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

<table>
<thead>
<tr>
<th>NARBHA Unit Performance Expectation</th>
<th>1 to 2 Notices and/or Instances (unless otherwise noted)</th>
<th>3 to 4 Notices and/or Instances (unless otherwise noted)</th>
<th>5 or More Notices and/or Instances (unless otherwise noted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. PROGRAMS - CLINICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. PATH Project Quarterly Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>2. Prevention/ Program Summary</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>3. Monthly SAPT Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>4. PATH Project Annual Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>5. Completed PASRR Requests</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>6. 24-Hour Response Failures</td>
<td>1st Time - $500</td>
<td>2nd Time - $1,000</td>
<td>3rd Time or More - $3,000</td>
</tr>
<tr>
<td>7. Health Promotion Plan/Policy</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>II. FINANCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Balance Sheet (Statement of Financial Position)</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>2. Annual Independent Audit</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
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<tbody>
<tr>
<td>3. PASRR Report/Invoice</td>
<td>$100 - $500</td>
<td>$200 - $1,000</td>
<td>$500-$2,000</td>
</tr>
<tr>
<td>4. Program Income Statement</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
</tr>
<tr>
<td>5. Cost Allocation Plan</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>6. Agency Budget</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
</tr>
<tr>
<td>7. Updated June 30th Program Income Statement with audit adjustments</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
</tr>
<tr>
<td>8. Encounter Data Validation - Any Error, Omission or Correctness Finding</td>
<td>Up to $100 per error/omission/correctness item</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9. Authorizations &gt; 24 Hours After Contact by a Fee-For Service Provider</td>
<td>Up to $250</td>
<td>$250-$500</td>
<td>$500-$5,000</td>
</tr>
<tr>
<td>10. SAPT Federal Block Grant Revenue and Expense Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$2,000-$5,000</td>
</tr>
</tbody>
</table>

## III. QUALITY MANAGEMENT/UTILIZATION REVIEW

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical Incidents</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
</tr>
<tr>
<td>2. Subacute Daily Census Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>3. Seclusion and Restraint Report</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
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<tbody>
<tr>
<td>4. Record Review - Grievance and Appeals</td>
<td>Up to $500 per record</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. Record Review - Certificate of Need</td>
<td>Up to $250 per record</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6. Sentinel Events</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
<td>$2,000-$5,000</td>
</tr>
<tr>
<td>7. CD Residential Daily Census Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>8. Adult 24 hr. Residential Daily Census Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>9. Referred, But Not Enrolled Data Submission</td>
<td>$100-$500</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
</tr>
<tr>
<td>10. Inpatient/Residential Reporting &gt; 3 Members</td>
<td>90-94% Match/Quarter $500 95% and above = $0</td>
<td>82-89% Match/Quarter $1000</td>
<td>72-81% Match/Quarter $2,000 Less than 72% $4,000</td>
</tr>
<tr>
<td>11. Inpatient/Residential Reporting 1 - 3 Members</td>
<td>$500 per error up to $4,000</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

## IV. MISCELLANEOUS

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>$200-$1,000</td>
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</tr>
<tr>
<td></td>
<td>$500-$2,000</td>
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<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td>4. Monthly Terminated Employee &amp; Reduction in Time Report</td>
<td>$200-$1,000</td>
<td>$500-$2,000</td>
<td>$1,000-$3,000</td>
</tr>
<tr>
<td>5. Other Performance Expectations</td>
<td></td>
<td></td>
<td>Amount to be determined by NARBHA</td>
</tr>
<tr>
<td>6. Clinical Liaison/Assessment Credentialing Compliance</td>
<td>Up to $500 Per Staff Person Per Month</td>
<td>Up to $500 Per Staff Person Per Month</td>
<td>Up to $500 Per Staff Person Per Month</td>
</tr>
</tbody>
</table>

Note: Unless otherwise indicated Due Date means calendar days.