



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: September 18, 2018

\* = *Mandatory, information must be provided*

or Procurement Director Award ☐

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

Sonora Behavioral Health

**\*Project Title/Description:**

Court Ordered Evaluation Services pursuant to ARS Title 36, Chapter 5. The contract being amended can be found on eContracts by searching 16%051.

**\*Purpose:**

This contract provides for the provision of hospital-based psychiatric services for involuntary commitment, required pursuant to ARS Title 36, Chapter 5, Court Ordered Evaluations. Amendment #4 extends the term of the contract for an additional year. No funding is added with this amendment as there is sufficient funding in the contract to cover anticipated services for the year.

**\*Procurement Method:**

BOS D29.7.1.4.a, providers who provide a limited-availability service

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

Contractor shall provide psychiatric services in compliance with the provisions of ARS Chapter 5, Article 4. These requirements include adhering to a timeline, daily assessments, providing the opportunity for the patient to receive services voluntarily, coordinating with the Pima County Attorney's Office for Court proceedings and with Behavioral Health for documentation, utilization management, and billing.

**\*Public Benefit:**

Pima County oversight and management of Court Ordered Evaluations has allowed the County to realize cost savings as compared to costs previously incurred and paid to a third party for management of the process. In order to manage the COE process, which the County is mandated to pay for, the County must contract with hospitals that are established as evaluation agencies.

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

Performance measures have been identified in the contract and will be monitored based on the reporting requirements set forth in Exhibit D.

**\*Retroactive:**

No.

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**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 22-73.***Amendment / Revised Award Information**Document Type: CT Department Code: OMS Contract Number (i.e., 15-123): 16-051Amendment No.: 04 AMS Version No.: 08Effective Date: 09/30/2018 New Termination Date: 09/30/2019Prior Contract No. (Synergen/CMS): N/A☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ 0.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** N/A - no funding being added with this amendmentFunding 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: Sharon GrantDepartment: Behavioral HealthTelephone: 724-7842Department Director Signature/Date: Ellen K. Wheeler 8/29/18 / J.Deputy County Administrator Signature/Date: Deur 8/29/2018County Administrator Signature/Date: C. R. D... 8/30/18*(Required for Board Agenda/Addendum Items)*

<b>Pima County Department of Behavioral Health</b>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CONTRACT</b>  <b>NO. <u>CT-OMS-14-051</u></b>  <b>AMENDMENT NO. <u>04</u></b>  <small>This number must appear on all  invoices, correspondence and  documents pertaining to this  contract.</small> </div>
<b>Project:</b> Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5	
<b>Contractor:</b> Sonora Behavioral Health 6050 N. Corona Rd. Tucson, AZ 85704	
<b>Contract No.:</b> CT-OMS-16*051	
<b>Contract Amendment No.:</b> 04	(STAMP HERE)

<b>Orig. Contract Term:</b> 10/01/2015 - 09/30/2016 <b>Termination Date Prior Amendment:</b> 09/30/2018 <b>Termination Date This Amendment:</b> 09/30/2019	<b>Orig. Amount:</b> \$ 750,000.00 <b>Prior Amendments Amount:</b> \$1,500,000.00 <b>This Amendment Amount:</b> \$ 0.00 <b>Total Amount:</b> \$2,250,000.00
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### CONTRACT AMENDMENT

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

1. **Term.** The Contract terminates on September 30, 2019. County may renew this Contract for up to one additional year.
2. **Maximum Payment Amount.** County's total payments to Contractor under this contract, including any sales taxes, will remain at the maximum amount of \$2,250,000.00 from the date of the original contract beginning 10/1/15.
3. **EXHIBIT A: SCOPE OF SERVICES.** The parties have revised the Scope of Services by replacing the following paragraphs:

#### A. INVOLUNTARY COMMITMENT COVERED SERVICES

6. Verification of Residency: Before billing County for services provided in this contract, Contractor must make appropriate inquiry and determine, to the best of its ability, the State and County of the Proposed Patient's residence. Notwithstanding, A.R.S. § 36-545.04, claims will not be paid for Arizona residents who are not also Pima County residents that are referred or transported from outside Pima County for the purpose of an application for emergency admission.

#### F. UTILIZATION MANAGEMENT

3. Contractor will provide a face sheet, or other documentation as requested by County UM, in order to verify date of admission to the inpatient evaluation agency facility. For patients admitted Sunday – Thursday, notification must be sent to County UM via email or fax within 24 hours from time of admission. For admissions on Friday or Saturday or a holiday,

Contractor is required to send notification by 9:00AM on the next business day. In the event that the admission occurs after 4:00PM on the last business day leading into a weekend or holiday, Contractor is permitted to send notification by 9:00AM of the next scheduled business day.

7. The Contractor shall provide County UM (PCBH.UM@pima.gov) confirmation of each member's discharge date and disposition within one (1) business day of the member's discharge, including the following information: Proposed Patient's first and last name, Proposed Patient's Date of Birth, Admit Date, Discharge Date, and Disposition. Note: Weekend and holiday discharges follow the same notification process as described for admissions.

4. **EXHIBIT B: COMPENSATION.** In paragraph 1, change, "For services provided October 1, 2017 through September 30, 2018," to "For services provided October 1, 2017 through September 30, 2019".
5. **EXHIBIT C: BUSINESS ASSOCIATE AGREEMENT 2017-2018.** Delete "2017-2018" from the title.
6. **EXHIBIT D: REPORTING 2017-2018.** Delete "2017-2018" from the title.
7. **EXHIBIT E: GLOSSARY – 2017-2018.** Delete "2017-2018" from the title.

The effective date of this Amendment is September 30, 2018.

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

**PIMA COUNTY**

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Chairman, Board of Supervisors

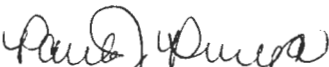
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Date

ATTEST

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

APPROVED AS TO FORM

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

  
\_\_\_\_\_  
Print DCA Name

8/29/18  
Date

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Department Representative

8/29/18  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Authorized Officer Signature

Michael Tacke, CEO  
\_\_\_\_\_  
Printed Name and Title

8/28/18  
Date