	CONTRACT AMENDMENT	**ARIZONA DEPARTMENT OF HEALTH SERVICES** 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040
	Contract No: HP532003-002 **Amendment No**: 11	Contract Management Specialist/Buyer: Rebecca O'Brien

PROGRAM:
Behavioral Health Services Administration – Cenpatico

1. Amendment Begin Date: 7/1/08

It is mutually agreed that the Contract referenced is amended as follows:

2. Delete strikethrough language and add the following to current Scope of Work Sections B,E,G,H,I,J,K,L,M; Special Terms and Conditions Sections A,B,D,F,G,J; and Exhibit A as written with :

All other provisions shall remain in their entirety.

Vendor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.	The above referenced Contract Amendment is hereby executed this 11th day of December 2008 at Phoenix, Arizona
Signature 12-4-08 Date	Procurement Officer
Authorized Signatory's Name and Title: Terry Stevens	
CEO	
Contractor's Name Cenpatico Behavioral Health of Arizona	

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1. Scope of Work E. NETWORK REQUIREMENTS, MANAGEMENT AND REPORTING 2. Provider Network Requirements 2.a.p.q. 1.a.b.c. 7,8,13,16,17,18,19,20,21 Delete strikethrough language and add the following:

a. The Contractor shall develop, manage, maintain and support a network of qualified service providers consistent with the Arizona System of Principles for Delivery of Behavioral Health Services, the Principles for Persons with a Serious Mental Illness and the Arizona Children's System of Care Vision and Principles. The Contractor shall design the network to deliver behavioral health medical treatment and support and rehabilitation services while optimizing the use of natural and informal supports that meet the individualized needs of recipients and their families.

p) The number of staff needed to provide support and rehabilitation services for Title XIX/XXI Children and Adults.

q) The number of staff and programs needed to provide substance abuse services for Title XIX/XXI Children and Adults.

1) Has the minimum number of providers by provider type or service:
a) As specified in the Contractor's proposal for the first year of the contract, or
b) As specified in the Contractor's Annual Provider ~~Network Development and Management~~ System of Care Network Development Plan minimum network requirements, as approved by DHS, or
c) As specified in any changes to either of the two preceding documents above as approved in advance by DHS.

7) Has a sufficient number of providers to fulfill the function and role of the Case Manager as outlined in the ADHS/DBHS Provider Manual,~~.~~ System of Care Network Development Plan or other ADHS guidance.

8) Utilizes behavioral health recipients and family members, who have received appropriate training and preparation, as a provider~~s~~ of peer or family support services or function as a family support partner.

13) Has providers co-located at ADES/CPS offices or has another written agreement with ADES/CPS, in lieu of co-location, that is signed off by both agencies.

16) Ensures that contracting arrangements with providers guarantees that behavioral health recipients reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in service providers. Further, the network shall make necessary organizational arrangements that allow ~~be organized in a manner that allows~~ enrolled children and enrolled parents to receive services from the same provider.

17) Has consumer operated and family controlled businesses and organizations as service providers. The Contractor shall develop and maintain a percentage of total direct service revenue, using a mix of Title XIX and non-Title XIX funding, to support consumer and family controlled or operated businesses and organizations as service providers;

18) Informs behavioral health recipients and qualified service providers of the availability of second opinions and provides second opinions at no cost to the behavioral health recipient.

19) Maintains a sufficient number of providers with specialized behavioral health competencies to provide services for children/adolescents and adults with ~~including~~: developmental or cognitive disabilities~~y~~, sexual offender treatment needs, sexual abuse trauma, ~~and adolescent~~ substance use disorders, dialectical behavior therapy needs and infant/toddler mental health ~~abuse~~ service needs.~~s.~~

20) Ensures availability and a sufficient number of qualified providers to deliver a flexible array of home and community based behavioral health Support and Rehabilitation Services on a 24/7 basis as identified by the Child and Family Team.

21) Has at least one (1) rehabilitation/employment administrator to be an active member of the ADHS/DBHS and ADES/RSA Intergovernmental Advisory Committee.

2. Scope of Work E. NETWORK REQUIREMENTS, MANAGEMENT AND REPORTING, 3. Network Management 3.a. 6, 8 Add the following language:

6) Coordinating with the Contractor's child or adult quality management program development, or clinical personnel in fulfilling provider monitoring requirements as outlined in Scope of Work Paragraph K and ADHS/DBHS QM/UM Plan.

~~8)~~ Monitoring of the network including review of various data sources to determine sufficiency and assuring that network services are provided as required by ADHS including case manager services, support and rehabilitation service and substance use disorder services.

3. Scope of Work E. NETWORK REQUIREMENTS, MANAGEMENT AND REPORTING, 4. Network Reporting Requirements, a. Assurance of Network Adequacy and Sufficiency a. 1. c. Delete strikethrough language and add the following:

c) Affirms that service areas requiring further development to meet a) and b) above will be developed as outlined in the ~~Annual~~ Provider System of Care Network Development ~~and Management~~ Plan.

4. Scope of Work E. NETWORK REQUIREMENTS, MANAGEMENT AND REPORTING, b. Notification Requirements for Changes to the Network b. 3. c. 1,3,4 d. Delete strikethrough language and add the following:

b. Notification Requirements for Changes to the Network

c) The Contractor shall track all persons transitioned due to a subcontract suspension, limitation or termination to ensure service continuity. Required elements to be tracked include: Name, Title XIX/XXI status, date of birth, population type, current services that the behavioral health recipient is receiving, services that the behavioral health recipient will be receiving, new agency assigned, indication that person has received written notification, indication of any terminations found or resulting from the transition ~~and~~ the date of first appointment and activities to re-engage persons who miss their first appointment at the new provider. Other elements to be tracked may be added based on the particular circumstances.

c. Quarterly Reports

1) The Contractor shall submit Quarterly System of Care Network Development Plan Status Update Reports in a format approved by ADHS and according to the following schedule:

2) The Quarterly Status Update Report shall include the following elements:

i. providers lost and gained reports, ~~prescribers lost and gained, prescriber sufficiency analysis,~~
ii. the name and address of provider,
iii. provider type and contracted capacity,
iv. AHCCCS provider identification number,
v. populations served, and
vi. ~~an analysis of the~~ impact on the sufficiency of the network.

3) Where, as a result of the losses, a material gap or deficiency is identified, the Contractor shall include a plan for addressing the gap and the plan for transitioning persons to appropriate alternate services as outlined in the network notification requirements.

4) The Contractor will also report progress to date in implementing priority development areas in the ~~Annual~~ Provider System of Care Network Development and ~~Management~~ Plan or barriers they have encountered and actions planned to address the barriers.

d. Annual Reports

1) Network Inventory

a. The purpose of the Network Inventory is to quantify the number of providers available by all categories of covered services.

b. The Network Inventory ~~is comprised of the following:~~ shall include:

i. An annual inventory of contracted capacity for inpatient, subacute, RTC, residential, and other facility-based services due on March 15th of each contract year.

~~ii. Effective March 15, 2008 and quarterly thereafter, an electronic inventory of staff delivering outpatient services in the behavioral health system. The inventory shall provide counts for all levels of licensed staff (physicians, registered nurses, master's level clinicians, etc.) and for all behavioral health technician and paraprofessional staff in a format prescribed by ADHS/DBHS.~~

c. The Network Inventory also includes categories in addition to covered services that DHS is monitoring, such as: the number of staff competent in delivering services to behavioral health

recipients with developmental disabilities; number of staff with bilingual capabilities delivering services, including sign language; and prescriber availability.

2) The ~~A~~annual ~~Provider~~ System of Care Network Development Plan ~~Network Development and Management Plan~~
   a) The Annual annual ~~Provider~~ System of Care Network Development Plan ~~Network Development and Management Plan~~ is due to DHS ~~on July 1, 2005 and~~ annually ~~thereafter~~ on May 30th.
   b) The purpose of the plan is to identify the current status of the network at all levels to identify system of care network development and/or enhancement needs for the upcoming contract year and to identify plans for addressing those needs. The identification of development needs shall be based on a methodology approved by DHS for assessing network sufficiency, capacity, and minimum network standards.
   c) The plan shall include a narrative analysis of the sufficiency of the Title XIX, Title XXI and Non-Title XIX/XXI SMI behavioral health recipient network using a method approved by DHS. The analysis shall be based on multiple data sources including, but not limited to: performance on appointment standards/appointment availability, problem resolution, concerns reported by eligible or enrolled persons, grievances, appeals, and requests for hearings, Title XIX and Title XXI eligibility data, penetration rates, utilization data, network inventory, behavioral health recipient satisfaction survey, demographic data, ~~and~~ information on the cultural needs of the communities and the ADHS System of Care Network Development Plan goals, objectives or tasks which indicate ADHS priorities. The analysis shall include the identification of any material gaps and any barriers encountered in fulfilling the prior year plan.

Provider Type/Service	**Minimum Number**	**Unit**	**List Service Location(s) by Town/City**
Subacute facility capable of accepting walk-ins *Provider types B5, B6, B7*		Number of facilities	
Subacute facility (excluding detox services) *Provider types B5, B6*		Number of adult beds	
		Number of child beds	
		Number of adolescent beds	
Inpatient service *Provider types 02,71*		Number of adult beds	
		Number of child beds	
		Number of adolescent beds	
Inpatient detoxification services *Provider types 02, 71, B5, B6*		Number of adult beds	
RTC *Provider types 78, B1, B2, B3*		Number of child beds	
		Number of adolescent beds	
Level II *Provider type 74*		Number of adult beds	
		Number of child beds	
Level III *Provider type A2*		Number of adult beds	
		Number of child beds	
Home Care Training to Home Care		Number of adult placements	

Provider Type/Service	Minimum Number	Unit	List Service Location(s) by Town/City
Clients (Type-A5) *Provider type A5*		Number of contracted homes for adults	
		Number of contracted homes for children	
		Number of child placements	
Housing		Number of persons with a serious mental illness who will be assisted in locating or maintaining housing	Not applicable.
Pharmacy locations *Provider type 03*		Number of locations	Not applicable.
Methadone maintenance services *Provider type 77*		Number of agencies	
Outpatient agencies *Provider type 77*		Number of agencies	
Habilitation Providers *Provider type 39*		Number of agencies	
		Number of habilitation providers not associated with agencies	
Community Service Agencies *Provider type A3*		Number that are consumer-operated	
		Number that are family-based organizations	
		Number that are not consumer-operated	
Behavioral Health Recipients to deliver Peer Support Services		Number of Individuals working in community service agencies or outpatient agencies for adult services and; Number of Individuals working in community service agencies or outpatient agencies for children's services	Not applicable.
Family Members to deliver Peer Support/Family Support Services		Number of Individuals working in community service agencies or outpatient agencies for adult services and; Number of Individuals working in community service agencies or outpatient agencies for children's services	Not applicable.
Unskilled Respite Care for Children		Number of facility- based respite providers and;	

Provider Type/Service	Minimum Number	Unit	List Service Location(s) by Town/City
		Number of in-home respite providers (Agencies and CSA's) and; Number of respite beds	
Behavioral Health Support Services for Children (Personal Care, Home Care Training Family/Family Support)		Number of licensed agencies serving children and; Number of community service agencies/habilitation providers serving children	
Behavioral Health Rehabilitation Services for Children (Skills Training and Development, Psychosocial Rehabilitation Living Skills Training, Behavioral Health Prevention/Promotion Education and Medication Training, Psychoeducational Services and Ongoing Support to Maintain Employment)		Number of licensed agencies serving children and; Number of community service agencies/habilitation providers serving children	
Crisis response telephone		Full Time Equivalents for all ~~am~~ shifts	Not applicable.
		~~Full Time Equivalents for pm shift~~	~~Not applicable.~~
		~~Full Time Equivalents for night shift~~	~~Not applicable.~~
Mobile crisis		Full Time Equivalents for all ~~am~~ shifts	Not applicable.
		~~Full Time Equivalents for pm shift~~	~~Not applicable~~
		~~Full Time Equivalents for night shift~~	~~Not applicable~~

j) Priority areas for network development activities for the following year ~~and~~ as indicated in the goals, objectives, tasks, ~~activities,~~ timelines and measurement methodologies ~~for addressing the priorities~~ of the System of Care Network Development Plan.

k) A listing of providers by GSA shall be posted on the Contractor's website in a manner usable by members and ADHS. ~~The listing shall distinguish between providers serving Title XIX and Title XXI children and adults. If a provider has multiple sites in which it provides service, all sites should be listed. The provider listing should include the provider's name, physical address, county, telephone number, hours of operation and available languages spoken. The list should be organized to include all categories of covered services.~~

5. Scope of Work G. SERVICE DELIVERY SYSTEM, 1. General Requirements Delete strikethrough language and add the following:

~~1)~~ 1) Clinical Operations

w) Cultural Competence

2) Communication and Care Coordination

d. The Contractor shall ensure that behavioral health providers are continuously educated in and use best practices. For purposes of this contract, best practices are evidence-based practices, promising practices, or emerging practices. Behavioral health service providers shall use the ADHS/DBHS ~~Clinical and Recovery~~ Practice Protocols~~, when applicable,~~ as resources in delivering behavioral health services. The ADHS/DBHS ~~Clinical and Recovery~~ Practice Protocols are available on the ADHS/DBHS website.

6. Scope of Work G. SERVICE DELIVERY SYSTEM, 2. Customer Service, 2.A.1,5 Delete strikethrough language and add the following:

a. The Contractor shall have a customer service function that is responsive to behavioral health recipients, family members and stakeholders. At a minimum the customer service function shall:

1) ~~Be customer oriented;~~Assist the individual in telephonically connecting with the agency to which they are being referred, i.e., "warm transfer";

~~5) Be customer oriented; assist the individual in telephonically connecting with the agency to which they are being referred, i.e., "warm transfer";~~

7. Scope of Work G. SERVICE DELIVERY SYSTEM, 6. Psychotropic Medications, 6.b. Add the following language:

b. Psychotropic Medication Monitoring

The Contractor shall develop a monitoring system consistent with requirements of the ADHS/DBHS Provider Manual pertaining to psychotropic medications, the ADHS/DBHS Quality Management and Utilization Management Plan, Chapter 1000 of the AHCCCS Medical Policy Manual, and ADHS/DBHS Clinical and Recovery Practice Protocols.

8. Scope of Work G.SERVICE DELIVERY SYSTEM, 7.Coordination of Behavioral Health Benefits and Collection Practices 7.a.2. Delete strikethrough language and add the following:

a. Coordination of Behavioral Health Benefits

1) The Contractor shall adhere to coordination of benefits and third-party liability requirements described in the ADHS/DBHS Provider Manual.

2) Recoupments: The Contractor shall comply with the protocols established in the ACOM Recoupment Request Policy. The Contractor shall void encounter for claims that are recouped in full. For recoupments that result in an adjusted claim value, Contractor shall submit replacement encounters.

9. Scope of Work G. SERVICE DELIVERY SYSTEM, 10. Employment Services, Add the following language:

10. Employment Services

The Contractor shall develop and manage a continuum of vocational employment and business development services to assist Title XIX/XXI eligible members, including transition age youth, and non-Title XIX members with a serious mental illness to achieve their employment goals. When entering into subcontracts for vocational employment services, Contractor shall give priority to those providers under contract with the Arizona Department of Economic Security, Rehabilitation Services Administration.

10. Scope of Work G. SERVICE DELIVERY SYSTEM, 12. Service Delivery Requirements for Services Delivered to Title XIX and Title XXI Persons 12.c.6. Added the following language:

6. Ongoing collaboration, including the communication of appropriate clinical Information, with other individuals and/or entities with whom delivery and coordination of covered services is important to achieving positive outcomes, e.g., primary care providers, school, child welfare, juvenile or adult probations, Division of Developmental Disabilities and other involved service providers.

11. Scope of Work G. SERVICE DELIVERY SYSTEM, 13.Service Delivery Requirements for Services Delivered to Title XIX and Title XXI Children 13. c.2,3,4,5,6a,8,10 a.b.,11 Delete strikethrough language and add the following:

c. The Contractor shall operate the delivery system in accordance with the Arizona Vision, and the twelve (12) Arizona Principles as set forth in the JK Settlement Agreement and the Title XIX Annual Children's System of Care Network Development Plan. The Arizona Children's Vision is as follows:

1) Family Voice ~~and Involvement~~

The Contractor shall ensure that families have a voice in their individual treatment decisions and a voice in the operations of the behavioral health delivery system.

2) Family Involvement

a. The Contractor shall partner with family controlled organizations to ensure families are involved in all aspects of the system.

b. The Contractor shall include families and children as partners in the assessment process, planning, delivery, and evaluation of behavioral health services.

3) Child and Family Team Practice~~s~~

The Contractor shall ensure that all children are served through Child and Family Team~~s~~ Practice as described in the ADHS Practice Protocol by December 31, 2008. Further, the Contractor shall ensure, that Case Managers, (or other staff who perform the same functions), and others who coordinate care, have knowledge and skill to involve other stakeholders in the Child and Family Team Practice. ~~process. The Contractor shall meet the percentages below for expanding the delivery of services through the Child and Family Team process:~~

~~a) By 08/01/2007, 75% of all enrolled youth involved with CPS, Juvenile Justice, DDD, under the age of six (6), or youths ages sixteen (16) or above transitioning to Adult services within six (6) months will have a functioning CFT.~~

~~b) By 11/01/2007, 100% of all enrolled youth involved with CPS, Juvenile Justice, DDD, under the age of six (6), or transitioning to Adult services within six (6) months will have a functioning CFT.~~

~~c) By 12/01/2007, 25% of all enrolled youth with less intensive needs such as medication monitoring only will have a functional CFT.~~

~~d) By 03/01/2008, 50% of all enrolled youth with less intensive needs such as medication monitoring only will have a functional CFT.~~

~~e) By 06/01/2008, 75% of all enrolled youth with less intensive needs such as medication monitoring only will have a functional CFT.~~

The Contractor shall meet identified targets for increasing the number of children served through the Child and Family Team process as defined by ADHS.

4) Annual Children's System of Care Network Development Plan

The Contractor's Annual Children's System of Care/Network Development and Management Plan shall be aligned with the goals and objectives set forth in the ADHS Children's System of Care Network Development Plan. The Contractor shall implement their ~~Annual Children's~~ System of Care Network Development Plan, and shall be subject to incentives and penalties for performance based on minimum performance expectations and benchmarks, as identified in Special Terms and Conditions F. 1. c. 2.

5) Case Managers

Effective ~~December 31, 2008~~ June 30, 2009, pending clarification by ADHS regarding the definition of "high complexity/high intensity," all high complexity/high intensity children shall have an assigned Case Manager at the ratios developed by ADHS.

6) Support and Rehabilitation Services

a. The Contractor shall ensure that the delivery of services ~~shall not only~~ include ~~the traditional outpatient treatment services but shall also use~~ support and rehabilitation services that are delivered in a timeframe, manner and with the intensity and duration needed by the child and family. In-home and out-of-home respite shall be readily available when needed.

~~a. Incentives~~

~~The Contractor can earn an incentive by increasing the units of support and rehabilitation services by at least 15% for each GSA (beginning with Fiscal Year 2006 for Fiscal Year 2008 incentives). Support and rehabilitation services targeted for expansion, and calculation details are identified in the ADHS/DBHS Performance Improvement Specifications Manual.~~

~~Increase in units~~	~~Increase Percentage~~	~~Earned Incentive~~	~~Home Care Training to Clients~~	~~Other Targeted Services~~
	~~25 %~~	~~100 %~~	~~$~~	~~$~~
	~~20 %~~	~~50 %~~	~~$~~	~~$~~
	~~15 %~~	~~25 %~~	~~$~~	~~$~~

8) Training to the Arizona Practice Model

Training shall be provided to Contractor personnel, service providers and family members who perform ~~provide peer support~~ the functions of a family support partner to support them in successfully fulfilling the requirements of their position and to assist in achieving the Arizona ~~Children's~~ Vision and 12 Principles that support the children's system of care.

10) Out of State Placement

In accordance with the Children's Principles, children shall receive services to the extent possible in their home and community. In rare situations, the Contractor, in collaboration with the Child and Family Team, may decide to have a child or adolescent receive services out of state to address the unique treatment needs of the child. ~~In these situations, the Contractor shall fulfill the following requirements:~~

~~a) The Contractor shall ensure that placements are made in accordance with requirements stated in the ADHS/DBHS Provider Manual.~~

~~b) The Contractor shall submit quarterly reports to the ADHS Bureau of Quality Management Operations regarding the status of those children placed out of state. The required content of the report shall be defined by the ADHS Medical Director.~~

11) Practice According to ADHS Practice Protocols

The Contractor shall implement the ADHS Practice ~~p~~Protocols in Special Terms and Conditions, (B). Supporting Documents, (2). Documents Incorporated by Reference, (a). Document Listing (18) ADHS/DBHS Practice Protocols. The Contractor shall develop methods to regularly monitor implementation.

Contractor Specific Highlighted Expectations:

The Contractor is expected to demonstrate progress towards addressing ADHS' Obligations under the JK Settlement Agreement. Therefore, the Contractor is required to report at each Contractor network ~~quarterly~~ meeting, the progress the Contractor has made on the highlighted contractor expectations. Status reports may include specific, detailed reference to existing reports (i.e. Network Development Reports, Annual Children's System of Care Plan Measurement Criteria, etc.) along with any new information that will indicate the status of each item.

1. Status of case manager development
2. Status of the development and expansion of support and rehabilitation services
3. Status of the number of children served through CFT practice
4. Status of substance abuse service development, expansion or improvement

5. Status of network developments for the 18 to 21 year-old population
6. Status on the development of specialty providers
7. Status of activities to address needed improvements identified in the Practice Review Process

~~a) As per Volume 3 – Service Delivery System item q. Supporting ADHS' Obligations under JK Settlement Agreement, the Contractor will provide a status report indicating the progress on each of the following activities:~~

~~1. Provide Contractor staff members with annual training in Cultural Competency. The Contractor will contractually require all network providers to complete an annual training in cultural competency, will conduct this training with all network providers and will monitor training outcomes.~~

~~2. Partner with leadership at Community Provider Organizations to design and implement effective training curricula and will monitor and profile provider outcomes to assess and offer feedback on providers' adherence to the Arizona Principles.~~

~~3. Develop training activities and provider technical assistance programs by contracting with other community provider agencies that have been successful in implementing the Arizona Principles in their own clinics and operations. Specific trainings will be conducted on topics such as:~~

~~a) The Child and Family Team (CFT) process,~~
~~b) Conducting the Strengths and Culture Discovery,~~
~~c) Engaging natural supports in treatment,~~
~~d) Engaging appropriate family members as part of the Child and Family Team,~~
~~e) Monitoring and appropriate prescribing of Psychotropic Medications, and~~
~~f) How the Case Manager interacts with the Child and Family Team.~~

~~4. Conduct audits and analyze data monthly to assess providers' compliance with the Arizona Principles, and will sponsor both individual and group provider training activities to improve compliance.~~

~~5. Sponsor Provider Training to make new treatment modalities available in local communities.~~

~~b) As per Volume 3 – Service Delivery System item q. Supporting ADHS' Obligations under JK Settlement Agreement, the Contractor will promote Community-Based alternatives instead of treatments that remove the child from his/her family. In cases where a more restrictive level of care is temporarily necessary, will work with the behavioral health recipient to transition back into community-based care settings as rapidly as is clinically feasible and will partner with community provider agencies to develop and offer services that are alternatives to more restrictive institutionally based care. The Contractor will provide a status report related to this requirement including evidence of their partnering with community providers.~~

~~c) As per Volume 3 – Service Delivery System item q. Supporting ADHS' Obligations under JK Settlement Agreement, the Contractor will provide a status report related to the following activities including evidence of their partnering activities:~~

~~1. Sponsor provider training activities to promote the use of Motivational Interviewing Principles in substance abuse treatment, develop new treatment alternatives targeted to the needs of specific high risk populations such as behavioral health recipients with co-occurring substance abuse and mental illness, and monitor and train providers in the provision of substance abuse services consistent with the Arizona Principles for behavioral health care.~~

~~A. The Contractor will work with local provider agencies to develop home-based substance abuse services that engage the entire family and offer wraparound support, following the model of the Arizona F.I.R.S.T. Program in Maricopa County, will develop Adolescent Substance Abuse Day Programs and will promote the use of ASAM criteria to assess the substance abuse treatment needs of behavioral health recipients and their families.~~

~~d) As per Volume 3 – Service Delivery System item q. Supporting ADHS' Obligations under JK Settlement Agreement, the Contractor will promote community service development and provide a status report including evidence related to the following activities:~~

~~1. The Contractor will employ community development staff to identify community resources, will train family members who wish to be family support partners, and will work with community boards to identify community services, faith-based services, and other resources such as Boys and Girls' Clubs or supported employment settings developed in partnership with local business leaders.~~

~~2. The Contractor will maintain an up-to-date list of services that are available in behavioral health recipients' local communities, including support services, housing services, substance abuse services, and employment services.~~

~~3. The Contractor will encourage and support the use of Best Practices by providing information to behavioral health recipients about available treatment options and the research related to their benefits.~~

~~4. The Contractor will work to expand the range of culturally competent services available to behavioral health recipients through continuing network development and community development efforts and will work with local provider agencies to ensure that culture-specific support system members, such as religious leaders, will be offered the opportunity to participate as members of Child and Family Teams.~~

~~5. The Contractor will offer reimbursement for a variety of community-based treatment options, and will encourage and support behavioral health recipients in accessing these community-based services.~~

~~6. The Contractor will partner with provider agencies, government agencies, community service providers, faith-based organizations, the correctional system, and community leaders to develop new services and natural supports in each GSA.~~

~~e) As per Volume 3 – Service Delivery System item q. Supporting ADHS' Obligations under JK Settlement Agreement and the Contract Scope of Work Item 12. Therefore, the Contractor is required to provide a status report on the following items:~~

~~1. The Contractor will promote stability by offering training programs for family members who wish to function as Family Support Partners for children with behavioral health problems.~~

~~2. The Contractor will conduct, as part of the annual work plan, at least three (3) clinical quality improvement activities that are designed to improve outcomes for Arizona mental health behavioral health recipients.~~

~~3. The Contractor will proactively work with the child, when the child(ren) reaches the age of majority, to re-engage him or her in the process of care and to help him or her enter the adult treatment system, so that the work of the Child and Family Team will flow seamlessly into the work of the behavioral health recipient's Adult Treatment Team .~~

~~4. The Contractor will work with providers to periodically assess the behavioral health recipient's perspective on treatment progress, in order to ensure that the child and family's perspectives are honored and they are effectively engaged in treatment planning and in the process of care.~~

12. Scope of Work G. SERVICE DELIVERY SYSTEM, 14. Service Delivery Requirements for Persons with Substance Use Disorders, 14. c. Add the following language:

c. Substance Abuse Prevention and Treatment Block Grant Requirements

In support of Executive Order 2008-001 Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services:

The Contractor shall require its subcontracted providers to screen all individuals receiving services through Arizona Families F.I.R.S.T. for Title XIX/XXI eligibility in order to maximize Federal monies where possible. Federal monies include the SAPT Block Grant, which is intended for use by non-TXIX eligible persons in need of substance abuse treatment and are available for families involved with Child Protective Services who are in need of substance abuse treatment.

13. Scope of Work G. SERVICE DELIVERY SYSTEM, 16. Sign Language,Translation, and Interpreter Services 16. Add the following language:

16. Sign Language, Translation, and Interpreter Services

The Contractor shall administer sign language, translation and interpreter services. The Contractor shall subcontract with qualified service providers to deliver sign language, translation and interpretation services. The Contractor shall monitor qualified service providers to ensure that these covered behavioral health services are delivered to behavioral health recipients in accordance with the requirements of this Contract and all documents incorporated by reference.

14. Scope of Work H. TRAINING OF CONTRACTOR PERSONNEL AND SERVICE PROVIDERS, 2. a.b.c.e.8. Delete strikethrough language and add the following:

2. The Contractor shall:
   a. Demonstrate evidence of employee orientation and training. Such evidence may include; pre/post test results curriculum and sign in logs.
      ~~Provide orientation and ongoing training to all personnel;~~
   b. Provide the minimum training requirements outlined in the ADHS/DBHS Provider Manual to all providers;
   c. Have qualified personnel develop and deliver trainings;
   d. Involve behavioral health recipients and family members in the development and delivery of trainings, and
   e. Address in all trainings, the cultural relevance and considerations pertaining to each training topic.
8. The Contractor is responsible for the training and monitoring of subcontracted providers.

15. Scope of Work I. SYSTEM COLLABORATION, 1.System Collaboration with State Agencies/County Agencies (h) Add the following language:

h. The Contractor shall enter into annual collaboration agreements with local law enforcement and first responders. The purpose of this collaboration agreement is to facilitate stronger relationships with and collaboration during a behavioral health crisis. Crisis Intervention Training (CIT) needs should be considered as well as timely access to behavioral health provider involvement and assistance when first responders make a referral. The goal of this collaboration agreement is to provide appropriate behavioral health services in times of crisis and to promote jail diversion as well as safety for consumers. In addition, this collaboration is meant to strengthen relationships between first responders and behavioral health providers when behavioral health providers need support/assistance in working with/engaging consumers.

16. Scope of Work J. COMMUNICATION WITH BEHAVIORAL HEALTH RECIPIENTS, FAMILY MEMBERS, STAKEHOLDERS, AND PROVIDERS, 2.Communications with Behavioral Health Recipients, a .Written Communication 2.i, iii Delete strikethrough language and add the following:

a) Member Handbook.
   i. DHS has a Handbook template which the Contractor shall augment with Contractor specific information. At a minimum, the Member Handbook shall be reviewed and updated by the Contractor ~~by August 1st of each year~~annually. The Contractor shall submit the updated Member Handbook to ADHS within 30 days of receiving changes made to the ADHS Member Handbook Template in accordance with Exhibit A of this Contract and shall have the Member Handbook approved by DHS prior to printing.
   ii. The Member Handbook shall be provided to behavioral health recipients within ten (10) days of receiving a first service.
   iii. The Contractor's updated Member Handbook must be made available ~~provided~~ to all enrolled persons on an annual basis.

17. Scope of Work K. QUALITY MANAGEMENT/UTILIZATION MANAGEMENT, 1.Quality Management and Improvement Program K.1.c.d.e.f Delete strikethrough language and add the following:

c. The Contractor shall ~~actively participate in~~ complete data collection and analysis. The Contractor shall monitor and track quality improvement findings and take such actions as determined necessary to improve the quality of care provided to behavioral health recipients. The Contractor shall actively monitor subcontractors' quality management activities to ensure compliance with federal regulations, AHCCCS and DHS requirements, and adherence to its quality management plan.

d. The Contractor shall inform ADHS/DBHS Quality Management within one (1) day of its knowledge of significant incidents/accidents and all cases of suspected abuse and neglect, in accordance with the ADHS/DBHS Policy and Procedure Manual, involving behavioral health recipients and provide a summary of findings and corrective actions required, if any, following investigation of the incident/accident.

e. The Contractor shall participate in the Practice Review Process, including, at a minimum, ~~but not limited to~~ participation in family interviews, chart reviews and team observations. ~~The Contractor shall actively participate in the Children's System of Care Practice Review process. This includes, but is not limited to cooperating with family interviewers, collecting and submitting data, completing chart reviews and team observations, per direction from ADHS.~~ Data should be ~~Information~~ collected from these reviews, and results ~~shall be~~ used to improve ~~practice~~ performance according to the Arizona twelve (12) Principles. Performance Improvement activities should be identified in the Children's System of Care Plan, Contractor Website, and shared in community forums. ~~The Contractor shall disseminate performance review findings, and related performance improvement and quality management activities, to the public through multiple approaches. These approaches shall be identified in the Children's System of Care Plan beginning November 1, 2007, and shall include, but are not limited to, posting of information on the Contractor website.~~

f. The Contractor shall conduct peer review to assess quality of care, in accordance with the AHCCCS Medical Policy Manual AMPM CH.900.

ADHS MINIMUM PERFORMANCE STANDARDS

Aspect of Performance	How Measured	Minimum Performance Standard	Goal	Benchmark
QUARTERLY				
Access to care/Appointment Availability for emergency, routine assessments, and routine appointments (medication and other): Appointments are available to individuals referred for/requesting services within the contractually required timelines, (routine assessments within 7 days of referral; and routine appointments for ongoing services within 23 days of initial assessment).	Review of contractor, subcontractors and/or provider logs for referral to routine assessments; encounter reports for initial assessment to first service **Reported in the Quarterly Quality Indicator Report. (QIR)**	~~85~~90% **Contractor shall not be penalized and/or sanctioned for performance at 85% or greater**	~~90~~95%	~~95~~100%
Coordination of care Referral ~~with~~ AHCCCS Health Plans/PCPs~~:~~ The disposition of the referral is communicated to the PCP/Health Plan, within thirty (30) days of initial assessment. If a member declines behavioral health services, the Contractor shall ensure communication of the final disposition to the referral source within thirty (30) days of referral.	CIS RBHA-submitted documentation **Reported in the Quarterly Quality Indicator Report. (QIR)**	80%	~~90~~80%	~~95~~90%
Coordination of Care – Communication Behavioral health service providers communicate with and attempt to coordinate care with the member's acute health plan's PCP in compliance with ADHS/DBHS Policies and Procedures Manual ~~Behavioral health service providers communicate with and attempt to coordinate care with the member's acute health plan's PCP in compliance with ADHS/DBHS Policies and Procedures Manual.~~	CIS Chart Review	70%	80%	90%
Sufficiency of assessments: Assessments are sufficiently comprehensive for the development of functional treatment recommendations.	CIS Chart Review Administrative Review **Reported in the Quarterly Quality Indicator Report. (QIR)**	85%	90%	95%
Appropriateness of services: The types and intensity of services, including case management, are provided based on the member's	CIS Chart Review Administrative	85%	90%	95%

assessment and treatment recommendations.	Review **Reported in the Quarterly Quality Indicator Report. (QIR)**			
ANNUALLY				
Member/family involvement: Staff actively engage members/families in the treatment planning process.	Behavioral Health Recipient Satisfaction Survey	85%	90%	95%
Cultural competency: Members'/families' cultural preferences are assessed and included in the development of treatment plans.	Behavioral Health Recipient Satisfaction Survey	75%	~~80~~85%	95%
~~**Appropriateness of services:** The types and intensity of services, including case management, are provided based on the member's assessment and treatment recommendations.~~	~~CIS Administrative Review Chart Audit~~	~~85%~~	~~90%~~	~~95%~~
Informed consent for psychotropic medications: Members and/or parents/guardians are informed about and give consent for prescribed medications.	Behavioral Health Recipient Satisfaction Survey	85%	90%	95%
Symptomatic Improvement: There is evidence of positive clinical outcomes for members receiving behavioral health services.	Behavioral Health Recipient Satisfaction Survey	85%	90%	95%

18. Scope of Work K.QUALITY MANAGEMENT/UTILIZATION MANAGEMENT, 4,5 added/deleted language Delete strikethrough language and add the following:

2. Performance Standards
   4) The Subcontractor does not demonstrate ~~sustained~~ improvement toward meeting minimum Performance Standards
4. Utilization Management
   ~~c. The Contractor shall ensure that there are processes to track and monitor cumulative service utilization across providers and ensure Title XIX and Title XXI reimbursement is not made beyond the following service limitations:~~
   ~~1) Title XIX and Title XXI behavioral health recipients age 21 through 64 receiving services in an Institution for Mental Disease does not exceed thirty (30) days per admission or sixty (60) days per contract year.~~
   ~~2) Title XIX and Title XXI behavioral health recipients receiving respite services does not exceed 720 hours per contract year.~~
5. Quality Management and Utilization Management Reporting
   The Contractor shall monitor and report QM and UM data and other performance improvement activities to ADHS. The Contractor shall submit to ADHS the following QM/UM deliverables in accordance with the ADHS Policies and Procedures Manual, ADHS/DBHS QM/UM Plan, and time frames outlined in Exhibit A of this Contract.
   i. QM and UM Plans. The Contractor shall submit to ADHS by November 30th of each Contract year, annual QM and UM Plans and work plans, along with an annual evaluation of the previous year's QM/UM program. The Plan(s) shall include requirements in accordance with the AHCCCS Medical Policy Manual Chapter 900, Quality Management and Quality Improvement Program; Chapter 1000, Utilization Management; the ADHS/DBHS QM/UM Plan; and this Contract. The Contractor shall develop the QM Plan using input from key stakeholders, including behavioral

health recipients, family members, providers, advocates, health plans, and other State and local agencies involved in coordinating behavioral health.

ii. Annual Behavioral Health Recipient Satisfaction Survey. The Contractor shall submit to ADHS the Annual Behavioral Health Recipient Satisfaction Survey Report in accordance with requirements established by ADHS/DBHS.

iii. Quarterly Showing Report. The Contractor shall submit to ADHS a Quarterly Showing Report in accordance with the ADHS/DBHS Policies and Procedures Manual no later than ten (10) days after the end of the quarter. The Contractor's report shall demonstrate compliance with Federal requirements related to certification of need and re-certification of need for Level I behavioral health services. The Contractor's Chief Executive Officer and Chief Medical Officer shall attest in writing that the information in the report is accurate and complete.

iv. Medical Care Evaluation (MCE) Studies. The Contractor shall require subcontracted qualified service providers that operate Level I facilities to conduct MCE Studies in accordance with 42 CFR, Part 456, Subpart C and D and the ADHS/DBHS Policies and Procedures Manual on MCE Studies. The Contractor shall ensure that MCE Studies undertaken by Level I subcontractors are completed, analyzed, and utilized to improve care. The Contractor shall submit the Medical Care Evaluation Study Methodology and Study Results in accordance with the ADHS/DBHS Provider Manual, ADHS/DBHS Policies and Procedures, ADHS/DBHS Quality Management/Utilization Management Plan and Exhibit A of this Contract.

v. Quarterly Trending of Incidents, Accidents, and Deaths Report. The Contractor shall require subcontracted providers to report incidents, accidents, and deaths in accordance with the ADHS/DBHS Policies and Procedures Manual on Reports of Incidents, Accidents, and Deaths and Exhibit A of this Contract. The Contractor shall analyze data trends, take action as appropriate, and measure and report on the effectiveness of its actions. The Contractor shall submit to ADHS a Quarterly Trending of Incidents, Accidents, and Deaths Report, in accordance with the Performance Improvement Specification Manual and Exhibit A of this Contract.

vi. Quarterly Utilization Data Report. The Contractor shall submit to ADHS a Quarterly Utilization Data Report in accordance with the Performance Improvement Specification Manual and Exhibit A of this Contract.

vii. Quarterly Quality Indicator Report. The Contractor shall submit to ADHS a quarterly quality report in accordance with the Performance Improvement specifications Manual and Exhibit A of this Contract.

viii. Monthly Children's System of Care Quality Management Data Structural Elements Report. The Contractor shall submit to ADHS a Monthly Children's System of Care Quality Management Data Structural Elements Report in accordance with the ADHS/DBHS Quality Management/Utilization Management Plan and Exhibit A of this Contract.

ix. Monthly Referral Logs for Routine Assessment Appointments. The Contractor shall submit to ADHS a Monthly Referral Logs for Routine Assessment Appointments in accordance with the Performance Improvement Specification Manual and Exhibit A of this Contract.

x. Mortality Review. The Contractor shall submit to ADHS a Mortality Review for all deceased behavioral health recipients in accordance with ADHS/DBHS Policies and Procedures and Exhibit A of this Contract. The Contractor shall enter incident reports related to mortalities into the ADHS/DBHS Morbidity and Mortality Database within 5 days of notification of the death.

xi. Data and Records Related to this Contract. The Contractor shall submit to ADHS data and records related to this Contract upon request by ADHS and in accordance with the requirements of this Contract including Exhibit A.

xii. Report of Significant Incidents/Accidents. The Contractor shall report to ADHS significant incidents or accidents in accordance with ADHS/DBHS Policies and Procedures and Exhibit A of this Contract.

~~The Contractor shall submit the following quality management and utilization management deliverables in accordance with requirements outlined in the ADHS/DBHS Policies and Procedures Manual, ADHS/DBHS Quality Management/Utilization Management Plan and timeframes outlined in Exhibit A - Contractor Periodic and Ad Hoc Reporting Requirements. The Contractor shall be responsible for the~~

~~monitoring and reporting of quality management and utilization management data, and performance improvement activities by each GSA.~~

~~a. Quality Management and Utilization Management Plan~~

~~The Contractor shall submit an annual Quality Management and Utilization Management Plan and Evaluation of the previous year's Quality Management Utilization Management program. The Plan(s) shall include requirements from AHCCCS Medical Policy Manual Chapter 900, Quality Management and Quality Improvement Program; Chapter 1000, Utilization Management; the ADHS/DBHS Quality Management/Utilization Management Plan; and this Contract. The Plan(s) shall be submitted to DHS by November 30 of each contract year.~~

~~b. Showing Report~~

~~The Contractor shall complete the Quarterly Showing Report, which is a report that demonstrates compliance with federal requirements related to certification of need and re-certification of need for Level I behavioral health services, according to ADHS/DBHS Policies and Procedures Manual on Showing Reports. The Contractor's Chief Executive Officer or Chief Medical Officer shall attest in writing that the information is accurate and complete. The Showing Report is due to DHS no later than ten (10) days after the end of the quarter.~~

~~c. Medical Care Evaluation (MCE) Studies~~

~~The Contractor shall ensure that Subcontracted Level I facilities conduct MCE Studies in accordance with 42 CFR, Part 456, Subpart C and D and ADHS/DBHS Policies and Procedures Manual on Medical Care Evaluation Studies. The Contractor shall ensure that MCE Studies undertaken by Level I Subcontractors are completed, analyzed, and utilized to improve care.~~

~~d. Reports of Incidents, Accidents, and Deaths~~

~~The Contractor and its Subcontractors, as applicable, shall report incidents, accidents, and deaths according to ADHS/DBHS Policies and Procedures Manual on Reports of Incidents, Accidents, and Deaths.~~

~~e. Reporting and Monitoring the Use of Seclusion and Restraint~~

~~The Contractor shall submit a Quarterly Seclusion and Restraint analysis according to the Performance Improvement Specifications Manual.~~

~~f. Quarterly Trending Analysis of Incidents, Accidents and Deaths~~

~~The Contractor shall submit a Quarterly Trending of Incidents, Accidents, and Deaths Report according to the Performance Improvement Specifications Manual.~~

~~g.Pharmacy Data Report~~

~~The Contractor shall submit a Pharmacy Data Report on a quarterly basis according to the Performance Improvement Specifications Manual.~~

~~h. Behavioral Health Recipient Satisfaction Survey~~

~~The Contractor shall participate in the Behavioral Health Recipient Satisfaction Survey on an annual basis as directed by DHS.~~

~~i. Quarterly Member Services Report~~

~~The Contractor shall submit, quarterly, a report that contains an analysis of the number and types of complaints received by the Contractor and subcontractors. The Contractor must also include identified trends and performance improvement activities. Information gained from this process must be included in the overall quality management system in order to improve the quality of care provided to members, and implement system improvements.~~

~~j. Data and Report Submission~~

~~The Contractor shall submit all data and reports per the ADHS Performance Improvement Specifications Manual, unless otherwise specified by ADHS.~~

19. Scope of Work L. COMPLAINTS, SMI GRIEVANCES, MEMBER APPEALS, AND PROVIDER CLAIM DISPUTES 4.c. Add the following language:

4. Provider Claim Disputes

c. The Contractor shall submit quarterly reports to ADHS and the Contractor's QM Committee of complaint, grievance by a person with a serious mental illness, member appeal, and provider claims

dispute trends for systemic intervention as appropriate. The Contractor shall regularly review complaint, grievance, and appeal data to identify behavioral health recipients that utilize these processes at a significantly higher rate than others. When the data shows that a particular individual is an outlier by filing repetitive grievances and appeals, the Contractor revisions to service planning are indicated. The quarterly report shall include information regarding outliers and actions taken.

20. Scope of Work M. ELECTRONIC DATA REQUIREMENTS 1.c.7. Delete strikethrough language and add the following:

1. Encounter Submissions
   c. Claim Processing Requirements. In accordance with the Balanced Budget Act of 1997 and 42CFR 447.45:
      i. The Contractor shall pay ninety percent (90%) of all clean claims from practitioners who are in individual or group practice or who practice in shared health facilities, within 30 days of receipt, and;
      ii. Pay ninety-nine percent (99%) of all clean claims from practitioners who are in individual or group practice or who practice in shared health facilities, within 90 days of the date of receipt.

~~The Contractor shall require subcontracted providers to obtain a National Provider Identification (NPI) by May 23, 2007.~~

7. Mortality Data Submission

The Contractor shall enter incident reports related to mortalities into the ADHS/DBHS Morbidity and Mortality Database within 5 days of notification of the death.

21. Special Terms and Conditions A. STANDARD PROVISIONS (3.) Delete strikethrough language and add the following:

3. Term of Contract

The term of any resultant contract shall commence on July 1, 2008~~5~~ and shall continue for a period of ~~three~~ one (~~3~~1) year~~s thereafter,~~ unless terminated, canceled or extended.

22. Special Terms and Conditions B. SUPPORTING DOCUMENTS 2.a. Delete strikethrough language and add the following:

2. Documents Incorporated by Reference
   a. Document Listing

The following documents, and any subsequent amendments, modifications, and supplements to these documents adopted by DHS or AHCCCS (as applicable) during the Contract period, are incorporated and made a part of this Contract by reference:

1) ADHS/DBHS Covered Behavioral Health Services Guide
   http://www.azdhs.gov/bhs/covserv.htm
2) ADHS/DBHS Provider Manual
   http://www.azdhs.gov/bhs/provider/index.htm
3) ADHS/DBHS Policies and Procedures Manual
   http://www.azdhs.gov/bhs/policy.htm
4) ADHS/DBHS Program Support Procedures Manual
   http://www.azdhs.gov/bhs/prog_support.htm
5) Fraud and Abuse Operations and Procedures Manual
   http://www.azdhs.gov/bhs/fau.pdf
6) Client Information System (CIS) File Layout and Specifications Manual
   http://www.azdhs.gov/bhs/cis.pdf
7) Office of Grievances and Appeals Database Manual
   http://www.azdhs.gov/bhs/scanned/ogadbmanual.pdf
8) ADHS Accounting and Auditing Procedures Manual
   http://www.azdhs.gov/bhs/account_audit.htm
9) Financial Reporting Guide for Regional Behavioral Health Authorities
   http://www.azdhs.gov/bhs/fin_rep_gde.pdf
10) ADHS/DBHS Quality Management Utilization Management (QM/UM) Plan
    http://www.azdhs.gov/bhs/qm_plan.htm
11) ADHS/DBHS Prevention Framework for Behavioral Health

http://azdhs.gov/bhs/scanned/preventfrmwk.pdf

12) AHCCCS~~A~~ Medical Policy Manual (AMPM) - Chapters 900 and 1000
http://www.ahcccs.state.az.us/Regulations/OSPpolicy/chap900/01_06Chap900.pdf
http://www.ahcccs.state.az.us/Regulations/OSPpolicy/chap1000/11_05Chap1000.pdf

13) AHCCCS~~A~~ Medical Policy Manual
http://www.ahcccs.state.az.us/Regulations/OSPpolicy/

14) AHCCCS~~A~~ Health Plan Psychiatric Medication Formularies
http://www.azdhs.gov/bhs/plans.htm

15) AHCCCS Contractor Operations Manual
http://www.ahcccs.state.az.us/Publications/GuidesManuals/ACOM/ACOM.pdf

16) ADHS/DBHS Strategic Plan
http://www.azdhs.gov/bhs/stratplan.pdf

17) ADHS/DBHS Cultural Competence Planhttp://www.azdhs.gov/bhs/cc.htm

18) ADHS/DBHS Clinical Guidance Documents
http://www.azdhs.gov/bhs/guidance/guidance.htm

a. The Child and Family Team
http://www.azdhs.gov/bhs/guidance/cft.pdf
b. The Adult Clinical Team
http://www.azdhs.gov/bhs/tact.pdf
c. Transitioning to Adult Services
http://www.azdhs.gov/bhs/tas.pdf
d. Home Care Training to Home Care Client Services for Children
http://www.azdhs.gov/bhs/guidance/hctc.pdf
e. Out of Home Services
http://www.azdhs.gov/bhs/guidance/oohcs.pdf
f. Pervasive Developmental Disorders and Developmental Disabilities
http://www.azdhs.gov/bhs/guidance/pdddd.pdf
g. Informed Consent for Psychotropic Medication Treatment
http://www.azdhs.gov/bhs/guidance/psyc.pdf
h. Providing Services to Children in Detention
http://www.azdhs.gov/bhs/guidance/cid.pdf
i. The Unique Behavioral Health Service Needs of Children, Involved with CPS
http://www.azdhs.gov/bhs/guidance/unique_cps.pdf
j. Assessing Suicidal Risk
http://www.azdhs.gov/bhs/guidance/assess.pdf
k. Neuropsychological Evaluations
http://www.azdhs.gov/bhs/guidance/tad1.pdf
l. Arizona State Hospital: Effective Utilization and Collaboration
http://www.azdhs.gov/bhs/guidance/ash.pdf
m. Psychotropic Medication Use in Children, Adolescents, and Young Adults
http://www.azdhs.gov/bhs/guidance/psychotropic.pdf
n. Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation
http://www.azdhs.gov/bhs/guidance/poly.pdf
o. Peer Workers/Recovery Support Specialists within Behavioral Health Agencies
http://www.azdhs.gov/bhs/guidance/peer.pdf
p. Attention Deficit Hyperactivity Disorder
http://www.azdhs.gov/bhs/guidance/adhd.pdf
q. Substance Use, Abuse or Dependence in Pregnant and Postpartum Women
http://www.azdhs.gov/bhs/guidance/substance.pdf
r. Co-Occurring Psychiatric and Substance Disorders
http://www.azdhs.gov/bhs/guidance/co_occur.pdf
s. Substance Abuse Treatment in Children http://www.azdhs.gov/bhs.sat.pdf
t. Children and Adolescents Who Act Out Sexually

http://www.azdhs.gov/bhs/guidance/cawaos.pdf

u. Disturbances and Disorders of Attachment
http://www.azdhs.gov/bhs/guidance/attach.pdf

v. The Child and Family Team Process
http://www.azdhs.gov/bhs/guidance/cfttad.pdf

w. Information Sharing with Family Members of Adult Behavioral Health Recipients
http://www.azdhs.gov/bhs/guidance/isfm.pdf

x. Older Adults: Behavioral Health Prevention, Early Intervention and Treatment
http://www.azdhs.gov/bhs/guidance/olderadult.pdf

19) Title XIX Children's System of Care Plan
http://www.azdhs.gov/bhs/childrenplan_0806.pdf

20) ADHS Performance Improvement Specifications Manual
http://www.azdhs.gov/bhs/pism.pdf

21) ADHS/DBHS Medication List
http://www.azdhs.gov/bhs/md/medlist.pdf

22) Assisting Behavioral Health Recipients with AHCCCS~~A~~ Eligibility Manual
http://www.azdhs.gov/bhs/ahcccs_eligibility/index.htm

23) Financial Reports by Contractor
http://azdhs.gov/bhs/finance/reports/annual.htm

24) Geographic Service Areas Map
http://www.azdhs.gov/bhs/index.htm

25) ADHS/DBHS Member Handbook Template
English - http://www.azdhs.gov/bhs/mht.pdf [PDF 229K]
Spanish - http://www.azdhs.gov/bhs/mhtsp.pdf [PDF 225K]

26) ADHS/DBHS Provider Network Listing
http://www.azdhs.gov/bhs/list_gsa.htm

27) Children's System of Care Vision and Principles
http://www.azdhs.gov/bhs/principles.pdf

28) Principles for Persons with a Serious Mental Illness
http://www.azdhs.gov/bhs/ppsmi.pdf

29) ADHS/DBHS Housing Desktop Manual
http://www.azdhs.gov/bhs/hous_man070107.pdf

30) ADHS Demographic Data Set Users Guide
http://www.azdhs.gov/bhs/provider/ddsug.pdf

31) ADHS/ADE Protocols for Educational Placements

32) ADHS/DBHS Heat Plan
http://www.azdhs.gov/phs/edc/edrp/pdfplanfeedback/9ADHSHeatEmergency ResponsePlanMay2006version 4.0 pdf

33) Child and Adolescent Service Intensity Instrument (CASII)

34) ADHS/DBHS and ADES/RSA IGA

35) Arizona Procurement Code

3. Other Documents

This section contains references to documents, also incorporated by reference where applicable that guide the development of the behavioral health system requirements. From time to time these documents may be amended. If any such amendments result, there may be changes to this contract or documents incorporated by reference in accordance with Special Terms and Conditions Paragraph A.6. or B.2. as applicable.

a. Administrative Rules

1) Arizona Administrative Code R2-19 Administrative hearing rules.
http://www.azsos.gov/public_services/Title_02/2-19.htm

2) Arizona Administrative Code R9-20 Behavioral Health Service Agencies: Licensure
http://www.azsos.gov/public_services/Title_09/9-20.htm

3) Arizona Administrative Code R9-21 Behavioral Health Services for Persons with Serious Mental Illness http://www.azsos.gov/public_services/Title_09/9-21.htm
4) Arizona Administrative Code R9-22 AHCCCS~~A~~ rules for the Title XIX acute program. http://www.azsos.gov/public_services/Title_09/9-22.htm
5) Arizona Administrative Code R9-28 AHCCCS~~A~~ rules for the Title XIX DDD ALTCS Program http://www.azsos.gov/public_services/Title_09/9-28.htm
6) Arizona Administrative Code R9-31 AHCCCS~~A~~ rules for the Title XXI program. http://www.azsos.gov/public_services/Title_09/9-31.htm
7) Arizona Administrative Code R9-34 AHCCCS~~A~~ rules for the grievance system http://www.azsos.gov/public_services/Title_09/9-34.htm
8) Balance Budget Act of 1997 http://www.access.gpo.gov/nara/cfr/waisidx_05/42cfr438_05.html

b. Legal Document
1) JK vs. Eden Settlement Agreement
http://www.azdhs.gov/bhs/jkfinaleng.pdf
http://www.azdhs.gov/bhs/jkamend.pdf
2) Administrative Order No 2005-055 (amended) Implementation of Procedures to Share Identifying Information for Individuals with Mental Illness http://www.superiorcourt.maricopa.gov/SuperiorCourt/AdministrativeOrders/docs/ao2005-055.pdf

c. Federal Block Grants
1) Community Mental Health Services Performance Partnership Program pursuant to Division Title XXXII, Section 3204 of the Children's Health Act of 2000 CMHS)http://www.azdhs.gov/bhs/cmhbg.htm
2) Substance Abuse Prevention and Treatment Performance Partnership Program pursuant to Division B, Title XXXIII, Section 3303 of the Children's Health Act of 2000 and pursuant to Section 1921-1954 of the Public Health Service Act and 45 CFR Part 96 Interim Final Rules (SAPT) http://www.azdhs.gov/bhs/sapt.htm
3) Child and Adolescent Mental Health and Substance Abuse State Infrastructure Grant http://www.azdhs.gov/bhs/sig.htm
4) Project for Assistance in Transition from Homelessness Grant (PATH) http://www.azdhs.gov/bhs/path.htm
5) State Coalition to Promote Community Based Care Under Olmstead http://www.azdhs.gov/bhs/scp.htm
6) State Mental Health Data Infrastructure Grant for Quality Improvement (DIG II) http://www.azdhs.gov/bhs/digtwo.htm
7) Synetics (Drug and Alcohol Services Information System) DASIS http://www.azdhs.gov/bhs/das.htm
8) Youth Substance Abuse Coordination Grant http://www.azdhs.gov/bhs/ysa.htm
9) Youth Suicide Prevention and Early Intervention Grant http://www.azdhs.gov/bhs/ysp.htm

d. Intergovernmental Agreements, Interagency Service Agreements and Memorandums of Understanding
1) Intergovernmental Agreements
~~Intergovernmental Agreement between ADHS and the Arizona Department of Economic Security/Division of Children, Youth and Families (DCYF) (This IGA is under review.)~~
a). Intergovernmental Agreement between ADHS and the Arizona Department of Economic Security/Division of Developmental Disabilities (DDD) http://azdhs.gov/bhs/isadesddd.pdf
~~a. Intergovernmental Agreement between ADHS and the Arizona Department of Economic Security (ADES) Joint Substance Abuse Treatment Fund (Expires June 30, 2005 but may be extended.)~~

~~b. Intergovernmental Agreement between ADHS and Pima County (for GSA 5.)~~
b) Intergovernmental Agreement between ADHS and the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA)

2) Interagency Service Agreements
a) Interagency Service Agreement between ADHS and the Arizona Administrative Office of the Courts (AOC) http://azdhs.gov/bhs/scanned/adhsaoc.pdf
b) Interagency Service Agreement between ADHS and the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) http://azdhs.gov/bhs/scanned/adhsdesrsa.pdf
~~a. Interagency Service Agreement between ADHS and the Arizona Department of Juvenile Corrections (ADJC)~~
c) Interagency Service Agreement between ADHS and the Arizona Department of Corrections-Correctional Officer/Offender Liaison (COOL) Program http://www.azdhs.gov/bhs/scanned/adhsdoccool.pdf
d) Interagency Service Agreement between ADHS and the Arizona Department of Housing http://www.azdhs.gov/bhs/scanned/adhsdoh.pdf

3) Memorandum of Understanding
Memorandum of Understanding between ADHS and the Arizona Department of Economic Security, Arizona Health Care Cost Containment System, Arizona Department of Education, Arizona Department of Juvenile Corrections and Administrative Office of the Arizona Supreme Court (Children's Executive Memorandum of Understanding) http://azdhs.gov/bhs/mou.pdf

e. Other
1) State Plan – AHCCCS State Plan with Center for Medicare and Medicaid Services(CMS) http://www.azahcccs.gov/Publications/PlansWaivers/1115Waivers/default.ashttp://azahcccs.gov/Publications/PlansWaivers/Plans/Kidscare/CurrentApprovedKidsCareStatePlan_2002/2002_kidscare_cov_pg.asp
2) ADHS/DBHS and Arizona State Hospital Annual Report http://www.azdhs.gov/bhs/annual_report/annualrpt_fy2005.pdf
3) AHCCCS/ADHS Contract http://www.azdhs.gov/bhs/contracts/cye07n30.pdf
~~2) AHCCCS Medical Policy Manual~~

23. Special Terms and Conditions C. ADMINISTRATION PROVISIONS, C.1.a.b Delete strikethrough language and add the following:

1. Key Personnel and Staff Requirements
a. Key Personnel
Contractor agrees that, once assigned to work under this contract, key personnel shall not be removed or replaced without prior written notice to DHS. Assignment of new key personnel is subject to approval by DHS. If key personnel are not available for work under this contract for a continuous period exceeding thirty (30) days, or are no longer working full-time in the key position, Contractor shall immediately verbally notify ADHS, provide written notice including the name of the interim contact person within seven (7) days, and shall, subject to the concurrence of DHS, replace the personnel with other personnel of substantially equal ability and qualifications.~~.~~
b. Staff Requirements
Contractor shall maintain organizational, managerial and administrative systems and staff capable of fulfilling all contract requirements. In addition to the required key personnel listed in Section C.1.a. above, at a minimum, Contractor shall employ ~~the following~~ staff to perform the following functions:
18) Human Rights Liaison, who shall be the single point of contact with the Human Rights Committee (HRC) in the region and will be responsible to provide information to the Human

Rights Committee (HRC) and attend Committee meeting's. The Liaison will be responsible for recruiting members to serve on the HRC Committees or collaborate with the DBHS HRC coordinator to recruit members.

~~18) Who shall be a point of coordination contact with ADHS Office of Human Rights and shall be responsible to provide information to Human Rights Committees.~~

24) Prevention System Administrator, who shall have significant education, training experience and expertise in the development, administration, implementation, and monitoring of substance abuse and suicide prevention services. The Prevention System Administrator shall be responsible for designing, implementing, evaluating and adjusting the prevention services system.

25) Rehabilitation/Employment Administrator/Staff; who is dedicated specifically to the monitoring and oversight of delivery of rehabilitation/employment services. A minimum of one (1) qualified staff must be solely dedicated to rehabilitation/employment services, and shall not have any other job duties outside of this specialized focus.

26) Paperwork Reduction Staff, who is an identified lead person overseeing paperwork reduction efforts. This person will participate on a Statewide Paperwork Reduction/Efficiency Committee. The Contractor shall establish an Efficiency Committee that includes provider agency and at least 25% consumer/family member participants.

Contractor shall immediately verbally inform ADHS and provide ~~in writing~~written notice within seven (7) days of personnel changes in any of the staff listed in Section C.1.b. above, including the name of the interim contact person that will be performing the staff member's duties.

24. Special Terms and Conditions C. ADMINISTRATION PROVISIONS 2. Periodic Report Requirements C.2.b. Delete strikethrough language and add the following:

b. Timeliness - Reports or other required data shall be received on or before scheduled due dates. All required reports shall be submitted to the following email address: bhscompliance@azdhs.gov,unless otherwise noted in Exhibit A-Contractor Periodic and Ad Hoc Reporting Requirements, and shall be received by DHS no later than 5:00 p.m. M.S.T. on the date due. Requests for extension of reporting deadlines shall be submitted in writing and shall be received by DHS prior to the report due date.

25. Special Terms and Conditions D. SUBCONTRACTING, 1. Subcontracts D.1.b.1.w,x Delete strikethrough language and add the following:

b. Behavioral Health Provider Subcontracts
Contractor may subcontract for the delivery of behavioral health services. Upon written request from DHS, provider subcontracts may require approval from the DHS prior to implementation. When subcontracting with behavioral health service providers, the emphasis of the work to be performed by the behavioral health service providers shall be service delivery rather than administrative functions. Contractor shall forward copies of all provider subcontract templates to the ADHS/DBHS Bureau of Compliance prior to subcontract execution, upon request then after execution of the subcontract and upon any changes to provider subcontracts thereafter.

w) A provision that requires the subcontractor to assess the service area's cultural and linguistic needs, and deliver services that address identified cultural and linguistic needs.

x) The Contractor shall require two or more licensed behavioral health providers that co-locate on the same premises to enter into a written agreement. The agreement shall address, at a minimum, the methodology to ensure compliance with the following provisions in the Arizona Administrative Code, Title 9, Chapter 20: R9-20-204, Staff Member and Employee Qualifications and Records; R9-20-205, Clinical Supervision and R9-20-206, Orientation and Training. The Contractor shall notify DBHS of any co-located licensed provider agreements.

26. Special Terms and Conditions D.SUBCONTRACTING, 4 Strike the following language:

~~4) IMD Facilities Subcontract Provisions~~

~~In addition to the subcontract language for behavioral health services providers in Special Terms and Conditions Paragraph D1.b.1) above, the Contractor shall include the following minimum provisions as part of its subcontract with IMD facilities provider types B6 and 71:~~

~~a) The IMD facility shall keep track of the number of days a Title XIX or Title XXI behavioral health recipient is in the facility and may only bill for services within the limitations of the IMD expenditure authority for Title XIX services. The Title XIX service limitations are thirty (30) days per admission, and sixty (60) days per contract year for those aged 21 through 64 for services provided in IMDs. Service limitations are cumulative across providers. For persons under 21 and over 64, there are no IMD service limitations.~~

~~b) The IMD facility shall notify AHCCCS Member Services according to the requirements outlined in the ADHS/DBHS Provider Manual.~~

~~c) The IMD facility shall provide written notification to Title XIX and Title XXI behavioral health recipients aged 21 through 64 that their AHCCCS eligibility may end if they remain in an IMD longer than thirty (30) days per admission or sixty (60) days per contract year.~~

27. Special Terms and Conditions F. FINANCIAL PROVISIONS, 1. Sources of Revenue c. Incentives

Delete strikethrough language and add the following:

2) Performance Measures Subject to Incentives

~~a) Year 3 (July 2007 – June 2008)~~

	~~**Measured through**~~	~~**Thresholds that shall be met to earn incentive**~~	~~**Percent of incentive payment**~~
~~Symptomatic Improvement~~	~~Behavioral Health Recipient Satisfaction Survey~~	~~85%~~	~~20%~~
~~Informed Consent~~	~~Behavioral Health Recipient Satisfaction Survey~~	~~85%~~	~~20%~~
~~Overall Satisfaction~~	~~Behavioral Health Recipient Satisfaction Survey~~	~~85%~~	~~15%~~
~~Coordination of Care with PCP and other state agencies~~	~~CIS~~	~~80%~~	~~15%~~
~~Cultural Competency: Member/Families' cultural preferences are assessed and included in the development of treatment plans~~	~~Behavioral Health Recipient Satisfaction Survey~~	~~75%~~	~~15%~~
~~Member/Family Involvement: Staff actively engage members/families in the treatment planning process~~	~~Behavioral Health Recipient Satisfaction Survey~~	~~85%~~	~~15%~~
~~Overall WFI fidelity~~	~~WFI-4~~	~~65%~~	~~20%~~

Performance Measure	General Provisions in order to Suffer Penalty or Earn Incentive	Threshold	Goal	Risk Allocation	Incentive Allocation
Adult System of Care	Service dollars used for consumer-operated provider agencies and consumer-delivered peer support services (based upon encounter data)	At least 2% of service dollars	3%or more of service dollars	20%	20%
Children's System of Care	Averaged WFAS scores for all Children's provider agencies within the GSA at 75% or higher (using most recent CFT Practice Review score for each agency) Baselines GSA1-64.1% GSA2-78% GSA3-76.5% GSA4-75.8% GSA5-69.4%	At least 70% for the GSA	75% or higher for the GSA	20%	20%
Consumer Satisfaction	"Satisfied" or better on annual DBHS survey (based on Behavioral Health Recipient Satisfaction Survey)	80% applies to items 1-20 (general) 75% applies to items 21-28 (outcomes)	85% applies to items 1-20 (general) 80% applies to items 21-28 (outcomes)	20%	20%
Coordination of Care	Coordination of Care with PCP: a. Referred by PCP/Health Plan (Minimum Performance Standard 80%) b. Ongoing communication with PCP (Minimum Performance Standard 70%)	meets Minimum Performance Standard when average quarter 1 through 4 scores of FY '09	exceeds Minimum Performance Standard when average quarter 1 through 4 scores of FY'09	10% if does not meet Minimum Performance Standard in one measure 20% if does not meet Minimum Performance Standard in both measures	10% if exceeds Minimum Performance Standard in one measure 20% if exceeds Minimum Performance Standard in both measures
Individual and Family Involvement	Individuals and families report that staff actively engages them in the treatment planning process (based on Behavioral Health Recipient Satisfaction Survey)	85%	88%	10%	10%
Cultural Competency	Individuals and families report that providers are assessing their cultural preferences and including these preferences in the treatment planning process (based on Behavioral Health Recipient Satisfaction Survey)	85%	88%	10%	10%

28. Special Terms and Conditions F. FINANCIAL PROVISIONS 3. Profit and Loss Corridors Delete strikethrough language and add the following:

a. Title XIX Profit and Loss Corridors
Contractor's profits and losses for Title XIX revenues are limited to four percent (4%) of service revenue per contract year. Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for payables and receivables from/to DHS. Profits and losses are defined as service revenues less service expenses. This profit and loss corridor is applied separately for the adult population and the children's population. Excess profit in the Children's or SMI programs may not be used to offset losses in any other programs. Profit and loss awarded to the Contractor under this Contract will be limited to four percent (4%). ~~Excess profit in the adult population may be used to offset losses in the children's population. Excess profit in the children's population shall not be used to offset losses in the adult population. Profit and loss calculations will be combined among all GSAs awarded to the Contractor under this contract, limiting total profit and loss to four percent (4%).~~

b. Title XXI Profit and Loss Corridors
Contractor's profits and losses for Title XXI revenues are limited to four percent (4%) of service revenue per contract year. Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for payable and receivables from/to DHS. Profits and losses are defined as service revenues less service expenses. This profit and loss corridor is applied separately for the adult population and the children's population. Excess profit in the Children's or SMI programs may not be used to offset losses in any other programs. Profit and loss awarded to the Contractor under this Contract will be limited to four percent (4%). ~~Excess profit in the adult population may be used to offset losses in the children's population. Excess profit in the children's population shall not be used to offset losses in the adult population. Profit and loss calculations will be combined among all GSAs awarded to this Contractor under this contract, limiting total profit and loss to four percent (4%).~~

c. Non-Title XIX/XXI Profit Limit
Contractor's profits for Non-Title XIX/XXI programs are limited to four percent (4%) of service revenue per contract year. There is no maximum loss for Non-Title XIX/XXI. Service revenue equals ninety-two point five percent (92.5%) of total DHS revenue adjusted for payable and receivables from/to DHS. Profits and losses are defined as service revenues less service expenses. This profit limit is applied separately for the adult population and the children's population. Excess profit in the adult population may be used to offset losses in the children's population. Excess profit in the Children's or SMI programs may not be used to offset losses in any other programs. Profit and loss awarded to the Contractor under this Contract will be limited to four percent (4%). ~~Excess profit in the children's population shall not be used to offset losses in the adult population. Profit and loss calculations will be combined among all GSA's awarded to this Contractor under this contract, limiting total profit to four percent (4%). The Contractor is limited to no more than eight percent (8%) combined administration and profit for HB2003 funding.~~

29. Special Terms and Conditions G. COMPLIANCE PROVISIONS, G. d. 1. 3. Delete strikethrough language and add the following:

1. Audits, Surveys, Inspections, and Reviews
   d. Reviews
      1) Annual Administrative Review
      The type and duration of the Administrative Review shall be solely at the discretion of DHS. In preparation for the on-site Administrative Review, Contractor shall fully cooperate with the DHS Review Team by forwarding, in advance, policies, procedures, job descriptions, contracts, logs, and other information that DHS may request. Contractor shall have all requested medical records available. Any documents not requested in advance by DHS shall be made available upon request of the Review Team during the course of the review. Contractor personnel, as identified in advance, shall be available to the Review Team at all times during DHS on-site review activities. While on-site, Contractor shall provide the Review Team with work space, access to ~~a~~ telephone, and internet services if available, electrical outlets and privacy for conferences.

3) ~~Independent Case Review (ICR)~~Quality Management Reviews
The Contractor shall make available records and other documentation, and ensure Subcontractor's participation in, and cooperation with~~, the ICR~~ any quality management reviews. This ~~may~~shall include participation in staff interviews and facilitation of behavioral health recipient/family member and subcontractor interviews. ~~The Contractor shall use findings from the ICR to improve care for enrollees.~~

30. Special Terms and Conditions J. MISCELLANEOUS PROVISIONS Add the following language:

13. HB 2554 Addiction and Recovery Fund Appropriation

On or before December 15, 2008, The Contractor shall deliver services to members at three Level IV Rural Stabilization centers one in Payson, one in Globe and one in Yuma, according to the Contractor's program description.

14. Pandemic Contractual Performance

1. The State shall require a written plan that illustrates how the contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at anytime prior or post award of a contract. At a minimum, the pandemic performance plan shall include:
   i. Key succession and performance planning if there is a sudden significant decrease in contractor's workforce.
   ii. Alternative methods to ensure there are products in the supply chain.
   iii. An up to date list of company contacts and organizational chart.
2. In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this contract impossible or impracticable, the State shall have the following rights:
   i. After the official declaration of a pandemic, the State may temporally void the contract(s) in whole or specific sections, if the contractor cannot perform to the standards agreed upon in the initial terms.
   ii. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
   iii. Once the pandemic is officially declared over and/or the contractor can demonstrate the ability to perform, the State, at is sole discretion, may reinstate the temporarily voided contract(s).

31. Exhibit A: Contractor Periodic and Ad Hoc Reporting Requirements Delete strikethrough language and add the following:

All required reports shall be submitted to the following email address: bhscompliance@azdhs.gov, no later than 5:00 p.m. M.S.T. on the date due. Deliverables Notification of the submission of deliverables to the Sherman server shall be sent to bhscompliance@azdhs.gov.

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Children's System of Care Structural Elements Report	Monthly	15th day after month end	Contract	Bureau of Quality Management Operations
Referral Logs for Routine Assessment Appointments*	Monthly	15th day after month end	Contract	Bureau of Quality Management Operations
Seclusion/Restraint Monthly Summary Report Concerning Persons with SMI and Children	Monthly	10th day after month end	Contract	Office of Human Rights
Seclusion/Restraint Monthly Summary Report Concerning all Enrolled Persons	Monthly	10th day after month end	ADHS/DBHS Policies and Procedures Manual	Appropriate Human Rights Committee in that region

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Title XIX and Title XXI Screening and Referral Report	Monthly	15th day after month end	Legislative Requirement; ADHS/DBHS Provider Manual	Clinical and Recovery Services
PASRR Invoice	Monthly	10th day after month end	Contract	Office of Business Operations and Personnel
Profit/Risk ~~Retention~~Corridor Calculation Reports*	Monthly	30th day after month end	Financial Reporting Guide	Office of Financial Review
Statement of Activities*	Monthly	30th day after month end	Financial Reporting Guide	Office of Financial Review
Statement of Cash Flow*	Monthly	30th day after month end	Financial Reporting Guide	Office of Financial Review
Statement of Changes in Net Assets/Equity*	Monthly	30th day after month end	Financial Reporting Guide	Office of Financial Review
Statement of Financial Position*	Monthly	30th day after month end	Financial Reporting Guide	Office of Financial Review
Comprehensive Report of each Persons ~~Identified as~~ in Need of Special Assistance	Monthly	10th day after month end	Contract; ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
Pregnancy Prevention Grant Reports and Contractor Expenditure Reports	Monthly	15th of each month following the month in which services were delivered	Contract	ADHS/DBHS Office of Prevention
Seclusion/Restraint Quarterly Summary Report Concerning all Enrolled Persons	Quarterly	45th day after quarter end	ADHS/DBHS Policies and Procedures Manual	Office of Medical Management
Fee for Service Check Register *	Quarterly	1st business day of the month following the end of the fiscal year quarter to be reviewed	Program Support Manual	Office of Program Support
Override/Delete Logs	Quarterly	30th of the month following the end of the quarter	Program Support Manual	Office of Program Support
Rehabilitation Progress Report	Quarterly	October 15th January 15th April 15th August 15th	Contract	Employment and Rehabilitation Coordinator
Sample of Prior Authorizations and Denials for Level I Services	Quarterly	15th day after quarter end	Contract	Office of Medical Management
HIV ~~Quarterly~~ Activity	Quarterly	30th day after	Contract;	Clinical and Recovery

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Report		end of quarter	ADHS/DBHS Provider Manual	Services
Child and Family Team Practice Reviews	Monthly for individual QSPs and Quarterly for improvement plans	~~30th day after the quarter end~~30 days after the end of the month and 30 days after the end of the quarter for improvement plan summary's	Contract	Bureau of Quality Management Operations and Clinical and Recovery Services
SAPT ~~Quarterly~~ Wait List Report	Quarterly	60th day after end of quarter	Contract	Clinical and Recovery Services
COOL ~~Quarterly~~ Report	Quarterly	10h day after quarter end	ADHS/DBHS Provider Manual	Clinical and Recovery Services
~~Open Performance Improvement Initiatives~~	~~Quarterly~~	~~30th day after quarter end~~	~~Contract~~	~~Bureau of Quality Management Operations~~
~~Pharmacy Data Report~~	~~Quarterly~~	~~45th day after quarter end~~	~~Contract; Performance Improvement Specifications Manual~~	~~Bureau of Quality Management Operations~~
Quarterly Showing Report	Quarterly	10th day after quarter end	Contract; ADHS/DBHS Policies and Procedures Manual	Bureau of Quality Management Operations
Quarterly Trending Analysis – Incident, Accidents and Deaths	Quarterly	~~45th~~ 30 days after quarter end	Contract~~; Performance Improvement Specifications Manual~~	Bureau of Quality Management Operations
Utilization Data Report	Quarterly	30th day after quarter end	Contract	Bureau of Quality Management Operations
Quality Indicator Report	Quarterly	30th day after quarter end	Contract	Bureau of Quality Management Operations
Quarterly Network Status Report	Quarterly	October 15th January 15th April 15th July 15th	Contract	~~Clinical and Recovery Services~~ Adult/Children's System of Care
~~Out of State Placements Summary~~	~~Quarterly~~	~~15th day after quarter end~~	~~Contract~~	~~Bureau of Quality Management Operations~~
Financial Ratio Analysis Comparison Report *	Quarterly	30th day after quarter end and 40th day after 4th quarter end	Contract; Financial Reporting Guide	Office of Financial Review

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Incurred but not Reported (IBNR) Claims Report (LAG report) *	Quarterly	30th day after quarter end and 40th day after 4th quarter end	Financial Reporting Guide	Office of Financial Review
Member Services Report	Quarterly	30th day after quarter end and 40th day after 4th quarter end	Contract	Bureau of Quality Management Operations
Data Validation Reports	Quarterly	15 days from the end of the quarter	Program Support Manual	Office of Program Support
Schedule of Data Validation Review	Quarterly	30 days prior to start of quarter	Program Support Manual	Office of Program Support
Cultural Competency Plan Quarterly Update	Quarterly	15 days after quarter end	Policy and Procedures Manual	Diversity and Inclusion Administrator
Grievance, Appeal and Provider Claims Dispute Report	Quarterly	30 days after quarter end	Contract	Bureau of Consumer Rights
Quarterly Rehabilitation Progress Report	Quarterly	October 15 January 15 April 15 August 15	Contract	ADHS/DBHS Employment and Rehabilitation Coordinator
Annual Regional Vocational Plan	Annually	June 15th	Contract	ADHS/DBHS Employment and Rehabilitation Coordinator
Annual Children's System of Care Work Plan	Annually	~~30 days after ADHS/DBHS planning meeting~~ November 15th of each Contract year	Contract	~~Bureau of Quality Management Operations~~ Office of the Medical Director
Annual Quality Management and Utilization Management Plan and Work Plan	Annually	November 30th of each Contract year	Contract; AMPM Ch. 900/1000 ADHS/DBHS QM Plan/Work Plan	Bureau of Quality Management Operations
Annual Quality Management and Utilization Management Evaluation	Annually	November 30th of each Contract year	Contract; AMPM Ch. 900/1000 ADHS/DBHS QM Plan/Work Plan	Bureau of Quality Management Operations
Employee Orientation and Training Plan	Annually	October 1st	Contract	Office of Training and Support
Medical Care Evaluation: Study ~~Methodology~~ Results and Topics	Annually	October 1st	ADHS/DBHS Policies and Procedures Manual	Bureau of Quality Management Operations

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Annual Non-Title XIX Service Prioritization	Annually	May 30th	Contract	Clinical and Recovery Services
Annual Provider System of Care Network Development ~~and Management~~ Plan	Annually	~~May 30th~~ –March 1, 2009 and May 30th of each Contract year thereafter	Contract	~~Clinical and Recovery Services~~ -Adult/Children's System of Care
Assurance of Network Adequacy and Sufficiency	Annually	~~March 1,2008 and each year thereafter~~ May 30th	Contract	~~Clinical and Recovery Services~~ -Adult/Children's System of Care
Network Inventory	Annually	March15th of each Contract year	Contract	~~Clinical and Recovery Services~~ -Adult/Children's System of Care
Status of Administrative Review Corrective Actions	Annually	June 15th of each Contract year	Contract	Bureau of Compliance
Administrative Cost Allocation Plan *	Annually	~~July 1, 2005;~~ May 1, 200~~6~~8 and each year thereafter	Financial Reporting Guide	Office of Financial Review
Draft Audited Financial Statements*	Annually	75th day after fiscal year end	Financial Reporting Guide	Office of Financial Review
Draft Supplemental Reports to the Audited Financial Statements *	Annually	75th day after fiscal year end	Financial Reporting Guide	Office of Financial Review
Final Audited Financial Statements *	Annually	100th day after fiscal year end	Contract; Financial Reporting Guide	Office of Financial Review
Final Audited Financial Statements for All Related Parties Earning Revenue under this Contract *	Annually	120th day after fiscal year end	Contract; Financial Reporting Guide	Office of Financial Review
Final Supplemental Reports to the Audited Financial Statements *	Annually	100th day after fiscal year end	Financial Reporting Guide	Office of Financial Review
OMB Circular A-133 Reports *	Annually	100th day after fiscal year end	Contract; Financial Reporting Guide	Office of Financial Review
Business ~~Continuity~~ Continuity/Recovery Plan	Annually	July 10th of each Contract year	Contract	Bureau of Compliance
Prevention Report	Annually	August 31st of each Contract year	ADHS/DBHS Prevention Framework for	~~Clinical and Recovery Services~~Office of Prevention

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
			Behavioral Health	
Prevention Program Description	Annually	June 30th	ADHS/DBHS Prevention Framework for Behavioral Health	Clinical and Recovery Services
Corporate Compliance Plan	Annually	October 1st of each Contract year	Contract	Office of Program Integrity
Member Handbook	Annually	~~August 1st or w~~Within 30 days of receipt of changes made to template by ADHS	Contract	Policy Office
Behavioral Health Recipient Satisfaction Survey	Annually	Upon ADHS/DBHS request	Contract	Bureau of Quality Management Operations
Cultural Competency Plan	Annually	August 15th	Contract; ADHS/DBHS Policy & Procedure	Diversity and Inclusion Administrator
Annual Housing Plan	Annually	~~Not later than 45 days from notification by ADHS that state funds have been allocated for housing development in a format specified by ADHS/DBHS~~ October 31, 2007 then August 31st of each Contract year	Contract~~; Housing Guidelines Manual, Housing Review Committee Process and Desk top Protocol~~	Clinical and Recovery Services
Collaborative Protocols with State/County Agencies	Annually	December 31st	Contract	Clinical and Recovery Services
Notice of Real Property Transactions	Ad Hoc	As Occurring	Contract	Bureau of Financial Operations
Data and Records Related to Contract	Ad Hoc	Upon Request	Contract	Bureau of Quality Management Operations
Mortality Review for all Behavioral Health Recipients ~~Concerning all Enrolled Members~~	Ad Hoc	Within 60 days following Incident Report	ADHS/DBHS Policies and Procedures Manual	Bureau of Quality Management Operations
Data entry into the Morbidity and Mortality Database	Ad Hoc	Within 5 days of notification of the death	Contract	Bureau of Quality Management Operations

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Quality of Care Concerns	Ad Hoc	Upon Request	Contract	Bureau of Quality Management Operations
Report of significant incident/accidents and all cases of suspected abuse and neglect	Ad Hoc	Within one (1) day of awareness	Contract; ADHS/DBHS Policies and Procedures Manual	Bureau of Quality Management Operations
Report of Use of Seclusion or Restraint Concerning ~~Persons with a SMI and Enrolled Children~~ All Enrolled Persons	Ad Hoc	on a weekly/monthly basis according to arrangement with the Office of Human Rights	ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
Expected Material Change to Network	Ad Hoc	Must be approved in advance by ADHS	Contract	~~Clinical and Recovery Services~~ Adult/Children's System of Care
Failure of subcontractor to meet licensing criteria or if subcontract is being terminated or suspended	Ad Hoc	Within 5 days of learning of the licensing deficiency, or of deciding to terminate or suspend	Contract	~~Clinical and Recovery Services~~ Adult/Children's System of Care
Assurance of Network Adequacy and Sufficiency	Ad Hoc	Upon significant change in operations impacting services and capacity	Contract	~~Clinical and Recovery Services~~ Adult/Children's System of Care
Contractor Response to ~~Problem Resolution~~Complaints	Ad Hoc	As specified on a request from DHS	Contract	~~Bureau of Consumer Rights~~Office of Grievance and Appeals or Customer Service
System Collaboration Problem Notification	Ad Hoc	After all attempts to resolve system collaboration problems at the lowest possible level	Contract	Clinical and Recovery Services
Unexpected Material Changes that could impair the Provider Network	Ad Hoc	Within 1 day of the Unexpected Material Change	Contract	Clinical and Recovery Services
Refusal of Non-Title XIX ~~SMI~~ person with a serious mental illness to participate in Title XIX/XXI ~~s~~Screening and ~~r~~Referral	Ad Hoc	After all attempts to encourage person to participate and prior to discontinuance of services	ADHS/DBHS Provider Manual	Clinical and Recovery Services
Videoconferencing	Ad Hoc	Within 15 days	Contract	Office of Business

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Equipment Inventory		of obtaining equipment		Operations and Personnel
Data/Reports/ Information for Audits conducted of DHS	Ad Hoc	Upon request from DHS	Contract	Bureau of Compliance
Performance Bond	Ad Hoc	~~Prior to June 15, 2005, and~~ within 30 days notification by DHS to adjust the amount	Contract	Office of Financial Review
Reports of Allegations of Physical Abuse, Sexual Abuse, or Death	Ad Hoc	Within 3 working days of occurrence	Contract; ADHS/DBHS Policies and Procedures Manual	Office of Grievances and Appeals
Grievance or Request for Investigation for a Person in Need of Special Assistance	Ad Hoc	Within 5 working days of receipt	ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
Incident and Accident Reports Concerning Persons with ~~a SMI~~Serious Mental Illness and are in need of Special Assistance	Ad Hoc	on a weekly/monthly basis according to arrangement with the appropriate Human Rights Committee	ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
~~Notification of~~ Person No Longer in Need of Special Assistance	Ad Hoc	Within 10 working days of the determination	ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
~~Notification of Person in need of~~ Request for Special Assistance	Ad Hoc	Within 3 working days of identifying a person is in need of special assistance	ADHS/DBHS Policies and Procedures Manual	Office of Human Rights
Incidents of Suspected Fraud or Abuse	Ad Hoc	~~As Occurring~~ Immediately after discovered followed by written report within 10 working days	Contract; ADHS/DBHS Fraud and Abuse Operations and Procedures Manual	Office of Program Integrity
Changes in Key Personnel ~~Changes~~	Ad Hoc	Within 7 days of notification of intended resignation or	Contract	Office of the Deputy Director

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
		change ~~change in personnel required within this contract~~		
Copies of Management Services Subcontracts	Ad Hoc	Prior to subcontract execution, at start of subcontract, and upon any changes to Management Services subcontracts	Contract	Bureau of Compliance
Copies of All Provider Subcontracts	Ad Hoc	Subcontract Templates prior to subcontract execution, upon request All Subcontracts after execution and upon any changes to provider subcontracts thereafter.	Contract	Bureau of Compliance
Copies of Sample PNO and Qualified Service Provider Subcontracts	Ad Hoc	Upon request, prior to the Contract start date, within 30 days of subcontract execution and when a material change is made to the provider subcontract	Contract	Bureau of Compliance
Complete and Valid Certificate of Insurance (ACORD form or approved equivalent)	Ad Hoc	Initial copies of all subcontractor Insurance Certificates and when renewed or changed thereafter	Contract	Bureau of Compliance
Complete and Valid Certificate of Insurance	Ad Hoc	Prior to contract activity and when certificate is renewed	Contract	ADHS Procurement 1740 West Adams Room 303 Phoenix, Arizona 85007
Member Handbook	Ad Hoc	Within 30 days of receiving changes made to DHS template	Contract	Policy Office
Redacted Incidents and Accidents Reports Concerning ~~All Enrolled Persons~~ Behavioral Health	Ad Hoc	on a weekly/monthly basis according to arrangement	Contract; ADHS/DBHS Policies and Procedures	The Appropriate Human Rights Committee

REPORT	FREQUENCY	WHEN DUE	REFERENCE	SUBMIT TO
Recipients		with the appropriate Human Rights Committee	Manual	
Redacted Restraint and Seclusion Reports Concerning ~~all Enrolled Persons~~ Persons with a Serious Mental Illness and Children	Ad Hoc	on a weekly/monthly basis according to arrangement with the appropriate Human Rights Committee	Contract; ADHS/DBHS Policies and Procedures Manual	The Appropriate Human Rights Committee

32. Definitions Delete strikethrough language and add the following:
All the definitions contained in the solicitation and the resulting contract, including the definitions in the Uniform Terms and Conditions, Section A and in the Uniform Instructions to Offerors, Section A are incorporated herein and are defined as follows:
"Family Controlled Organization" means an organization that has a board of directors made up of more than 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance:

a) to age 18 or
b) to age 21 if the adolescent is being served by an Individual Education Plan (IEP) or
c) up to 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system.

"*Material Change"* means an alteration or development within a provider network that may reasonably be foreseen to affect the quality or delivery of behavioral health services provided under this contract.
"Material Gap" means a temporary change in a provider network that may reasonably be foreseen to jeopardize the delivery of behavioral health services to an identifiable segment of the AHCCCS member population.
"Service Provider" means an organization and/or behavioral health professional who meets the criteria established in this contract, has a contract with ADHS or a subcontractor, AHCCCS Health Plan, Program Contractor or Tribal Government, as applicable, and is registered with AHCCCS to provide behavioral health services.