completed Attachment A, reporting its compliance with the applicable standards in this policy; and
 - ii. A summary report that includes:
 - 1) An analysis of its compliance with these requirements for each county in its assigned service area;
 - 2) Areas of non-compliance by AdSS with Network Standards as specified in the AdSS Operations Manual Chapter 436;
 - 3) Strategies and efforts to address areas of non-compliance; and
 - 4) The completed Attachment A for each AdSS.
- 2. Division Oversight and Reporting of AdSS Network Standards Exception Requests

- a. The Division shall review Network Standards exception requests submitted by the AdSS and make a determination based on the following criteria:
 - i. The total number of Providers in the same specialty practicing in the county;
 - ii. The geographic composition of the county;
 - iii. Provider willingness to enter into a contract;
 - iv. Consideration of the rates offered to non-contracted Providers to bring the AdSS into compliance with the standard;
 - v. The availability of Indian Health Services 638 contract (IHS/638) facilities available to the American Indian population in the county;
 - vi. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services; and
 - vii. The AdSS's proposal for monitoring and ensuring Member access.

- b. If the Division denies the AdSS's Network Standards exception request, the Division shall notify the AdSS in writing outlining the reason for the denial.
 - c. If the Division agrees with AdSS's Network Standards exception request, the Division shall submit to AHCCCS a summary of the Network Standards exception request that includes:
 - i. The Division's review of AdSS Network Standards exception request; and
 - ii. The results of the Division's analysis that supports the approval of the Network Standards exception request.
 - d. The Division shall communicate in writing the disposition from AHCCCS to the AdSS.
3. The Division shall comply with the following Network plan requirements:
- a. Take all steps to ensure Network Standards specified in this policy are maintained;

- b. If established Network Standards cannot be met, identify gaps and address short- and long-term interventions in the Network Development and Management Plan (NDMP) as outlined in Division Operations Policy 415;
- c. When an exception has been granted, address the sufficiency of Member access to the area and assess the continued need for the exception; and
- d. Report Network gaps and short- and long-term interventions to address the gaps in the NDMP as specified in Division Operations Policy 415.

Minnie Williams

Signature of Managed Care Program Administrator

Minnie Williams

Name

2025-07-21

Date