

COB - BOSAIR FORM

10/03/2025 2:29 PM (MST)

Submitted by Maria.Romero3@pima.gov



BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number: PO DCS CT_22000000000000000087

Award Type: Contract

Is a Board Meeting Date Requested? Yes

Requested Board Meeting Date: 11/18/2025

Signature Only:

NO

Procurement Director Award / Delegated Award: • N/A

Supplier / Customer / Grantor / Subrecipient: UHS of Tucson LLC dba Palo Verde Behavioral Health

Project Title / Description: Inpatient Court Ordered Evaluation Services Pursuant to A.R.S. Title 36, Chapter 5

Purpose: Contract amendment #03 between Pima County and UHS of Tucson, LLC., dba Palo Verde Behavioral Health provides for continued hospital-based psychiatric services for involuntary commitment services (COE), required pursuant to Arizona Revised Statutes, Title 36, Chapter 5, Court Ordered Evaluations (COE). This amendment will extend the contract for another twelve months and increase funding in the amount of \$735,000.00.

Procurement Method: Medical and Health Related Professional Services: Board of Supervisors Policy D29.7.

Procurement Method Additional Info: Board of Supervisors Policy D29.7-1.4 (A)

Program Goals/Predicted Outcomes: This amendment will allow for the continuation of Court Ordered Evaluation services pursuant to Arizona Statute.

Public Benefit and Impact: Continuous oversight by Pima County for Court Ordered Evaluation services (COE) allows the County to achieve cost savings by reducing overhead and administrative costs previously paid to a third party to manage the COE contracts.

Budget Pillar • N/A

Support of Prosperity Initiative: N/A

TO: COB. 11/3/25 (1)

VERSION: 3

PAGES: 12

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Provide information that explains how this activity supports the selected Prosperity Initiative	N/A
Metrics Available to Measure Performance:	Performance measures are identified in the contract and are monitored based on reporting criteria.
Retroactive:	YES
Retroactive Description:	This agreement is retroactive as of October 1, 2025. The retroactive effective date is due to waiting for final version of the legislation associated with recent changes enacted under the State of Arizona, Chapter 211, House Bill 2742 (HB2742), Arizona Revised Statutes, relating to court-ordered evaluations.

Amendment / Revised Award Information

Record Number: PO DCS CT_22000000000000000087

Document Type:	PO
Department Code:	DCS
Contract Number:	CT_22000000000000000087
Amendment Number:	03
Commencement Date:	10/01/2025
Termination Date:	09/30/2026
Is the Termination Date new?	YES
Classification:	Expense
Adjust Level:	Increase
Prior Contract Number (If Applicable):	CT-BH-22-087

Amount This Amendment:
\$735,000.00

Funding Source(s) required: General Funds

Funding from General Fund? YES

If Yes Provide Total General Funds:
\$735,000.00

Percent General Funds 100

Contract is fully or partially funded with Federal Funds?

NO

Department: Detainee and Crisis Systems

Name: Maria Romero

Telephone: 5207247505

Add GMI Department Signatures

No

Department Director Signature: Paula J. Rivera Date: 10-30-2025

Deputy County Administrator Signature: [Signature] Date: 10-31-2025

County Administrator Signature: [Signature] Date: 10/31/2025

Pima County Department of Detainee and Crisis Systems

Project: Inpatient Court Ordered Evaluation Services Pursuant to A.R.S. Title 36, Chapter 5

Contractor: UHS of Tucson LLC dba Palo Verde Behavioral Health

Contract No.: CT_22*087

Contract Amendment No.: 03

Orig. Contract Term:	10/01/2021 - 09/30/2024	Orig. Amount:	\$1,224,980.34
Termination Date Prior Amendment:	09/30/2025	Prior Amendments Amount	\$2,424,980.34
Termination Date This Amendment:	09/30/2026	This Amendment Amount:	\$ 735,000.00
		Revised Total Amount:	\$4,384,960.68

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose.

1.1. Background. On October 1, 2021, County and Contractor entered into the above referenced agreement to provide Inpatient Court Ordered Evaluation Services Pursuant to A.R.S. Title 36, Chapter 5. Court Ordered Evaluations.

1.2. Purpose. County requires additional continuing support services for Inpatient Court Ordered Evaluation Services.

2. Term. The County is exercising the second extension option to renew the contract for one additional year commencing on October 1, 2025 and terminating on September 30, 2026. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 5. is increased by \$735,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$4,384,960.68.

4. Key Personnel. Key Personnel are revised to currently reflect the following individuals:
Dr. John Liggins, Psychiatrist
Dr. Nazia Ahmed, Psychiatrist
Dr. Allison Optican, Psychiatrist
Dr. Rami Dieb, Psychiatrist
Dr. George Hadeed, Psychiatrist

5. **Compensation and Payment.** Section 5.6. Invoice Submittal has been revised to reflect: Claims are to be sent to:
Pima County Detainee and Crisis Systems
Attn: COE Claims
3950 S. Country Club Rd. #3240
Tucson, AZ 85714
- Or via Email at: PCBHClaims@pima.gov
6. **Notice.** The parties have revised Section 18. Notice as follows:
- | | |
|---|------------------------------|
| County: | Contractor: |
| Paula Perrera, Director | Taiwan Savage, CEO |
| Pima County Detainee and Crisis Systems | Palo Verde Behavioral Health |
| 3950 S. Country Club Rd. Ste 3240 | 2695 N. Craycroft Rd. |
| Tucson, AZ 85714 | Tucson, AZ 85712 |
7. **Exhibit A Scope of Services.**
- 7.1 The parties have revised the Scope of Services by replacing Sections 7.2.4.1 and 7.2.4.2 as follows:
- 7.2.4.1 Ensure that evaluations are performed, and if clinically appropriate, submit to the Pima County Attorney, the Petition for Court Ordered Treatment (COT), if any, on the same or the next business day following the completion of the second evaluation, but in no event later than 72 hours after the Order for Evaluation was issued.
- 7.2.4.2 Ensure that inpatient evaluations are completed and Petition for COT (if any) is filed within seventy-two (72) hours from the date of the Court Order for Evaluation.
- 7.2 The parties have revised the Scope of Services by adding Section 7.2.5 as follows:
- 7.2.5 Seventy-two (72) hours as used herein means three (3) days, not including weekends and court holidays. See ATTACHMENT B-1, Sample Fee Schedules, Table 4. Payment Matrix by Type of COE Day for examples.
8. **Evaluating Agency Authorization Request Form.** The parties have revised the Evaluating Agency Authorization Request Form as described in the attached **Attachment A-3 (2 pages)**.
9. **Covered Services, Compensation & Billing.** The parties have revised Covered Services, Compensation & Billing as described in the attached **Exhibit B (4 pages)**.
10. **Sample Fee Schedules.** The parties have revised the Sample Fee Schedules as described in the attached **Attachment B-1 (3 pages)**.

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

PIMA COUNTY

Chair, Board of Supervisors

Date

CONTRACTOR

Taiwan Savage, BS
Authorized Officer Signature

TAIWAN SAVAGE, CEO PALO VERDE BEHAVIORAL
Printed Name and Title **HEALTH**

10/28/25
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM

Sabrina Fladness
Deputy County Attorney

Sabrina Fladness
Print DCA Name

10-1-2025
Date

APPROVED AS TO CONTENT

Pablo Senera
Pima County Department Head

10-30-2025
Date

ATTACHMENT A-3 (2 pages)
EVALUATING AGENCY AUTHORIZATION REQUEST FORM
Commencement Date: October 01, 2025

EVALUATING AGENCY NAME: _____
PATIENT NAME: _____ **DOB:** _____
DATES OF SERVICE FOR REVIEW: _____

INSURANCE: IF DUAL ENROLLED SELECT BOTH CARRIERS		Days eligible for review
☐	Title 19	Date of Involuntary Admit through date of filing of Petition for Court-Ordered Treatment.
☐	Private/Commercial/Medicare	Date of Involuntary Admit through date of filing of Petition for Court-Ordered Treatment for patient responsibility up to contract allowable amounts. See Attachment B-1.
☐	County is only payer - Non T-19	Date of Involuntary Admit through date of filing of Petition for Court-Ordered Treatment.

MINIMUM REQUIRED ELEMENTS

Authorization form must be filled out in full and attached with each individual packet submission to be accepted as complete. Packets must contain copies of all applicable records corresponding to each area checked below.

- ☐ Face sheet: Admit Date: _____ Date Submitted _____ (by 8:30am & within 24 hours from admit)
- ☐ Admitting Diagnosis: _____ ☐ Diagnosis on discharge: _____
- ☐ Number of days requested for review: ☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4 ☐ Day 5 ☐ Day 6 ☐ Day 7 ☐ Day 8
- ☐ Evaluation 1 requested for review:
Provider Name: _____ Date of Service: _____
- ☐ Evaluation 2 requested for review:
Provider Name: _____ Date of Service: _____
- ☐ Daily Psych note for each day requested above that indicates:
A) Patient meets criteria for involuntary evaluation AND B) Patient has been offered voluntary treatment
- ☐ Lab Results (UTOX / BAL)
- ☐ Psychosocial / A&R / Initial Level of Care Assessment
- ☐ Collateral Information (application origin and description of circumstances)
- ☐ **1st Set (Conformed)**
A. Application for Emergency Admission for Evaluation or Application for Involuntary Evaluation
B. Petition for Court Order Evaluation
C. Order for Evaluation
- ☐ **2nd Set (Conformed)**
A. Two (2) Psychiatric Evaluations
B. Affidavit(s) if applicable

- C. Petition for Court Order Treatment
- D. Notice of Hearing on Petition for Court Order Treatment
- E. Date Court Ordered or Dismissed

- ☐ Release from Evaluation (signed and notarized), if the patient is dropped or the case is dismissed, indicate drop code(s): _____
- ☐ Signed consent to treat form (if patient changed to voluntary status)

PRINT STAFF NAME:	
DATE SUBMITTED:	
DATE RECEIVED:	**PIMA COUNTY DETAINEE AND CRISIS SYSTEMS FIELD ONLY**

*Authorization of services is not a guarantee of payment.

Drop Code List:

- A1 - Evaluation no longer required – Substance abuse diagnosis
- A2 - Evaluation no longer required – Medical diagnosis
- A3 - Evaluation no longer required – Allegations not sustained
- B1 - Patient voluntary – Inpatient
- B2 - Patient voluntary – Discharged for outpatient treatment
- B3 - Patient voluntary – Allegations not sustained
- C1 - Guardianship/POA verified
- E1 - Dismissed - Administrative error
- E2 - Dismissed – Provider no show at court
- E3 - Dismissed – Primary diagnosis Not psych diagnosis
- F1 - Other

END OF ATTACHMENT A-3

EXHIBIT B (4 pages)
COVERED SERVICES, COMPENSATION & BILLING
Commencement Date: October 01, 2025

1. INPATIENT COE SERVICES: County shall provide reimbursement for authorized all-inclusive daily rates for:
 - 1.1. Days from involuntary admission to the Contractor to the filing of the Petition for Court Ordered Treatment as identified in **Attachment B-1 (3 pages)**.
 - 1.2. PHYSICIANS GROUPS SERVICES: In the event a separate physician's group provides services pursuant to this contract, Contractor shall be responsible for reimbursing said physicians' group for services provided from the compensation paid to Contractor.
2. PROFESSIONAL SERVICES:
 - 2.1. PSYCHIATRIC EVALUATIONS: County shall provide reimbursement for up to two (2) psychiatric evaluations performed by two different doctors on Proposed Patients pursuant to a Court Order for Evaluation and completed pursuant to the timelines indicated in Exhibit A - Required Scope of Services, Section 7. Court Ordered Evaluation (COE)/Involuntary Commitment Services, section 7.2.4.2.
 - 2.2. PHYSICIAN ROUNDS: Contractor will be compensated for services related to one (1) routine daily assessment/interaction of a Proposed Patient.
3. COMPENSATION: County will provide reimbursement for covered services in accordance with the Fee Schedule, Attachment B-1.
4. BILLING:
 - 4.1. County will process and adjudicate timely filed; clean claims submitted on the appropriate UB-04 or CMS-1500 form by Contractor within thirty (30) days of the date it is received. Contractor must submit timely filed, clean claims in accordance with the following guidelines:
 - 4.1.1. COORDINATION OF BENEFITS (COB): Before billing County for services provided in this Agreement, Contractor must make appropriate inquiry and determine, to the best of its ability, whether proposed patients are eligible with a primary payer.
 - 4.1.2. Verification shall include examination of patient/family information to determine if the proposed patient is any of the following:
 - 4.1.2.1. Employed (and possibly has an employer sponsored health plan);
 - 4.1.2.2. Medicaid eligible;
 - 4.1.2.3. Medicare eligible; and/or
 - 4.1.2.4. Covered by, or eligible for, commercial or private insurance.

- 4.1.3. Contractor must bill the primary payer for the entire COE stay, and submit to County, together with each claim:
 - 4.1.3.1. Evidence of denial of coverage by other known insurers;
 - 4.1.3.2. Explanation of Benefits (EOB); or
 - 4.1.3.3. Documentation substantiating Contractor's efforts to discover and verify other potential payer coverage.
 - 4.2. Contractor agrees to accept all payments from insurers or non-County payers as payment in full, except that following County's receipt of Explanation of Benefits, County will pay the co-payment, co-insurance or deductible for which the proposed patient may otherwise be liable, not to exceed the rate at which the County would have otherwise paid.
 - 4.3. CLAIM SUBMISSION WINDOW: Contractor must submit claims to County within the following time frames, where:
 - 4.3.2. Pima County is the only payer: within ninety (90) days of the last date of Service.
 - 4.3.3. Pima County is the secondary payer: within ninety (90) days from the date of the primary payer's EOB, of a timely filed claim.
 - 4.3.4. All claims must be submitted within the above prescribed timeframes, and no later than 180 days from the date of service.
 - 4.4. CLAIM RESUBMISSIONS/RECONSIDERATIONS: If a claim is received within the prescribed timeframes, Contractor has up to sixty (60) days from the date of County's remittance advice or primary payer's EOB (of a timely filed claim) to resubmit a clean or corrected claim.
 - 4.5. CLAIM RECOUPMENTS: County may deny claims for services or recover payment made to Contractor for denied services. Any repayment, recovery or recoupment will be made by deduction from any amount owed to Contractor by County as the result of any contract between County and Contractor. Contractor shall have the right to appeal such denial or recovery pursuant to the terms described in County's Provider Manual.
- 5. DENIED/EXCLUDED SERVICES: County may deny, limit or exclude coverage for payment of services for the following reasons:
 - 5.1. Contractor did not adhere to the terms of this contract;
 - 5.2. Services that are not authorized and/or medical services that are not part of the COE process;
 - 5.3. Services provided to proposed patients after their status changed to voluntary are not covered;
 - 5.4. Invalidation of a petition due to physicians performing evaluations after the statutory timelines;

- 5.5. The day of, or days subsequent to a dismissal of a petition for Court Ordered Treatment due to a physician's unavailability at the date, time and place of hearing;
- 5.6. Failure to file complete petitions with the PCAO within the timeframes set forth by the PCAO;
- 5.7. Failure to file signed, legible evaluation paperwork that provides sufficient detail and specificity to meet statutory requirements and contract; or
- 5.8. Failure to follow the statutory requirements indicated in Arizona Revised Statutes, Title 36, Chapter 5;
- 5.9. Failure to provide and/or document daily assessments that a physician or mid-level practitioner sees and assesses the proposed patient to determine whether proposed patients require involuntary commitment;
- 5.10. The day of, or days subsequent to a proposed patient's transition from involuntary to voluntary status and the date of discharge from the facility is not covered;
- 5.11. Services provided on or after the date on which a Petition for Court Ordered Treatment is filed.
- 5.12. Claims not billed with a valid, complete or legible EOB from a proposed patient's third party payer, where applicable.
- 5.13. County will not compensate Contractor for services provided to patients who are on Court Ordered Treatment (COT).
- 5.14. County will not pay for services provided to proposed patients who are not a resident of Pima County, unless behavior occurred within Pima County. Contractor must submit claims for services rendered to proposed patients who are residents of other Arizona counties to the county of residence. Petitions based on behavior occurring outside Pima County must be filed in the county of the proposed patient's residence.
- 5.15. County will not pay for additional inpatient days resulting from Contractor's failure to complete and file the two psychiatric evaluations according to the deadlines as required under Title 36, Chapter 5, Article 4 of the Arizona Revised Statutes, or for evaluations that are determined to be deficient by the Court.
- 5.16. County will not pay for additional days resulting from the Contractor's failure to file the Petition for Court Ordered Treatment on the same or the next business day following the completion of the second evaluation.
6. STATUTORY DEADLINES: County will not compensate Contractor for psychiatric evaluations that are not completed in compliance with the statutory timeline or for evaluations that are not conducted or prepared in a manner acceptable to the Court.
 - 6.1. In the event that an error or non-compliance with statutory timelines by Contractor or Contractor's staff causes an involuntary commitment action to be dismissed by the Court or rejected by PCAO, County will not compensate Contractor for either the

inpatient day or the evaluations performed that pertain to the dismissed involuntary commitment action.

7. UNTIMELY FILED CLAIMS: County may refuse to pay any amount billed in an untimely manner, and may refuse to pay any amount billed more than one hundred and eighty (180) days after the last date of service on any specific claim, or the date patient is known to be a County resident, pursuant to A.R.S. § 11-622 (C).
8. APPEALS: Contractor may file an appeals of denied claims or partial payments.
 - 8.1. Appeals must be submitted in writing, and must be clearly marked "APPEALS." The appeal must explain why County determination of authorization or denial is incorrect and the result Contractor is seeking. Describe the relevant information Contractor believes is known by County and include copies of the documents that provide additional information that County should consider. Appeal documentation must include:
 - 8.1.1. A statement of the factual and legal basis for the dispute;
 - 8.1.2. A statement of relief requested;
 - 8.1.3. Documentation and explanation to support the claim/dispute;
 - 8.1.4. For questions regarding the appeal, please include primary contact information to include the contact's name, phone number and email address.
 - 8.2. APPEAL SUBMISSION WINDOW: Appeals must be filed within ninety (60) days after the denial of a timely filed claim. COUNTY agrees to provide a written determination of the appeal within thirty (30) days of receipt.

END OF EXHIBIT B

ATTACHMENT B-1 (3 pages)
SAMPLE FEE SCHEDULES
Commencement Date: October 01, 2025

Table 1. Facility charges

Bed days Revenue code 0114, 0124, 0134, 0144	Payable	Claim Submission Window
Patient has no payer	1. Involuntary days prior to court order for evaluation = \$244.00 per day. 2. COE days = \$940.00 per day. 3. Days after the 2nd evaluation and before the filing of the petition for court-ordered treatment = \$244.00 per day.	90 days from the date of discharge.
Patient has private/commercial/Medicare (EOB required)	1. Copay/Coinsurance/Deductible/or non-covered behavioral health benefits, not to exceed the contracted rate of \$244.00 or \$940.00 per day.	90 days from the date of the primary payer's EOB, but never more than 180 days after discharge.
Patient has AHCCCS/Title 19/Behavioral Health Only, non-Title 19 (EOB required)	If not covered by plan: 1. Involuntary days prior to court order for evaluation = \$244.00 per day. 2. COE days = \$940.00 per day. 3. Days after the 2nd evaluation and before the filing of the petition for court-ordered treatment = \$244.00 per day.	90 days from the date of the primary payer's EOB, but never more than 180 days after Discharge.

Table 2. Professional fees – Rounding

Physician Billing for assessment of a patient	Billable Services: Service codes 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235	Payable	Claim Submission Window
Patient has no payer	1 daily assessment of patient for each authorized day.	\$97.19.	90 days from the date of service billed.
Patient has private/commercial/Medicare (EOB required)	1 daily assessment of patient for each authorized day.	Copay, Coinsurance, deductible or non-covered behavioral health benefits, not to exceed contract rate, \$97.19.	90 days from the date of the primary payer's EOB, but never more than 180 days after discharge.
Patient has AHCCCS/Title 19/Behavioral Health Only, non-Title 19 (EOB required)	1 daily assessment of patient for each authorized day.	\$97.19 if not covered by plan.	90 days from the date of the primary payer's EOB, but never more than 180 days after discharge.

Table 3. Professional fees - Psychiatric Evaluations

Physician Billing for psychiatric evaluations	Billable Services: Service codes 90791 or 90792	Payable	Claim Submission Window
Patient has no payer	Up to 2 psychiatric evaluations billed by two (2) separate psychiatrists and/or medical doctors.	\$171.59 per evaluation.	90 days from the date of service billed.
Patient has private/commercial/Medicare (EOB required)	Up to 2 psychiatric evaluations billed by two (2) separate psychiatrists and/or medical doctors.	Copay, Coinsurance, deductible or non-covered behavioral health benefits, not to exceed contract rates.	90 days from the date of the primary payer's EOB, but never more than 180 days after discharge.
Patient has AHCCCS/Title 19/Behavioral Health Only, non-Title 19 (EOB required)	Up to 2 psychiatric evaluations billed by two (2) separate psychiatrists and/or medical doctors.	Copay, Coinsurance, deductible or non-covered behavioral health benefits, not to exceed \$171.59.	90 days from the date of the primary payer's EOB, but never more than 180 days after discharge.

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Table 4. Payment Matrix by Type of COE Day

Matrix of Payments by Type of COE Day: COE - COE Day PTO - Prior to COE Order Day PE - Post Evaluation Day							#COE Days @ \$940	#Pre or Post COE Days @ \$244	Evaluati on Period Total Pymt	Pre & Post COE Total Pymt	Hospital Total	Phy Pymts: Rounds + Evals
Su	Mo	Tu	We	Th	Fr	Sa						
Admit - PTO- \$244	COE issued-\$940	COE-\$940	COE-\$940	72 hrs.-COT Pet filed			3	1	\$2,820	\$244	\$3,064	\$674

Su	Mo	Tu	We	Th	Fr	Sa						
	Admit - PTO-\$244	COE issued-\$940	COE-\$940	COE-\$940	72 hrs.-COT Pet filed		3	1	\$2,820	\$244	\$3,064	\$674

Su	Mo	Tu	We	Th	Fr	Sa						
		Admit - PTO- \$244	COE issued-\$940	COE-\$940	COE-\$940	COE-\$940	4	2	\$3,760	\$488	\$4,248	\$868
Post COE-\$244	72 hrs.-COT Pet filed											

Su	Mo	Tu	We	Th	Fr	Sa						
			Admit - PTO- \$244	COE issued-\$940	COE-\$940	COE-\$940	4	2	\$3,760	\$488	\$4,248	\$868
COE-\$940	Post COE -\$244	72 hrs.-COT Pet filed										

Su	Mo	Tu	We	Th	Fr	Sa						
				Admit - PTO- \$244	COE issued-\$940	COE-\$940	4	2	\$3,760	\$488	\$4,248	\$868
COE-\$940	COE-\$940	Post COE -\$244	72 hrs.-COT Pet filed									

Su	Mo	Tu	We	Th	Fr	Sa						
					Admit - PTO- \$244	PTO-\$244	3	3	\$2,820	\$732	\$3,552	\$868
PTO-\$244	COE issued-\$940	COE-\$940	COE-\$940	72 hrs.-COT Pet filed								

Su	Mo	Tu	We	Th	Fr	Sa						
						Admit - PTO- \$244	3	2	\$2,820	\$488	\$3,308	\$771
PTO-\$244	COE issued-\$940	COE-\$940	COE-\$940	72 hrs.-COT Pet filed								

END OF ATTACHMENT B-1