HNCM AGENCY NAME: Enter HNCM agency full name	
Attestor's Name: Enter Attestor's name	
1.) I attest that we have Policies and Procedures that align with the HNCM ratios and supervisor requirements identified in AMPM 570. *If No, provide your current policies and procedures and a statement about how you will come into compliance before the next quarterly report.*	Select
2.) I attest our HNCM Ratios are in compliance with AMPM 570 and AMPM 570 Attachment A. *No when the caseload Total is over specified ratio (cell should turn red if over ratio and requires completion of the Caseload Over Ratio Explanation for each staff member).*	Select

Field Name	Case Manager's Name (Last Name, First Name)	Supervisor Name (Last Name, First Name)	Agency Site	Hire Date (XX/XX/XXXX)	Vacated (1=Yes)	% Dedicated HNCM (1.00=Full Time)	High Needs Age 0-18 (Meet HNCM Criteria) Ratio/1:25							Total High Needs Children	Point Value	Siblings (Do Not Meet HNCM Criteria)						Total Siblings	Caseloads using Point Values			Point Value	Total Point Value	Non-High Needs children and/or Adults Caseload							Total Non-High Needs Caseload	Total Combined Caseload	Caseload Over Ratio or exceeding point value (Indicate the number of adults assigned when applicable)
				Totals	*0*	*0*	*0*	*0*	*0*	*0*					*0*		*0*	*0*	*0*	*0*	*0*	*0*				*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
							American Indian Health Program	Arizona Complete Health	Banner University Family Care	Health Choice	Mercy Care	Molina Healthcare	United Healthcare	Other			American Indian Health Program	Arizona Complete Health	Banner University Family Care	Health Choice	Mercy Care	Molina Healthcare	United Healthcare	Other		Members that with a CALOCUS 3 requiring HNCM (3 Points)	Members in Transition Phase (4 Points)	Members place in an Inpatient (3 Points)			American Indian Health Program	ACC4 Southern	Banner University Family Care	ACC4 Northern	Health Choice	Mercy Care	Molina Healthcare	United Healthcare	Other			
Cell Format	Text	Text	Text	Short Date	Whole Number	Decimal	Whole Number							Auto-Calculated Totals	Auto-Calculated Totals	Whole Number						Auto-Calculated Totals	Yes, if provider has less than 25 HNCM children assigned and therefore is not using point system.			Auto-Calculated Totals	Auto-Calculated Totals	Whole Number							Auto-Calculated Totals	Auto-Calculated Totals	Text
Blanks Allowed	No	No	No	No	Yes	No	Yes, if no caseload for the health plan							Do Not Manipulate	Do Not Manipulate	Yes, if no caseload for the health plan						Do Not Manipulate				Do Not Manipulate	Do Not Manipulate	Yes, if no caseload for the health plan							Do Not Manipulate	Do Not Manipulate	Yes, if staff ratios do not exceed specified ratio or point value
Brief Description		Legal name of the staff's supervisor (no nick names).	Agency site (address or AHCCCS Provider ID specific to the location)	Date the staff member was hired as a HNCM.	1 (Yes) indicates the staff member is no longer functioning as a Children's High Needs Case Manager. If vacated leave staff on report for 1 quarter. *Otherwise leave blank.*	Percentage of time the staff member (regular full/part time) is dedicated as a high need case manager; expressed as a 2 decimal number. 0.10 = 1% or 4 hrs./wk. 0.25 = 25% or 10 hrs./wk. 0.50 = 50% or 20 hrs./wk. 0.75 = 75% or 30 hrs./wk. 1.00 = 100% or 40 hrs./wk.	Number of high needs children enrolled with each health plan ages 0 through 17 years of age that are on staff members case load as of the last of the quarter. (HNCM = must: 1. For a full FTE (1.0), have a caseload ratio of high needs children not more than 25:1. **Contacted by assigned provider case manager every 30 days, or more often as needed.*								Do Not Manipulate	Do Not Manipulate	Number of Siblings of assigned to HNCM, that do not meet criteria for HNCM. Sibling is defined as any child that resides in the same household or is a member of the same family even if they do not reside together. Families are encouraged to be assigned to the same HNCM, and therefore siblings that do not meet HNCM criteria do not count toward the caseload ratio.								Do Not Manipulate	Report all children with a CALOCUS score of 3 that have a clinical need for HNCM **AND** they are not the sibling of a child that meets HNCM criteria. Do NOT count Children in more than one section.	Regardless of CALOCUS score or HNCM criteria, if a member is in the transition phase of HNCM, as outlined in AMPM 582 **AND** the HNCM is assigned to more than 25 HN members and therefore the provider is using point value for compliance. Do NOT count Children in more than one section.	Members placed in Inpatient Care (provider type 71) meet criteria for complex needs. Since treatment needs for these children are being met by the facility and HNCM is only conducting discharge planning functions a lower point value is assinged. Report the total number of children in inpatient care. Do NOT count Children in more than one section.	Do Not Manipulate	Do Not Manipulate	This does not including Siblings or children with a CALOCUS 3 identified as having a clinical need for HNCM. This is only allowable without an exemption if the total caseload has a ratio of 1:25 or less. Number of non-high needs children enrolled with each health plan ages 0-17 years of age and or any adults that are on staff members caseload as of the last day of the quarter. If no members assigned caseload leave blank.								Do Not Manipulate	Do Not Manipulate	Provide a detailed explanation of why the caseload exceeds 1:25 ratio or point value (i.e. open positions) and include if there is a current exemption request or approved exemption. Update each quarter, do not leave CM info in the section after the quarter it is reported.

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			Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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														0	0									0				0	0									0	0