



The AHCCCS Substance Use Block Grant (SUBG) team provides the following instructions for SUBG subrecipient treatment providers to complete the required reporting to capacity, waitlisting, and interim services provision. For questions regarding these instructions, please email SUBG@azahcccs.gov

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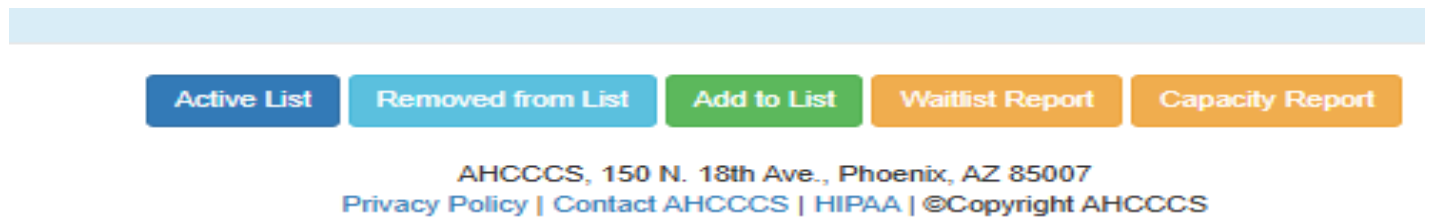
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Section 1: Submitting a Capacity Report When a Provider Has Reached 90 Percent Capacity

- 1) Login to the AHCCCS Quality Management (QM) Portal.

<https://qmportal.azahcccs.gov/Account/Login.aspx?wa=wsignin1.0&wtrealm=https%3a%2f%2flocalhos t&wctx=rm%3d0%26id%3dpasive%26ru%3d%252f&wct=2020-08-24T20%3a47%3a55Z>

- 2) Click Capacity Report.



- 3) Click add new capacity report.



- 4) Fill in all the required information.

- 5) Click Save.

Adding New Capacity Report

Date of Report: *

Date when 90% capacity was reached:

Census capacity (maximum): *

Current census: *

Percent Capacity:

Provider's address at capacity: *

Level of care at capacity: *

Priority Populations Served: *

☐ None

☐ Pregnant women/teenagers who use drugs by injection

☐ Pregnant women/teenagers who use substances

☐ Other persons who use drugs by injection

☐ Substance using women/teenagers with dependent children and their families, including females who are attempting to regain custody of their children

☐ All other individuals with a substance use disorder, regardless of gender or route of use

Plans to continue to provide treatment services and monitor capacity: *

6) Once saved, your capacity report will say “saved successfully.”

Capacity Report saved successfully.

Section 2: Closing a Capacity Report

- 1) Once the provider’s capacity is below 90 percent, the provider can follow these steps to close a capacity report.
<https://qmportal.azahcccs.gov/Account/Login.aspx?wa=wsignin1.0&wtrealm=https%3a%2f%2flocalhos t&wctx=rm%3d0%26id%3dpassive%26ru%3d%252f&wct=2020-08-24T20%3a47%3a55Z>
- 2) Login to the AHCCCS Quality Management (QM) Portal
- 3) Click capacity report again.

Active List

Removed from List

Add to List

Waitlist Report

Capacity Report

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- 4) Click select next to your previous capacity report.

Add New Capacity Report	
Select	Date of Report
	10/03/2025

- 5) Add the date capacity returned to below 90%.
- 6) Update the current census. Must equal less than 90 percent capacity.
- 7) Click save.

Date of Report:
10/03/2025

Date when 90% capacity was reached:
10/03/2025

Date capacity returns to below 90%:

Census capacity (maximum):
5

Current census:
5

Percent Capacity:
100%

Provider's address at capacity:
1900 N HIGLEY RD GILBERT, AZ 85234

Level of care at capacity:
Level 2: IOP/HIOP

Priority Populations Served:

- ☐ None
- ☐ Pregnant women/teenagers who use drugs by injection
- ☒ Pregnant women/teenagers who use substances
- ☒ Other persons who use drugs by injection
- ☐ Substance using women/teenagers with dependent children and their families, including females who are attempting to regain custody of their children
- ☐ All other individuals with a substance use disorder, regardless of gender or route of use

Plans to continue to provide treatment services and monitor capacity:

this is a test report

Save

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8) Once saved. The capacity report will now appear as “inactive.”

Section 3: Adding a Member to the SUBG Waitlist

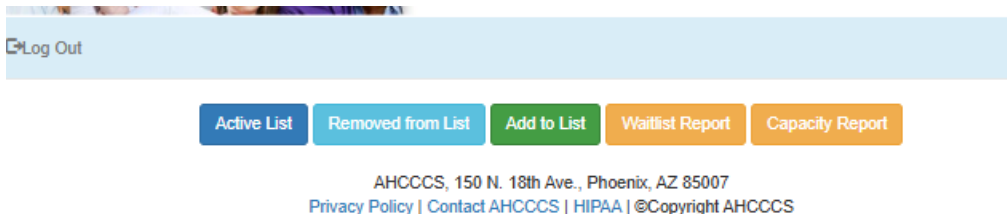
- 1) Login to the AHCCCS Quality Management (QM) Portal.

<https://qmportal.azahcccs.gov/Account/Login.aspx?wa=wsignin1.0&wtrealm=https%3a%2f%2flocalhost&wctx=rm%3d0%26id%3dpassive%26ru%3d%252f&wct=2020-08-24T20%3a47%3a55Z>

- 2) Click “Waitlist”.



- 3) Click “Add to list”



- 4) Fill in AHCCCS ID, DOB, and full name.
- 5) Click the search icon.
- 6) If the member pops up, click on their record.
- 7) If “NO RECORDS FOUND” pops up, click on “Continue Without AHCCCS ID”.

Search for a Member

AHCCCS or CIS ID:

DOB:

First Name:

Last Name:

Tip: Please enter AHCCCSID and Date Of Birth, or First Name, Last Name, and Date Of Birth of the member you are searching for.

NO RECORDS FOUND

[Continue Without AHCCCS Id](#)

Close

8) Click continue.

Member Information

First Name:

Middle Initial:

Last Name:

DOB:

Gender:

Phone:

Continue Cancel

9) Fill in all relevant fields. If fields are missed, it will not let you save and will alert you of these fields.

chnical Assistance Log Out

Active List Removed from List Add to List Waitlist Report Capacity Report

Add New

Provider:

Health Plan:

AHCCCS Id:

First Name:

Middle name:

Last Name:

Date of Birth:

Gender:

Phone:

Phone2:

Priority Category:

Referral Date:

Level of Care based upon ASAM Criteria assessment:

Justification for Level Of Care:

Provider Contact Log (include date):

Waitlist Date:

Waitlist Reason:

10) Once everything is filled in click "save".

DATE RECEIVED:	SEX:	DOB:	TIME:
08/06/2025	F		

Priority Category:	Referral Date:	Level of Care based upon ASAM Criteria assessment:
Pregnant women/teenagers who use substances	08/01/2025 2:32 AM	Level 1: Outpatient

Justification for Level Of Care:

dsfasd

Provider Contact Log (include date):

asdfsad

Waitlist Date:	Waitlist Reason:	
08/12/2025 2:32 PM	Facility at capacity	afds

Staff:

afdsd

Risk Assessment completed:

☐

Education about HIV and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners & infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur:

☐

Referral for HIV/TB treatment:

☐

Education of the effects of alcohol & drug use on a fetus:

☒

08/12/2025 2:32 PM

Referral for Prenatal Care:

☐

Referral for Medical Care:

☐

Referral for Pediatric Care:

☐

Additional Information:

Waitlist Removal Date:	Waitlist Removal Reason:	
Date removed	-- Please Select --	

Save

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11) If there were no missing fields the next screen will say “member successfully added to the waitlist.”

[Active List](#)
[Removed from List](#)
[Add to List](#)
[Waitlist Report](#)
[Capacity Report](#)

Add New

Member successfully added to the Waitlist. ✕

Provider:		Health Plan:	
NAMJOSHI/SATISH		AHCCCS AMERICAN INDIAN HP	

AHCCCS Id:	First Name:	Middle name:	Last Name:
U	BOB		BOBERT

Date of Birth:	Gender:	Phone:	Phone2:
08/06/2025	F		

Priority Category:	Referral Date:	Level of Care based upon ASAM Criteria assessment:
Pregnant women/teenagers who use substances	08/01/2025 2:32 AM	Level 1: Outpatient

12) You could then click on “Active List” and see the member added to the list.

WAITLIST >

Home

User Admin

Waitlist

My Exports

FAQ

Technical Assistance

Log Out

Active List

Removed from List

Add to List

Waitlist Report

Capacity Report

Active List

Health Plan	Member Name	Priority Category
Select	AHCCCS AMERICAN INDIAN HP	BOBERT, BOB
		Pregnant women/teenagers who use substances

Section 4: Generating a Waitlist Report

- 1) Login to the AHCCCS Quality Management (QM) Portal.
<https://qmportal.azahcccs.gov/Account/Login.aspx?wa=wsignin1.0&wtrealm=https%3a%2f%2flocalhos t&wctx=rm%3d0%26id%3dpassive%26ru%3d%252f&wct=2020-08-24T20%3a47%3a55Z>
- 2) Click “Waitlist”.

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Home

User Admin

Waitlist

My Exports

FAQ

Technical Assistance

Log Out

The QMS Portal is intended for the use of Providers, Contractors and TRB

- 3) Click “Active List” to see who is actively on the waitlist.

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Home

User Admin

Waitlist

My Exports

FAQ

Technical Assistance

Log Out

Active List

Removed from List

Add to List

Waitlist Report

Capacity Report

Active List

Health Plan	Member Name	Priority Category	Days on Waitlist	Reason
Select	AHCCCS AMERICAN INDIAN HP	BOBERT, BOB		
Select		Pregnant women/teenagers who use substances	3	Facility at capacity
Select		None	1030	Member refused treatment
Select		Pregnant women/teenagers who use substances	1805	Not medically stable
Select		None	1806	Facility at capacity
Select		Pregnant women/teenagers who use drugs by injection	1871	Facility at capacity
Select		All other individuals with a substance use disorder, regardless of gender or route of use	1892	Facility at capacity
Select		None	2305	Facility at capacity
Select		Other persons who use drugs by injection	2385	Facility at capacity
Select		Other persons who use drugs by injection	2417	Facility at capacity
Select		Other persons who use drugs by injection	2432	Not medically stable

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- 4) If there were many people on the report and you wanted to narrow it down by a certain field you could click “Waitlist Report”.
- 5) Here you would fill in the information that you wanted on the report and click “Run Report”.

[FAQ](#) [Technical Assistance](#) [Log Out](#)

Active ListRemoved from ListAdd to ListWaitlist ReportCapacity Report

Waitlist Report

SETTINGS

Preset Reports:

Columns to be displayed on the report:

☐ HEALTHPLAN

☐ PROVIDER

☐ AHCCCS ID

☐ MEMBER NAME

☐ GENDER

☐ BIRTH DATE

☐ AGE

☐ PHONE

☐ PHONE2

☐ PRIORITY CATEGORY

☐ REFERRAL DATE

☐ ASAM SCORE

☐ PROVIDER NOTES

☐ WAITLIST DATE

☐ DAYS ON LIST

Report criteria:

Field:

Is:

Value:

Add

Clear selection and criteria

Run Report

OUTPUT

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Created October 2025