

PM ATTACHMENT 10.1.1

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY
Sanctions Schedule - Possible Sanctions**

NARBHA Unit Performance Expectation	1 to 2 Notices and/or Instances (unless otherwise noted)	3 to 4 Notices and/or Instances (unless otherwise noted)	5 or More Notices and/or Instances (unless otherwise noted)
--------------------------------------------	--------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------------------------------------

I. PROGRAMS - CLINICAL			
1. PATH Project Quarterly Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
2. Prevention/ Program Summary	\$200-\$1000	\$500-\$2000	\$1000-\$3000
3. Monthly SAPT Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
4. PATH Project Annual Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
5. Completed PASRR Requests	\$200-\$1000	\$500-\$2000	\$1000-\$3000
6. 24-Hour Response Failures	1st Time - \$500	2nd Time - \$1000	3rd Time or More - \$3000
7. Health Promotion Plan/Policy	\$200-\$1000	\$500-\$2000	\$1000-\$3000
II. FINANCE			
1. Balance Sheet (Statement of Financial Position)	\$200-\$1000	\$500-\$2000	\$1000-\$3000
2. Annual Independent Audit	\$500-\$2000	\$1000-\$3000	\$2000-\$5000

PM ATTACHMENT 10.1.1

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY
Sanctions Schedule - Possible Sanctions**

NARBHA Unit Performance Expectation	1 to 2 Notices and/or Instances (unless otherwise noted)	3 to 4 Notices and/or Instances (unless otherwise noted)	5 or More Notices and/or Instances (unless otherwise noted)
3. PASRR Report	\$100 - \$500	\$200 - \$1000	\$500-\$2000
4. PASRR Invoice	\$100-\$500	\$200-\$1000	\$500-\$2000
5. Program Income Statement	\$500-\$2000	\$1000-\$3000	\$2000-\$5000
6. Cost Allocation Plan	\$200-\$1000	\$500-\$2000	\$1,000 - \$3000
7. Agency Budget	\$500-\$2000	\$1000-\$3000	\$2000-\$5000
8. Updated June 30 th Program Income Statement with audit adjustments	\$500-\$2000	\$1000-\$3000	\$2000-\$5000
9. Encounter Data Validation - Any Error, Omission or Correctness Finding	Up to \$100 per error/omission/correctness item	X	X
10. Authorizations > 24 Hours After Contact by a Fee-For Service Provider	Up to \$250	\$250-\$500	\$500-\$5000
III. QUALITY MANAGEMENT/UTILIZATION REVIEW			
1. Critical Incidents	\$500-\$2000	\$1000-\$3000	\$2000-\$5000
2. Subacute Daily Census Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
3. Seclusion and Restraint Report	\$500-\$2000	\$1,000-\$3000	\$2000-\$5000

PM ATTACHMENT 10.1.1

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY
Sanctions Schedule - Possible Sanctions**

NARBHA Unit Performance Expectation	1 to 2 Notices and/or Instances (unless otherwise noted)	3 to 4 Notices and/or Instances (unless otherwise noted)	5 or More Notices and/or Instances (unless otherwise noted)
4. Record Review - Grievance and Appeals	Up to \$500 per record	X	X
5. Record Review - Certificate of Need	Up to \$250 per record	X	X
6. Sentinel Events	\$500-\$2000	\$1000-\$3000	\$2000-\$5000
7. CD Residential Daily Census Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
8. Adult 24 hr. Residential Daily Census Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
9. Referred, But Not Enrolled Data Submission	\$100-\$500	\$200-\$1000	\$500-\$2000
10. Inpatient/Residential Reporting > 3 Members	<u>90-94% Match/Quarter \$500</u> 95% and above = \$0	82-89% Match/Quarter \$1000	<u>72-81% Match/Quarter \$2000</u> Less than 72% \$4,000
11. Inpatient/Residential Reporting 1 - 3 Members	\$500 per error up to \$4,000	X	X
IV. MISCELLANEOUS			
1. Compliance Program for Fraud and Abuse	\$200-\$1000	\$500-\$2000	\$1000-\$3000
2. Credentialing Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
3. NARBHA NET Monthly Summary	\$100-\$500	\$200-\$1000	\$500-\$2000

PM ATTACHMENT 10.1.1

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY
Sanctions Schedule - Possible Sanctions**

NARBHA Unit Performance Expectation	1 to 2 Notices and/or Instances (unless otherwise noted)	3 to 4 Notices and/or Instances (unless otherwise noted)	5 or More Notices and/or Instances (unless otherwise noted)
4. Monthly Terminated Employee & Reduction in Time Report	\$200-\$1000	\$500-\$2000	\$1000-\$3000
5. Other Performance Expectations	\$100-\$2000	\$500-\$3000	\$1000-\$5000
6. on Fringe Bill Payments Received Time	\$100-\$500 Plus IRS Sanction If Any	\$500-\$2000 Plus IRS Sanction If Any	\$1000-\$3000 Plus IRS Sanction If Any
7. Clinical Liaison/Assessment Credentialing Compliance	Up to \$500 Per Staff Person Per Month	Up to \$500 Per Staff Person Per Month	Up to \$500 Per Staff Person Per Month

Note: Unless otherwise indicated Due Date means calendar days.