

Mercy Care Affiliated RBHA
Provider Deliverables



Scope of Work (A-100) - General Requirements					
Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
ASOC-03	Access to Care Report	7 and 23 days Access to Care	SFTP File Name Format: ASOC_AccesstoCare_YYYYMM_AgencyID	Network Management Administrator	5th of the Month
CC-01	Language Report	Language Report	e-mail to: CulturalCompetency@mercymari.copa.org	Cultural Competency Administrator	Annually, due October 31st
CC-02	Cultural Competence Organizational Self-Assessment	Cultural Competence Organizational Self-Assessment	Survey Monkey	Cultural Competency Administrator	As Requested
CC-03	Cultural Competency Plan	Develop a written Cultural Competency Plan (CCP) in an outcome based format including expected results, measurable outcomes and outputs with a focus on national level priorities and current initiatives in the field of cultural competency.	e-mail to: CulturalCompetency@mercymari.copa.org	Cultural Competency Administrator	Annually, due June 30th
CSOC -11	Access to Care Report	7 and 21 days Access to Care	SFTP File Name Format: CSOC_AccesstoCare_YYYYMM_AgencyID	Childrens SOC Administrator	5th of the Month
CRED-01	Initial Individual Clinician Credentialing Application and Supporting Documentation	Initial Individual Clinician Credentialing Application and supporting documentation	Provider Relations Fax to: (860) 975-0841	Director of Credentialing	As Requested
FIN-01	Unaudited Financial Reporting	For providers receiving >\$250,000 per year, Attachments A-G in the MMIC Financial Reporting Guide Attachments.	SFTP File Name Format: Finance_UnauditedFinancials_YYYYMMDD_AgencyID	Finance	Quarterly
FIN-02	Audited Financials	For providers receiving >\$500,00 per year, due 4 months after provider fiscal year end.	SFTP File Name Format: Finance_AuditedFinancials_YYYYMMDD_AgencyID	Finance	Yearly
GMHSA-06	Access to Care Report	All Intake Providers. Focuses on the 7 day and 23 day access to care requirements	SFTP File Name Format: GMHSA_AccesstoCare_YYYYMM_AgencyID	GMH/SA Administrator	5th of the Month
NETWORK-01	Provider Comprehensive Roster	Roster of all BH Providers providing Direct Client Care (Includes Facilities, Staff Listing, & Key Contracts)	SFTP File Name Format: Network_CompProvRoster_YYYYMM_AgencyID	Network Management Administrator	5th of the Month

Scope of Work (A-100) - General Requirements (Continued)

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Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
		There are no additional Provider Deliverables for A-100			

Scope of Work (A-100) - General Requirements (Continued)

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
QM-02	Seclusion/Restraint Summary Report	Report of each use of Seclusion / Restraint concerning all enrolled persons Seclusion / Restraint Summary Report Concerning Persons with SMI Report of each use of Seclusion / Restraint Concerning Persons with SMI Seclusion / Restraint Summary Report Concern	Email Forms to: MMIC@aetna.com Fax Forms to: 1-855-224-4908	Quality Management Administrator	5th of the Month
QM-03	High Profile Alerts of Incidents, Accidents, and Deaths	Incident Accident Death Form	Fax Forms to: 1-855-224-4908	Quality Management Administrator	Within 24 Hours of Awareness
QM-04	Incident, Accident, and Death Forms	Allegations of Attempted Suicide, Sexual Abuse and Death Incident Reports	QM Portal https://app.azdhs.gov/QMPortal	Quality Management Administrator	Within 48 Hours of Awareness
QM-05	Incident, Accident, and Death Reports for Behavioral Health Members	Incident Accident Death Form	QM Portal https://app.azdhs.gov/QMPortal	Quality Management Administrator	Within Five (5) Business Days of Awareness
QM-08	Individual Clinician Re-Credentialing Application & Supporting Documentation	Individual Clinician re-credentialing application & supporting documentation	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	63 Days Prior to Expiration
QM-10	Organizational Credentialing Application	Organizational Credentialing Application and supporting documentation	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	15 Days After Approval Letter from Mercy Maricopa is Received
QM-11	Organizational Re-Credentialing Application and Supporting Documentation	Organizational re-credentialing application and supporting documentation	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	63 Days Prior to Expiration
QM-12	ADHS DLS License	ADHS Division of Licensing Services - Facility License	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	30 Days Prior to Expiration

Scope of Work (A-100) - General Requirements (Continued)

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
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QM-13	Proof of Insurance/Facility	Proof of Insurance/Facility	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	30 Days Prior to Expiration
QM-14	Individual Clinician license	Individual Clinician license	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	30 Days Prior to Expiration
QM-15	DEA (if applicable)	DEA (if applicable)	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	30 Days Prior to Expiration
QM-16	Accreditation Certificate and Survey Report	Accreditation certificate and survey report	Provider Relations Fax to: (860) 975-0841	Quality Management Administrator	30 Days Prior to Expiration
QM-18	QM Practice Improvement Plans (PIPs) and QM CAPs	Provide QM Department with corrective actions/PIPs as requested	SFTP File Name Format: QMPM_QM-18_YYYYMMDD_AgencyID	Quality Management Administrator	As Requested

Scope of Work (CCC-100) - Crisis Call Center

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
CRISIS-05	DCS Rapid Response Monthly Report	DCS Rapid Response Monthly Report	SFTP File Name Format: Crisis_CRISIS-05_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-06	Ambulance Dispatches Summary Report	Ambulance Dispatches Summary Report	SFTP File Name Format: Crisis_CRISIS-06_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-07	Crisis PAD Report	Crisis PAD Report	SFTP File Name Format: Crisis_CRISIS-07_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-08	Crisis Services Report	Formerly Crisis Call Center Quality Management Report	Email: crisis@mercymaricopa.org	Crisis Administrator	15th of the Month
CRISIS-09	DCS Stabilization > 90 Days Roster	Formerly, CRN 160 - kids in the program >90 days.	Email: Stevingk@mercymaricopa.org Bedinghausm@mercymaricopa.org GroverM1@mercymaricopa.org	Childrens SOC Administrator	15th of the Month
CRISIS-10	Children's Crisis Report	Formerly CRN 148	Email: Stevingk@mercymaricopa.org Bedinghausm@mercymaricopa.org GroverM1@mercymaricopa.org	Childrens SOC Administrator	15th of the Month
CRISIS-11	DCS Rapid Response Structural Report	Formerly CRN 156	Email: Stevingk@mercymaricopa.org Bedinghausm@mercymaricopa.org GroverM1@mercymaricopa.org	Childrens SOC Administrator	12th of the Month

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CRISIS-12	Hospital Rapid Response Monthly Report	Formerly CRN 161	Email: crisis@mercymaricopa.org	Crisis Administrator	15th of the Month
CRISIS-14	DBHS Crisis Call Center Monitoring Tool	DBHS Crisis Call Center Monitoring Tool	Email: crisis@mercymaricopa.org	Crisis Administrator	13th of the Month

Scope of Work (ACT-100) - ACT Team

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
SMI-04	ACT Census	ACT Member Census and Staff Roster	actreferrals@mercymaricopa.org or SFTP File Name Format: ASOC_ACTCensus_YYYYMM_AgencyID-AHCCCSID	Senior ACT Manager	Due every Friday
SMI-05	ACT Outcomes	ACT Outcomes	SFTP File Name Format: ASOC_ACTOutcomes_YYYYMM_AgencyID-AHCCCSID	Senior ACT Manager	Due 5th of every month
SMI-06	ACT Outcomes Attestation	ACT Outcomes Attestation	SFTP File Name Format: ASOC_ACTOutcomesReportAttestation_YYYYMM_AgencyID-AHCCCSID	Senior ACT Manager	Due 5th of every month
ASOC-01	HEA Screenings Report and Attestation	Screen persons requesting covered services for Medicaid and Medicare eligibility in conformance with ADHS/DBHS Policy on Eligibility Screening for AHCCCS Health Insurance, including Title XIX services. (A.R.S. § 36-3408)	SFTP File Name Format: ASOC_HEA_YYYYMM_AgencyID	Adult SOC Administrator	5th of the Month
ASOC-02	Comprehensive Report of Persons Identified as in Need of Special Assistance	Comprehensive Report of Persons Identified as in Need of Special Assistance	SFTP File Name Format: ASOC_ASOC-02_YYYYMM_AgencyID	Grievance System Administrator	5th of the Month
ASOC-03	Access to Care Report	7 and 23 days Access to Care	SFTP File Name Format: ASOC_AccessToCare_YYYYMM_AgencyID	Network Management Administrator	5th of the Month
COURTS-01	COT Summary Reports	Outpatient Commitment COT Monitoring Data	SFTP File Name Format: ASOC_OCM_YYYYMM_AgencyID	Court Liaison Administrator	5th of the Month
FIN-03	MHBG Reporting	For providers receiving any MHBG funds, Attachment J in the MMIC Financial Reporting Guide Attachments.	SFTP File Name Format: Finance_MHBG_YYYYMMDD_AgencyID	Finance	Quarterly
FIN-04	A-133 Audit	For providers receiving >\$750,00 per year in	SFTP File Name Format:	Finance	Yearly

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EMPLOY-05	Psychiatric Rehabilitation	APNO Rehabilitation Specialist to complete Psychiatric Rehabilitation Monthly report of Rehabilitation & Employment related training, referrals for services and coordination with RSA/VR	SFTP File Name Format: ASOC_PsychRehab_YYYYMM_AgencyID	Employment Administrator	5th of the Month
GA-02	Notification of a Person No Longer In Need of Special Assistance	Notification of a Person No Longer In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (10) Business Days of Determination
GA-03	Notification of a Person In Need of Special Assistance	Notification of a Person In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (5) Business Days of Determination
HOUSING-04	Supervisory Care Home Admission and	Supervisory Care Home Admission and Status	SFTP File Name Format:	Housing Administrator	5th of the Month
NETWORK-05	Prescriber Availability Report	Prescriber availability and access for Members	SFTP File Name Format: Network_PrescriberAvail_YYYYMMDD_AgencyID	Network Management Administrator	5th of the month
NETWORK-12	New TXIX or Priority Recipients	New TXIX or Priority Recipients	SFTP File Name Format: Network_NETWORK-12_YYYYMMDD_AgencyID	Network Management Administrator	When Decision has been Made
OIFA-02	Peer Support Specialist/Recovery Support Specialist Assignment Roster	Peer Support Specialist/Recovery Support Specialist Assignment Roster	SFTP File Name Format: OIFA_OIFA-02_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the month on a quarterly basis
OIFA-04	Arnold Expansion Report	Arnold Expansion Report	SFTP File Name Format: OIFA_OIFA-04_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-05	Committee Contract Report	Committee Contract Report	SFTP File Name Format: OIFA_OIFA-05_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-06	Technical Assistance Contract Report	Technical Assistance Contract Report	SFTP File Name Format: OIFA_OIFA-06_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-07	Family and Youth Roles Inventory	Method for tracking agency's hiring of system involved adults, and young adults.	SFTP File Name Format: CSOC_YFRoleInventory_YYYYMMDD_AgencyID	Individual and Family Affairs Administrator	30 Days after Quarter End
OIFA-08	Fidelity Reports of Consumer Operated Programs	Fidelity Reports of Consumer Operated Programs	SFTP File Name Format: OIFA_FidConOpPrg_YYYYMMDD_AgencyID	Individual and Family Affairs Administrator	5th of the Month
SMI-01	Adult PNO Monthly Report and Attestation	Adult PNO Monthly Report and Attestation	SFTP File Name Format: ASOC_AdultPNO_YYYYMM_AgencyID	SMI Services Administrator	5th of the Month

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SMI-02	Flex Fund Usage	Tracks the use of flex funds by individuals in the system.	SFTP File Name Format: CSOC_FlexFund_YYYYMM_AgencyID	SMI Systems Administrator	30 Days after the Month Ends
SMI-03	MHBG Provider Policies and Procedures	MHBG providers must submit all their MHBG related policies and procedures on an annual basis on or before September 30 th .	SFTP File Name Format: ASOC_MHBGPP_YYYYMMDD_AgencyID	SMI Systems Administrator	On or before September 30 th of every year
QMPI-01	SMI Clinic Gaps in Care	List of SMI Integrated members with gaps in HEDIS & HEDIS-like performance measures; report actions taken on at least 30% of members on the list (appointments made or screenings completed)	SFTP File Name Format: QMPI_GapsInCare_YYYYMMDD_AgencyID	Performance Improvement Project Manager	Last business day of October, January, April and July
Tribal-03	San Lucy Outpatient Roster	Number of persons/families receiving outpatient services within the San Lucy District per month	SFTP File Name Format: TribalLiaison_Tribal-03_YYYYMM_AgencyID	Tribal Liaison	15 th of the Month

Scope of Work (ASMI-100) - Adult SMI Clinic

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
ASOC-01	HEA Screenings Report and Attestation	Screen persons requesting covered services for Medicaid and Medicare eligibility in conformance with ADHS/DBHS Policy on Eligibility Screening for AHCCCS Health Insurance, including Title XIX services. (A.R.S. § 36-3408)	SFTP File Name Format: ASOC_HEA_YYYYMM_AgencyID	Adult SOC Administrator	5 th of the Month
ASOC-02	Comprehensive Report of Persons Identified as in Need of Special Assistance	Comprehensive Report of Persons Identified as in Need of Special Assistance	SFTP File Name Format: ASOC_ASOC-02_YYYYMM_AgencyID	Grievance System Administrator	5 th of the Month
ASOC-03	Access to Care Report	7 and 23 days Access to Care	SFTP File Name Format: ASOC_AccessToCare_YYYYMM_AgencyID	Network Management Administrator	5 th of the Month
COURTS-01	COT Summary Reports	Outpatient Commitment COT Monitoring Data	SFTP File Name Format: ASOC_OCM_YYYYMM_AgencyID	Court Liaison Administrator	5 th of the Month
FIN-03	MHBG Reporting	For providers receiving any MHBG funds, Attachment J in the MMIC Financial Reporting Guide Attachments.	SFTP File Name Format: Finance_MHBG_YYYYMMDD_AgencyID	Finance	Quarterly

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FIN-04	A-133 Audit	For providers receiving >\$750,00 per year in either MHBG or SABG combined funds, due 4 months after provider fiscal year end.	SFTP File Name Format: Finance_A133Audit_YYYYMMDD_AgencyID	Finance	Yearly
EMPLOY-05	Psychiatric Rehabilitation	APNO Rehabilitation Specialist to complete Psychiatric Rehabilitation Monthly report of Rehabilitation & Employment related training, referrals for services and coordination with RSA/VR	SFTP File Name Format: ASOC_PsychRehab_YYYYMM_AgencyID	Employment Administrator	5th of the Month
GA-02	Notification of a Person No Longer In Need of Special Assistance	Notification of a Person No Longer In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (10) Business Days of Determination
GA-03	Notification of a Person In Need of Special Assistance	Notification of a Person In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (5) Business Days of Determination
GMHSA-04	HIV Monthly Report	HIV Monthly Report Terros only. Populations served with HIV services and locations where these members were served	SFTP File Name Format: GMHSA_HIV_YYYYMM_TERROS	GMH/SA Administrator	5th of the Month
GMHSA-05	SAPT LEVEL II Providers ONLY Wait List Report: minimum of monthly upload to statewide database	SAPT LEVEL II Providers only. Services that were delivered to SAPT recipients in this level of care broken out by SAPT priority population.	SFTP File Name Format: GMHSA_SAPTLEVEL11_YYYYMM_AgencyID	GMH/SA Administrator	5th of the Month
GMHSA-06	Access to Care Report	All Intake Providers. Focuses on the 7 day and 23 day access to care requirements	SFTP File Name Format: GMHSA_AccesstoCare_YYYYMM_AgencyID	GMH/SA Administrator	5th of the Month
OIFA-02	Peer Support Specialist/Recovery Support Specialist Assignment Roster	Peer Support Specialist/Recovery Support Specialist Assignment Roster	SFTP File Name Format: OIFA_OIFA-02_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the month on a quarterly basis
OIFA-04	Arnold Expansion Report	Arnold Expansion Report	SFTP File Name Format: OIFA_OIFA-04_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-07	Family and Youth Roles Inventory	Method for tracking agency's hiring of system involved adults, and young adults.	SFTP File Name Format: CSOC_YFRoleInventory_YYYYMMDD_AgencyID	Individual and Family Affairs Administrator	30 Days after Quarter End
SMI-01	Adult PNO Monthly Report and Attestation	Adult PNO Monthly Report and Attestation	SFTP File Name Format: ASOC_AdultPNO_YYYYMM_AgencyID	SMI Services Administrator	5th of the Month

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SMI-02	Flex Fund Usage	Tracks the use of flex funds by individuals in the system.	SFTP File Name Format: CSOC_FlexFund_YYYYMM_AgencyID	SMI Systems Administrator	30 Days after the Month Ends
QMPI-01	SMI Clinic Gaps in Care	List of SMI Integrated members with gaps in HEDIS & HEDIS-like performance measures; report actions taken on at least 30% of members on the list (appointments made or screenings completed)	SFTP File Name Format: QMPI_GapsInCare_yyyymmdd_AgencyID	Performance Improvement Project Manager	Last business day of October, January, April and July

Scope of Work (ATCSA-100) - Adult Transition Team CSA

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
		There are no additional Provider Deliverables for ATCSA-100			

Scope of Work (BHRA-100) - BH Residential Facility - Adult

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
GA-02	Notification of a Person No Longer In Need of Special Assistance	Notification of a Person No Longer In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (10) Business Days of Determination
GA-03	Notification of a Person In Need of Special Assistance	Notification of a Person In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (5) Business Days of Determination
UM-01	Form 3.14.1	Certification of Need for Level I Facilities (CON)	RTC CON and RON Fax: (844) 608-2497, Subacute Fax: (844) 819-5898	Utilization Management Administrator	As Requested
UM-02	Form 3.14.2	Re-Certification of Need (RON)	RTC CON and RON Fax: (844) 608-2497, Subacute Fax: (844) 819-5898	Utilization Management Administrator	As Requested

Scope of Work (BHRC-100) - BH Residential Facility - Children's

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
		There are no additional Provider Deliverables for BHRC-100			

Scope of Work (BH RTP-100) - BH Residential Facility - Transition Point

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Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for BHRTP-100		

Scope of Work (CAIP-100) - Child / Adolescent Independent Practitioner

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CAIP-100		

Scope of Work (CASA-100) - Child / Adolescent Substance Abuse

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CASA-100		

Scope of Work (CASP-100) - Child / Adolescent Specialty Provider

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
CSOC-01	Direct Support Provider Report	Direct Support Provider Monthly Roster	SFTP File Name Format: CSOC_DSPRoster_YYYYMM_AgencyID	Childrens SOC Administrator	5th of the Month
CSOC-14	Referral Capacity Report	Number of available referrals accepted for the current week, this should also include Spanish speaking capacity	e-mail: DSP_SpecialtyProviders@mercymaricopa.org	Childrens SOC Administrator	Every Monday

Scope of Work (CASS-100) - Central Arizona Shelter Services

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CASS-100		

Scope of Work (CAT-100) - Child to Adulthood Transition

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Provider Deliverables

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CAT-100		

Scope of Work (CATSA-100) - Child / Adolescent Treatment of Substance Abuse

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CATSA		

Scope of Work (CATSD-100) - Child / Adolescent Treatment of Substance Use Disorders

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CATSD		

Scope of Work (CAYAT-100) - Child/Adolescent Youth to Adulthood Transition Team

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
CSOC-02	Young Adult Transition Roster	Information on youth enrolled in TIP programs	SFTP File Name Format: CSOC_YAT_YYYYMM_AgencyID	Transition Youth Coordinator	5th of the Month
CSOC-04	TAPIS Outcomes Report (TIP Programs)	TAPIS Outcomes Report (TIP Programs)	SFTP File Name Format: CSOC_TAPIS_YYYYMM_AgencyID	Transition Youth Coordinator	Quarterly on the 5th of the Month after the Quarter End
CSOC-10	Transition-age Youth Staff Inventory Report	Information on staff working with transition-age youth	SFTP File Name Format: CSOC_TAY_YYYYMM_AgencyID	Transition Youth Coordinator	5th of the Month
	Transition-age Youth Staff Inventory and Outcomes Report	Information on staff working with transition-age youth and individual outcomes	SFTP File Name Format: CSOC_TAY_YYYYMM_AgencyID	Transition Youth Coordinator	Quarterly on the 5th of the Month after the Quarter End

Scope of Work (CCC-100) - Crisis Call Center

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
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CRISIS-05	DCS Rapid Response Monthly Report	DCS Rapid Response Monthly Report	SFTP File Name Format: Crisis_CRISIS- 05_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-06	Ambulance Dispatches Summary Report	Ambulance Dispatches Summary Report	SFTP File Name Format: Crisis_CRISIS- 06_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-07	Crisis PAD Report	Crisis PAD Report	SFTP File Name Format: Crisis_CRISIS- 07_YYYYMM_AgencyID	Crisis Administrator	15th of the Month
CRISIS-08	Crisis Services Report	Formerly Crisis Call Center Quality Management Report	Email: crisis@mercymarcopa.org	Crisis Administrator	15th of the Month
CRISIS-09	DCS Stabilization > 90 Days Roster	Formerly, CRN 160 - kids in the program >90 days.	Email: Stevingk@mercymarcopa.org Bedinghausm@mercymarcopa.org GroverM1@mercymarcopa.org	Childrens SOC Administrator	15th of the Month
CRISIS-10	Children's Crisis Report	Formerly CRN 148	Email: Stevingk@mercymarcopa.org Bedinghausm@mercymarcopa.org GroverM1@mercymarcopa.org	Childrens SOC Administrator	15th of the Month
CRISIS-11	DCS Rapid Response Structural Report	Formerly CRN 156	Email: Stevingk@mercymarcopa.org Bedinghausm@mercymarcopa.org GroverM1@mercymarcopa.org	Childrens SOC Administrator	12th of the Month
CRISIS-12	Hospital Rapid Response Monthly Report	Formerly CRN 161	Email: crisis@mercymarcopa.org	Crisis Administrator	15th of the Month
CRISIS-14	DBHS Crisis Call Center Monitoring Tool	DBHS Crisis Call Center Monitoring Tool	Email: crisis@mercymarcopa.org	Crisis Administrator	13th of the Month

Scope of Work (CDSP-100) - Children's Direct Support Provider

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
CSOC-01	Direct Support Provider Report	Direct Support Provider Monthly Roster	SFTP File Name Format: CSOC_DSPRoster_YYYYMM_AgencyID	Childrens SOC Administrator	5th of the Month
CSOC-07	Birth to 5 Level of Competency Matrix	Birth to 5 Level of Competency Matrix/ITMHCA Endorsement Criteria	SFTP File Name Format: CSOC_Birthtofivematrix_YYYYMMDD_AgencyID	Childrens SOC Administrator	30 Days after Quarter End

Agency ID in the filename format is a short abbreviation. PRLs or Program areas can provide this information.

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CSOC-14	Referral Capacity Report	Number of available referrals accepted for the current week, this should also include Spanish speaking capacity	e-mail: DSP_SpecialtyProviders@mercym aricopa.org	Childrens SOC Administrator	Every Monday
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Scope of Work (CHT-100) - Child Hospital Team

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CHT-100		

Scope of Work (CHTE-100) - Child Hospital Team plus Emergent

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CHTE-100		

Scope of Work (CQSP-100) - Qualified Service Provider

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
CSOC -11	Access to Care Report	7 and 21 days Access to Care	SFTP File Name Format: CSOC_AccessstoCare_YYYYMM_Ag encyID	Childrens SOC Administrator	5th of the Month
CSOC-07	Birth to 5 Level of Competency Matrix	Birth to 5 Level of Competency Matrix/ITMHCA Endorsement Criteria	SFTP File Name Format: CSOC_Birthtofiveatrix_YYYYMM DD_AgencyID	Childrens SOC Administrator	30 Days after Quarter End
CSOC-13	Monthly Flex Fund Supporting Documents	Client specific details and documentation required to support the Monthly Flex Fund Report	SFTP File Name Format: CSOC_FlexFundDOCS_YYYYMMD D_AgencyID	Childrens SOC Administrator	Upon Request
FIN-03	MHBG Reporting	For providers receiving any MHBG funds, Attachment J in the MMIC Financial Reporting Guide Attachments.	SFTP File Name Format: Finance_MHBG_YYYYMMDD_Age ncyID	Finance	Quarterly
FIN-04	A-133 Audit	For providers receiving >\$750,00 per year in either MHBG or SABG combined funds, due 4 months after provider fiscal year end.	SFTP File Name Format: Finance_A133Audit_YYYYMMDD_ AgencyID	Finance	Yearly
GA-02	Notification of a Person No Longer In Need of Special Assistance	Notification of a Person No Longer In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (10) Business Days of Determination

Agency ID in the filename format is a short abbreviation. PRLs or Program areas can provide this information.

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Provider Deliverables

GA-03	Notification of a Person In Need of Special Assistance	Notification of a Person In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (5) Business Days of Determination
CSOC-17	MHBG Provider Policies and Procedures	MHBG providers must submit all their MHBG related policies and procedures on an annual basis on or before September 30th.	SFTP File Name Format: CSOC_MHBGPP_YYYYMMDD_Age ncyID	Childrens SOC Administrator	On or before September 30th of every year
	CMDP-Monthly Tracking Report	Tracks the number of CMDP youth receiving services during the month	Reports must be submitted to dcs@mercymaricopa.org	Childrens SOC Administrator	5th of the Month
	21-day tracking and escalation report	Tracks the number of CMDP youth whom a service was identified but was not be secured within 21 days	Reports must be submitted to dcs@mercymaricopa.org	Childrens SOC Administrator	5th and 20th of each month
	16Plus Report	Tracks the transition plans for members turning 18 within the quarterly reporting period.	CSOC_TAY_16plusReport_agency_date	Childrens SOC Administrator	5th of the Month
	CMDP Closure Report	Tracks the number of CMDP youth who were closed during the reporting period	SFTP File Name Format: CSOC_CMDPCLOS_YYYYMM_Age ncyID	Childrens SOC Administrator	5th of the Month
	Primary Provider Roster	List of youth whom the QSP is the clinical home.	SFTP File Name Format: CSOC_PPRoster_YYYYMM_AgencyID	Childrens SOC Administrator	5th of the Month

Scope of Work (CSA-100) - Community Service Agency

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
OIFA-01	Peer and Family Run Organizations / Referral and Recovery Tracking	Roster of Peer and Family Committee Members	SFTP File Name Format: OIFA_OIFA-01_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month after Quarter end (Jan, April, June, Oct)

Scope of Work (CSS-100) - CPS - Crisis Stabilization Services

Deliverable ID	Deliverable Name	Description	Submit Via:	Submit To:	Frequency Details
			There are no additional Provider Deliverables for CSS-100		

Scope of Work (CTN-100) - Crisis Transition Navigator

Agency ID in the filename format is a short abbreviation. PRLs or Program areas can provide this information.

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Provider Deliverables

COURTS-01	COT Summary Reports	Outpatient Commitment COT Monitoring Data	SFTP File Name Format: ASOC_OCM_YYYYMM_AgencyID	Court Liaison Administrator	5th of the Month
FIN-03	MHBG Reporting	For providers receiving any MHBG funds, Attachment J in the MMIC Financial Reporting Guide Attachments.	SFTP File Name Format: Finance_MHBG_YYYYMMDD_AgencyID	Finance	Quarterly
FIN-04	A-133 Audit	For providers receiving >\$750,00 per year in either MHBG or SABG combined funds, due 4 months after provider fiscal year end.	SFTP File Name Format: Finance_A133Audit_YYYYMMDD_AgencyID	Finance	Yearly
EMPLOY-05	Psychiatric Rehabilitation	APNO Rehabilitation Specialist to complete Psychiatric Rehabilitation Monthly report of Rehabilitation & Employment related training, referrals for services and coordination with RSA/VR	SFTP File Name Format: ASOC_PsychRehab_YYYYMM_AgencyID	Employment Administrator	5th of the Month
GA-02	Notification of a Person No Longer In Need of Special Assistance	Notification of a Person No Longer In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (10) Business Days of Determination
GA-03	Notification of a Person In Need of Special Assistance	Notification of a Person In Need of Special Assistance	email us at MMICGANDA@aetna.com	Grievance System Administrator	Within Five (5) Business Days of Determination
HOUSING-04	Supervisory Care Home Admission and Status Report	Supervisory Care Home Admission and Status Report	SFTP File Name Format: Housing_HOUSING-04_YYYYMM_AgencyID	Housing Administrator	5th of the Month
NETWORK-05	Prescriber Availability Report	Prescriber availability and access for Members	SFTP File Name Format: Network_PrescriberAvail_YYYYMMDD_AgencyID	Network Management Administrator	5th of the month
NETWORK-12	New TXIX or Priority Recipients	New TXIX or Priority Recipients	SFTP File Name Format: Network_NETWORK-12_YYYYMMDD_AgencyID	Network Management Administrator	When Decision has been Made
OIFA-02	Peer Support Specialist/Recovery Support Specialist Assignment Roster	Peer Support Specialist/Recovery Support Specialist Assignment Roster	SFTP File Name Format: OIFA_OIFA-02_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the month on a quarterly basis
OIFA-04	Arnold Expansion Report	Arnold Expansion Report	SFTP File Name Format: OIFA_OIFA-04_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-05	Committee Contract Report	Committee Contract Report	SFTP File Name Format: OIFA_OIFA-05_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month

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Provider Deliverables

OIFA-06	Technical Assistance Contract Report	Technical Assistance Contract Report	SFTP File Name Format: OIFA_OIFA-06_YYYYMM_AgencyID	Individual and Family Affairs Administrator	5th of the Month
OIFA-07	Family and Youth Roles Inventory	Method for tracking agency's hiring of system involved adults, and young adults.	SFTP File Name Format: CSOC_YFRoleInventory_YYYYMMDD_AgencyID	Individual and Family Affairs Administrator	30 Days after Quarter End
OIFA-08	Fidelity Reports of Consumer Operated Programs	Fidelity Reports of Consumer Operated Programs	SFTP File Name Format: OIFA_FidConOpPrg_YYYYMMDD_AgencyID	Individual and Family Affairs Administrator	5th of the Month
SMI-01	Adult PNO Monthly Report and Attestation	Adult PNO Monthly Report and Attestation	SFTP File Name Format: ASOC_AdultPNO_YYYYMM_AgencyID	SMI Services Administrator	5th of the Month
SMI-02	Flex Fund Usage	Tracks the use of flex funds by individuals in the system.	SFTP File Name Format: CSOC_FlexFund_YYYYMM_AgencyID	SMI Systems Administrator	30 Days after the Month Ends
SMI-03	MHBG Provider Policies and Procedures	MHBG providers must submit all their MHBG related policies and procedures on an annual basis on or before September 30 th .	SFTP File Name Format: ASOC_MHBGPP_YYYYMMDD_AgencyID	SMI Systems Administrator	On or before September 30 th of every year
QMPI-01	SMI Clinic Gaps in Care	List of SMI Integrated members with gaps in HEDIS & HEDIS-like performance measures; report actions taken on at least 30% of members on the list (appointments made or screenings completed)	SFTP File Name Format: QMPI_GapsInCare_yyyymmdd_AgencyID	Performance Improvement Project Manager	Last business day of October, January, April and July

Agency ID in the filename format is a short abbreviation. PRLs or Program areas can provide this information.