

# AHCCCS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by AHCCCS staff.

Date: 12/15/2025

Name and contact information of provider: AHCCMS

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Type of evidence-based practice provider (select one):

<input checked="" type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	Consumer Operated Services
<input type="checkbox"/>	Assertive Community Treatment

What was your experience with the fidelity review conducted at your agency?

The experience was professional and easy to navigate.

What was most helpful about the fidelity review process for your agency? The individuals that we worked with were helpful and supportive with any questions we had.

What suggestions would improve the review process? None, at this time.

Comments from your agency regarding the findings of the review and/or the fidelity report: We appreciate the feedback on what we can improve on.