
**MEMORANDUM OF UNDERSTANDING
BETWEEN
ARIZONA COMPLETE HEALTH
AND
COCHISE COUNTY SHERIFF'S OFFICE**

This Memorandum of Understanding ("MOU") is entered into pursuant to the Arizona Health Care Cost Containment System (AHCCCS) Contract AHCCCS No. YH19-0001R between Arizona Complete Health herein referred to as "AzCH" and the Cochise County Sheriff's Office, herein referred to as CCSO.

AzCH and the CCSO desire to enter into a MOU to establish a collaborative protocol for effective communication, coordination and continuity of care for adults and children eligible for services provided by AzCH who are under supervision by CCSO.

1 Purpose of MOU. The purpose of this MOU is to establish a Data Sharing Agreement for effective communication, coordination and continuity of care as outlined in the AHCCS Medical Provider Manual (AMPM) Policy 1020, 1022, and 541, for adults and children eligible for services provided by AzCH under CCSO. This MOU shall in no way change, modify, or amend the contract between AHCCCS and does not create liability from one party to the other by a party's failure to comply with the protocol. Should any information within this MOU conflict with any terms or conditions within the AHCCCS contract, the AHCCCS contract shall prevail.

2 Special Terms and Conditions

2.1 Term of MOU.

2.1.1 **Duration.** This Memorandum of Understanding (MOU) shall begin upon execution and shall terminate on November 30th, 2026 unless the parties mutually agree upon an extension.

2.1.2 **Extension of Term.** This MOU may be extended for three (3) additional two-year periods.

2.2 **Termination.** This MOU may be terminated by either party with prior written notice to the other party. Such Notice of Termination shall be effective thirty (30) calendar days after mailing by certified mail, return receipt requested, to the other party.

2.3 **MOU Changes.** Any changes or amendments to this MOU shall be effective only if made in writing and signed by both parties. All such changes or amendments shall be handled by formal amendment and approved by CCSO authorized representative and AzCH.

2.4 **AzCH & CCSO's Responsibility.** AzCH and CCSO shall cooperate hereunder in a professional manner that conforms to all local, state and federal codes, rules and within the standard of practice for the scope of each of the parties' responsibilities. AzCH and CCSO shall comply with all federal, state and local laws, ordinances, rules and regulations applicable to its performance under of this MOU.

2.5 Notices. All notices under this MOU given by either party to the other shall be in writing and shall be delivered in person or sent by U.S. Postal Service, postage prepaid and addressed to the following individuals:

Cochise County Sheriff's Office
Attn: Megan Kennedy
Title: Director – Detention Health Services
Address: 203 North Judd Drive
City, State Zip: Bisbee, AZ, 85617
Phone: 520-432-7586
Email: mkennedy@cochise.az.gov

Arizona Complete Health
Attn: Johnnie Gasper
Title: Director, Justice and Crisis Systems
Address: 333 E. Wetmore Rd.
City, State Zip: Tucson, AZ 85705
Phone: 520-869-8145
Email: Johnnie.Gasper@azcompletehealth.com

2.6 Confidentiality of Records

2.6.1 Each party agrees that it will utilize data sharing agreements and Administrative Orders that permit the sharing of written, verbal and electronic information, and will comply with all applicable Administrative Orders, State and federal law, rules or regulations, as amended from time-to-time, including but not limited to Health Insurance Portability and Accountability Act (HIPAA) requirements that permit the sharing of written, verbal and electronic information (as of the effective date of those regulations), and 42 CFR Part 2 relative to alcohol and substance abuse treatment. AzCH shall establish and maintain procedures and controls, that are acceptable to the CCSO for the purpose of assuring that no personal health information contained in its records or obtained from the CCSO or from others in carrying out its functions under the MOU shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the MOU or the Agreement between AzCH and AHCCCS. Third Parties requesting information held by CCSO should be referred to the CCSO. AzCH also agrees that any information pertaining to individual persons shall not be divulged other than to employees, officers, agents, or subcontractors of AzCH to carry out AzCH performance under its AHCCCS contract, or as required by law or by AzCH government regulators or as needed for the performance of duties under the MOU, unless otherwise agreed to in writing by the CCSO.

2.6.2 Information pertaining to substance abuse will only be shared upon obtaining a release of information from the individual.

2.7 Assignment and Delegation

2.7.1 Neither party may assign any rights hereunder without the express, written, prior consent of both parties, which shall not be unreasonably withheld or delayed. No consent shall be required where there is an assignment of the AHCCCS contract by AHCCCS to an affiliated entity of AzCH.

2.8 Entire MOU

2.8.1 This MOU contains the entire understanding of the parties hereto. There are no representations or provisions other than those contained herein, any amendment or modification of this MOU.

IN WITNESS WHEREOF, the parties hereto agree to the terms of this MOU.

ARIZONA COMPLETE HEALTH

COCHISE COUNTY

Signature of Authorized Individual

Signature of Authorized Individual

Name:

Name:

Title:

Title:

Date: _____

Date: _____

Denise Riden

Denise Riden

Title: Deputy County Attorney

Date: 31/07/25






MOU w/AZ Complete Health

Final Audit Report

2025-07-31

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