



**ACOM POLICY 449, ATTACHMENT A,
DCS & ADOPTED CHILDREN SERVICES REPORTING: ACCESS TO SERVICE**

RFP YH19-0001

Contractor: _____
Line of Business: _____
Date: _____
Reporting Period: _____

Number of times the Contractor Coordinated Crisis Services because a Crisis Service Provider was Unresponsive within two hours.												0
Number of times recommended and approved Behavioral Health Services were Accessed Directly by an Out-of-Home or Adoptive Parent that were Provided by a Non-Contracted Provider for 130% fee schedule												0
Number of times single case agreements or newly contracted providers were used to ensure service accessed in-network instead of out of network at 130% fee schedule												



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Provider Name	Provider ID	Provider Type	Date Terminated	AHCCCS FFS Rate	Provider's Standard Rate	Amount Paid for Services