



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

ISA

CONTRACT AMENDMENT

1. CONTRACTOR (Name and address) Arizona Health Care Cost Containment System - Division of Health Care Management 701 E Jefferson St 3rd Fl PHOENIX, AZ 85034	2. CONTRACT ID NUMBER DS16-003088 BH16-0024
	3. AMENDMENT NUMBER 1

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT:

In accordance with Section 4, AMENDMENTS OR MODIFICATIONS,

- 1) The attached RSA Behavioral Health Svcs Budget for the period from 07/01/2017 through 06/30/2018, in the amount of \$14,817,076.00, is attached and added to this agreement.
- 2) 2.2 is deleted and replaced in its entirety by the following:
 - 2.2 The Arizona Rehabilitation Services Administration works with persons with disabilities to achieve their goals for employment and independence.
- 3) 2.3 is deleted in its entirety. The following section is renumbered accordingly.
- 4) In 2.3 (previously 2.4), "Regional Behavioral Health Authority (RBHAs)" is replaced with "Managed Care Organizations (MCOs)."
- 5) In 5.0. Definitions, the following definitions are added:
 - 5.1 Arizona Department of Economic Security (ADES) – A government agency of the State of Arizona, providing a variety of social support services to Arizona residents.
 - 5.2 Arizona Health Care Cost Containment System (AHCCCS) – Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.
 - 5.3 Arizona Revised Statutes (ARS) – The name given to the statutory laws in the state of Arizona.
 - 5.4 Community Rehabilitation Providers (CRP) – Agencies or individuals approved to provide employment support to individuals with disabilities served by RSA/VR.
 - 5.5 Extended Supported Employment (ESE) – Ongoing services (Job Coaching) needed to support and maintain an individual with a disability in employment after the RSA/VR program terminates employment support services. These services are funded by the MCO.
 - 5.6 Individual Service Plan (ISP) – Written details of the supports, activities, and resources required for the individual to achieve personal goals. The Individual Service Plan is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering. Please note that this may be called differently depending on MCO or Provider, but essentially, this is referring to the

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5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTACT.

6. ARIZONA DEPARTMENT OF ECONOMIC SECURITY	7. NAME OF CONTRACTOR Arizona Health Care Cost Containment System - Division of Health Care Management
SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Patty Clark</i>	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Meggan Hurby</i>
TYPED NAME Patty Clark	TYPED NAME Meggan Hurby
TITLE Chief Procurement Officer	TITLE Chief Procurement Officer
DATE 6/14/17	DATE 6/6/17

- member's Treatment Plan.
- 5.7 Individualized Plan for Employment (IPE) – A written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
 - 5.8 Interagency Service Agreement (ISA) – A document between government agencies and departments that defines cooperative work between them. The agreement defines the parties involved, the work performed and the transfer of technologies and funds. In this regards, the ISA is between the Arizona Department of Security (ADES) and the Arizona Health Care Cost Containment System (AHCCCS).
 - 5.9 Managed Care Organization (MCO) – An organization that combines the functions of health insurance, delivery of care, and administration. In this regards, the MCOs are Mercy Maricopa Integrated Care (MMIC), Health Choice Integrated Care (HCIC), and Cenpatico Integrated Care (C-IC).
 - 5.10 Non-Title XIX – An individual with a disability who does not qualify for AHCCCS benefits. See Title XIX also.
 - 5.11 Regional Behavioral Health Authority (RBHA) – Now called Managed Care Organizations (MCOs), RBHAs were the oversight agencies that administered behavioral health services and physical health services to Title XIX/XXI eligible persons.
 - 5.12 Rehabilitation Services Agreement (RSA) – An administration within ADES that oversees several programs which are designed to assist eligible individuals who have disabilities to achieve employment outcomes and enhanced independence by offering comprehensive services and supports.
 - 5.13 Serious Mental Illness (SMI) – SMI is not a diagnosis, but rather a determination from criteria that qualifies individuals for extra support. Arizona's definition of SMI is as follows: Individuals who exhibit emotional or behavioral functioning, which is so impaired as to interfere with their capacity to remain in the community without supportive treatment of a long-term duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
 - 5.14 Title XIX – Enacted in 1965, Title XIX (19) of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income.
 - 5.15 Vocational Rehabilitation (VR) – A program under RSA that provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.
- 6) Delete 7.1.1 in its entirety and replace with the following:
 - 7.1.1 The Contractor shall transfer non-Federal dollars to ADES/RSA, per the approved annual RSA Behavioral Health Services Budget (Attachment 1). This amount represents the AHCCCS funding contribution for the service provision under this Agreement.
 - 7) In 7.1.2, delete the space (tab) before the sentence.
 - 8) Renumber 7.2.2 and 7.2.3 to 7.2.1 and 7.2.2 respectively.
 - 9) Renumber 7.3.2, 7.3.3, 7.3.4, and 7.3.5 to 7.3.1, 7.3.2, 7.3.3, and 7.3.4 respectively.
 - 10) Add the following section 7.4:
 - 7.4 AHCCCS shall invoice ADES/RSA for the AHCCCS Employment Administrator position as follows:
During the State Fiscal Year, Quarter 1 is due on December 31 and Quarters 2 through 4 are due on July 31. Invoices shall be sent to RSAFinance@azdes.gov.
 - 11) In 8.1.2a, 8.1.2b, 9.1.1a, 9.1.1b, 9.1.4a (three times), 9.2.1, 9.2.2a, 9.2.2c (twice), 9.2.3 (twice), 9.2.4, 9.2.4a, 9.2.4c (twice), 9.2.4d, 9.3.2, 9.3.2.3b, 10.2.2a, 14.1 (twice) and 14.4.1k, replace "RBHA" with "MCO."
 - 12) In 8.1.2a, replace "Individualized" with "Individual."
 - 13) To the end of 8.1.2b.2, add the sentence, "MCO/Clinical Team will be involved in the IPE development."
 - 14) In 8.1.2b.3, replace "Regional Behavioral Health Authority (RBHA)" with "MCOs."
 - 15) Add the following:
 - 8.1.2b.4 ADES/RSA staff and MCO/Employment staff shall have weekly consultations regarding the progress of mutual program participants. Participation can be face-to-face, via email, or telephonic.
 - 16) Add the following:
 - 8.1.2b.5 On a quarterly basis, the MCO/Employment staff are responsible to provide training on employment-related topics to the MCO/Clinical Team staff (i.e. Supervisors, Case Managers, Peer Support Specialists, etc.).
 - 17) Delete 8.1.3 in its entirety.
 - 18) In 9.1, correct "RESPONSIBILTIES" to "RESPONSIBILITIES."
 - 19) Delete 9.1.4 in its entirety.
 - 20) Delete section 9.1.5 in its entirety. Renumber subsequent sections accordingly.
 - 21) In 9.1.6a.4 and 5, add an "s" to the end of "administration."
 - 22) In 9.1.6a.1, 4, 5 and 6, insert a definite article in front of "AHCCCS Statewide Employment Administrator" and "ADES/RSA Statewide Employment Behavioral Health Coordinator."

- 23) In 9.1.6b (previously 9.1.8b), after the word "Organize" add "in-person."
- 24) Delete 9.1.6b.4 (previously 9.1.8b.4) in its entirety and renumber the following section accordingly.
- 25) Add the following section 9.1.8:
 9.1.8 In conjunction with the MCOs and ADES/RSA, within each MCO Region, hold Bi-Annual, in-person coordination meetings, to include AHCCCS/RSA/MCO Administrators; Regional RSA staff; MCO Provider employment staff; Community Provider staff; and any other entities pertinent to the collaboration, to facilitate trainings, communication and planning.
- 26) Replace "ADHS/DBHS" with "AHCCCS" in 9.2, 9.2.1, 9.2.5, 9.3.4c, and 9.3.4e.
- 27) Delete the blank line between 9.2.2b and 9.2.2b.1.
- 28) In 9.2.2b1a, delete the spaces (tabs) behind "client" and "client's."
- 29) From 9.2.2c, delete the second sentence.
- 30) Replace "the IGA" with "this ISA" in 9.2.5, and replace "IGA" with "ISA" in 9.2.5a, and 9.2.5b.
- 31) Delete section 9.2.6 in its entirety.
- 32) Add the following section:
 9.2.6 In its agreements with the MCOs, require the following:
 a. Development of a "Year in Review" report that demonstrates the partnership between ADES/RSA and the MCO Providers, as it pertains to this agreement and the Regional Collaborative Protocols, and illustrates developments made through the prior year for mutually-enrolled members (findings; interpretation and analysis; trends; and a strategy for any follow-up).
 1. This review will include existing data from RSA, the MCOs, and/or the MCO Providers.
 2. This Year in Review report must be submitted no later than August 15th of each year to the AHCCCS Employment Administrator and the ADES/RSA Statewide Behavioral Health Coordinator for review and modification as needed, prior to submitting as final.
 b. Submission of the final, approved Year in Review reports to the following:
 1. AHCCCS
 2. ADES/RSA
 3. MCO Leadership
 4. MCO Provider Leadership
- 33) Add the following section:
 10.2.3 ADES/RSA data on staffing levels of those who are dedicated to activities and services delivered under this agreement.
 a. ADES/RSA Vocational Rehabilitation Counselor Total FTE per RSA Region
 b. ADES/RSA Vocational Rehabilitation Counselor Current FTE per RSA Region
 c. ADES/RSA Number of Vocational Rehabilitation Counselor FT & PT per RSA Region
 d. ADES/RSA Vocational Rehabilitation Counselor Vacancies per RSA Region
 e. ADES/RSA Rehabilitation Technician/Purchasing Technician Total FTE per RSA Region
 f. ADES/RSA Rehabilitation Technician/Purchasing Technician Current FTE per RSA Region
 g. ADES/RSA Supervisors Total FTE per RSA Region
 h. ADES/RSA Supervisors Current FTE per RSA Region
- 34) Delete 10.5 in its entirety and replace with the following:
 10.5 Quarterly reports shall include at a minimum expenditures for contracted and non-contracted services in the following budget categories: Personnel, Employee-Related Expenses, Professional and Outside Services, Equipment, Travel, Aid to Organizations, Other Operating Expenses, IT Direct and Indirect charges (if applicable). ADES/RSA shall submit financial expenditure reports to BHSinvoices@azahcccs.gov.
- 35) Delete section 11.3 in its entirety and replace with the following:
 11.3 ADES/RSA will submit its invoices for the AHCCCS funding contribution to:
 Arizona Health Care Cost Containment System (AHCCCS)
 ATTN: John Moorman
 701 E Jefferson St, MD 5400
 Phoenix, AZ 85034
bhsinvoices@azahcccs.gov
- 36) Replace 11.5 in its entirety with the following: "ADES/RSA shall return unspent funding contribution money to AHCCCS no later than one hundred eighty (180) days after Fiscal Year End."
- 37) In section 14.1, replace "individuals with Serious Mental Illness" to "individuals determined to have Serious Mental Illness."
- 38) Exhibit A is deleted in its entirety and replaced by the attached Exhibit A, "Individual Service Plan Participation / Recommendation Form."

These changes are effective 07/01/2017.

Date:

**Individual Service Plan
Participation / Recommendation Form**

This form is to be initiated by the T/RBHA and completed by the RSA VR Counselor, upon request of member's clinical team, on the clients who are open, eligible and active in the VR Program

RSA VR Counselor Name:	Date Needed By:
Member Name:	Member DOB:
Please mark one or more of the following, that best describe(s) the member's status in the VR Program:	
Currently in Individualized Plan for Employment (IPE), but not actively pursuing goal at this time	<input type="checkbox"/>
Currently in Individualized Plan for Employment (IPE), and actively pursuing vocational goal	<input type="checkbox"/>
Currently employed	<input type="checkbox"/>
Currently in school or training program	<input type="checkbox"/>
Other:	<input type="checkbox"/>
In the space below, please describe the member's vocational goal. What type of employment does the member wish to pursue?	
In the space below, please describe any and all activities the member is currently working on to reach employment goal (this may include volunteer work):	
In the space below, please list any additional information that may be helpful for the Clinical Team to know about the member or that should be included in the Individual Service Plan:	

Please complete this form and return to the clinical team before the client's scheduled Adult Team Meeting / ISP Planning Meeting.

***** This form should be filed in the member's medical record with the ISP *****