



**BOARD OF SUPERVISORS AGENDA ITEM REPORT  
CONTRACTS / AWARDS / GRANTS**

Award  Contract  Grant

Requested Board Meeting Date: 09/20/2022

\* = *Mandatory, information must be provided*

or Procurement Director Award

**\*Contractor/Vendor Name/Grantor (DBA):**

HEALTH NET ACCESS, INC. dba Arizona Complete Health -Complete Care Plan

**\*Project Title/Description:**

Operating Agreement -Crisis Response Center -Amendment 3

**\*Purpose:**

This Third Amendment to Operating Agreement extends the term for an additional two (2) years to September 30, 2024.

**\*Procurement Method:**

Exempt per Section 11.04.020

**\*Program Goals/Predicted Outcomes:**

Health Net Access, as the RHBA for the southern Arizona geographic area, will continue to operate, or subcontract with a third party, to operate the Crisis Response Center. The first floor contains a psychiatric urgent care crisis center for both adults and youths in separate areas and a sub-acute behavioral health in-patient facility and 24/7 call center are located on the second floor.

**\*Public Benefit:**

The southern Arizona community will be beneficiary from the psychiatric and behavioral health services that will continue to be offered at the Crisis Response Center. Services are provided to individuals regardless of their ability to pay.

**\*Metrics Available to Measure Performance:**

The continuing operation of the Crisis Response Center complies with the use of the 2006 voter approved General Obligation Bond Project CFM.BYSYUC.

**\*Retroactive:**

No

TO: COB 8-30-22 (1)  
VER: 3  
PGS: 2

AUG30\*22PM0204 PD

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e.,15-123): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_

Expense Amount: \$\* \_\_\_\_\_  Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:**

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds?  Yes  No

**If Yes, is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified?  Yes  No

*If Yes, attach Risk's approval.*

Vendor is using a Social Security Number?  Yes  No

*If Yes, attach the required form per Administrative Procedure 22-10.*

**Amendment / Revised Award Information**

Document Type: CTN Department Code: FM Contract Number (i.e.,15-123): 19\*25

Amendment No.: 3 AMS Version No.: 3

Effective Date: 09/30/2022 New Termination Date: 09/30/2024

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ \$0.00

Is there revenue included?  Yes  No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required:** No Revenue / No Expense

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)  Award  Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e.,15-123): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:**

\*Match funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

**\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** \_\_\_\_\_

Contact: Kevin Button

Department: Facilities Management

Telephone: 520-724-8230

Department Director Signature/Date: 

8/29/2022

Deputy County Administrator Signature/Date: \_\_\_\_\_



8/29/2022

County Administrator Signature/Date: \_\_\_\_\_

*(Required for Board Agenda/Addendum Items)*

**PIMA COUNTY OFFICE OF BEHAVIORAL HEALTH**

**PROJECT: OPERATING AGREEMENT -CRISIS RESPONSE CENTER-Amendment 3**

**CONTRACTOR: Health Net Access, Inc. dba Arizona Complete Health -Complete Care Plan**

**PROPERTY: 2802 E. DISTRICT STREET**

**CONTRACT NO.: CTN-FM-19-25**

**CONTRACT AMENDMENT NO.: 3**

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Orig. Contract Term: 10/01/2015 - 09/30/2018	Orig. Amount:	\$0.00
Termination Date Prior Amendment: 09/30/2022	Prior Amendments Amount:	\$0.00
Termination Date This Amendment: 09/30/2024	This Amendment Amm.mt:	\$0.00
	Revised Total Amount:	\$0.00

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**THIRD AMENDMENT TO OPERATING AGREEMENT**

**1. Background and Purpose.**

- a. Pima County ("**County**") and Cenpatico of Arizona, Inc., an Arizona corporation d/b/a Cenpatico Integrated Care ("**Cenpatico**") entered into an Operating Agreement (the "**Agreement**"), in which Cenpatico agreed to operate a County-owned psychiatric urgent care crisis center, sub-acute behavioral health in-patient facility and call center located at 2802 E. District Street (the "**CRC**"), commencing on October 1, 2015.
- b. When Cenpatico entered into the Agreement it had been selected by AHCCCS to be the Regional Behavior Health Authority for Southern Arizona.
- c. In 2018 AHCCCS selected Health Net Access, Inc. dba Arizona Complete Health - Complete Care Plan ("**Health Net**") to be the Regional Behavioral Health Authority (RBHA) for Southern Arizona, and Cenpatico assigned its AHCCCS RBHA contract to Health Net.
- d. Effective October 1, 2018, Cenpatico also assigned all of its rights and obligations under the Agreement to Health Net. That assignment was made in the First Amendment to the Agreement, approved by County on September 18, 2018. The First Amendment also extended the term of the Agreement to September 30, 2020.
- e. The Second Amendment, fully executed on August 17, 2020, extended the Term to 09/30/2022.
- f. County and Health Net now wish to extend the term of the Agreement for an additional two years.

- 2. **Term.** The Term of the Agreement is extended for an additional two (2) year period which will end on 9/30/2024.

All other provisions of the Operating Agreement not specifically changed by this Third Amendment remain in effect and are binding upon the parties.

IN WITNESS THEREOF, the parties have affixed their signatures to this Agreement on the date written below:

PIMA COUNTY

HEALTH NET ACCESS, INC.



\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Authorized Signature  
James Stover, Medicaid Plan President

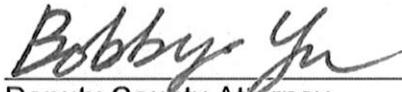
Date: \_\_\_\_\_

Date: 08/18/2022

ATTEST:

\_\_\_\_\_  
Melissa Manriquez, Clerk of the Board

APPROVED AS TO FORM



\_\_\_\_\_  
Deputy County Attorney

Date: 08/29/2022

APPROVED AS TO CONTENT



\_\_\_\_\_  
Director, Facilities Management  
Lisa Josker

Date: 8/29/2022



\_\_\_\_\_  
Jan Lesh, Deputy County Administrator

Date: 8/29/2022