

Service Name: **OUTPATIENT PROBLEM GAMBLING TREATMENT SERVICES**

Service ID Code: **A&D 81**

I. Service Description

Outpatient Problem Gambling Treatment Services (A&D 81) are assessment and treatment services delivered on an outpatient basis to individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. For purposes of this Agreement, an individual with a gambling related problem is an individual with (a) a primary diagnosis of Pathological Gambling (DSM-IV code 312.31), (b) a primary diagnosis of sub-clinical Pathological Gambling (meets two to four DSM-IV diagnostic criteria for Pathological Gambling), or (c) a primary diagnosis of Relational Problem Related to Pathological Gambling (a variant of DSM-IV code V61.9). A&D 81 services must include regularly scheduled face-to-face therapeutic sessions with the individual and may include individual, group, couple, and family counseling.

II. Performance Standards

Providers of A&D 81 services funded through this Agreement must maintain a Letter of Approval either as a Mental Health Service Agency or as an Alcohol and Drug Treatment Agency for all levels of outpatient treatment in accordance with OAR 415-012-000 through 415-012-0090 and OAR 309-012-0130 through 309-012-0220, as such rules may be revised from time to time.

Providers (and County, as applicable) of A&D 81 services funded through this Agreement must comply with the requirements set forth on Exhibits A&D 81-1 and A&D 81-2 attached hereto and incorporated herein by this reference.

Providers of A&D 81 services funded through this Agreement must meet the performance standards below. These performance standards are imposed and assessed on an individual Provider basis. If the Department determines that a Provider of A&D 81 services funded through this Agreement fails to comply with any of the specified performance standards, then County shall submit to Department a corrective action plan within 60 days of non-compliance notification.

**Access:** The amount of time between a problem gambling affected individual's request for A&D 81 services and the first offered service appointment must be five

business days or less for at least 90% of all individuals receiving A&D 81 services funded through this Agreement.

**Engagement:** The percent of problem gambling affected individuals receiving A&D 81 services funded through this Agreement who “engage” in treatment (i.e. enter treatment following positive assessment) must not be less than one standard deviation below the mean for all providers of A&D 81 services in the State of Oregon as determined by Department.

**Retention:** The percent of problem gambling affected individuals receiving A&D 81 services funded through this Agreement who actively engage in the A&D 81 services for at least 10 clinical contact sessions must not be less than one standard deviation below the mean for all providers of A&D 81 services in the State of Oregon as determined by Department.

**Successful Completion:** The percent of engaged problem gambling affected individuals receiving A&D 81 services funded through this Agreement who successfully complete treatment must not be less than one standard deviation below the mean for all providers of A&D 81 services in the State of Oregon as determined by Department. A successful problem gambling treatment completion is defined as the individual’s: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from A&D 81 services.

**Client Satisfaction:** The percent of problem gambling affected individuals receiving A&D 81 services funded through this Agreement who complete a problem gambling client satisfaction survey that would positively recommend the Provider to others must not be less than one standard deviation below the mean for all providers of A&D 81 services in the State of Oregon as determined by Department.

**Long-term Outcome:** The percent of problem gambling affected individuals receiving A&D 81 services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at six months after the end of A&D 81 services must not be less than one standard deviation below the mean for all providers of A&D 81 services in the State of Oregon as determined by Department.

### III. Special Reporting Requirements

Providers of A&D 81 services funded through this Agreement must submit the following information to Department (or to the Department's designee), with respect to the individuals receiving A&D 81 services funded through this Agreement, as well as any other information related to the delivery of A&D 81 services funded through this Agreement that Department reasonably requests from time to time:

- A. Intake Data. Standard intake data and a completed client consent form for use in follow-up efforts must be collected and submitted within seven days of the first face-to-face treatment contact with an individual.
- B. Encounter Data. Encounter data must be collected and submitted as described in Exhibit A&D 81-3 attached hereto and incorporated herein by this reference.
- C. Discharge Data. For individuals that have not received A&D 81 services funded through this Agreement within the past 60 days, discharge data must be collected and submitted within 30 days after the case termination date.

#### IV. Payment Procedures

- A. Basis of Payment. Department payment for A&D 81 services identified in a particular line of the Financial Assistance Award will be made at the rate of \$20.27 per unit (for purposes of this Service Description, one unit is 15 minutes) for individual treatment sessions (including couples and family sessions), \$6.76 per unit for group sessions and \$20.27 per unit for problem gambling assessment sessions, subject to the following:
  - 1. Department will increase the payment for each unit of A&D 81 services (as described above) delivered under a particular line of the Financial Assistance Award by five percent to cover County administrative costs.
  - 2. Department will not pay for more than eight units of individual treatment for a particular individual per day or for more than twelve units of group treatment for a particular individual per day or for more than 32 units of individual treatment for a particular individual per month, or for more than 50 units of group treatment for a particular individual per week or for more than eight units of problem gambling assessment per individual per treatment episode with treatment episode defined as the time between a particular individual's commencement of A&D 81 services and termination of A&D 81 services.

3. Department will not make multiple payments for a single clinical activity, except for group therapy. For example, Department will not pay for an individual treatment session for both an individual and his or her spouse when the treatment was delivered in a single marital session.
4. For purposes of this Service Description, “session” or “treatment session” means face-to-face A&D 81 services delivered in individual, couple, family, or group formats. Treatment sessions must be reported by type (e.g., individual, couple, family or group) and length (time).
5. Providers of A&D 81 services funded through this Agreement may not charge individuals, whose A&D 81 services are funded through this Agreement, any co-pay or other fees for such services.
6. Total Department payment for all A&D 81 services delivered under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for A&D 81 services as specified in that line of the Financial Assistance Award.
7. Department is not obligated to pay for any A&D 81 services that are not properly reported as described or referenced in this Service Description by the date 60 days after expiration or termination of this Agreement, whichever date is earlier.
8. If at the end of first anniversary of the effective date of this Agreement or at the end of any six month period thereafter during the term of this Agreement, the total A&D 81 services delivered under a particular line of the Financial Assistance Award during that six or twelve month period, as applicable, utilizes (as measured by payments earned for service delivery in accordance with the basis of payment methodology set forth above) less than 95% of the funds disbursed to County under that line during that period, Department may unilaterally reduce the amount of funds awarded for A&D 81 services in that line in proportion to the underutilization during that period and may also unilaterally reduce the amount of funds awarded for A&D 81 services in that line in an amount equal to funds disbursed to County under that line during that period that were not utilized, and County shall execute and deliver to Department an appropriate amendment to the Financial Assistance Award to reflect that reduction.

B. Disbursement of Funds. Unless a different disbursement method is specified in that line of the Financial Assistance Award, Department will disburse the

funds awarded for A&D 81 services in a particular line of the Financial Assistance Award to County in substantially equal monthly allotments during the period specified in that line, subject to the following:

1. Department may, at its discretion, reduce the monthly allotments based on under delivery of A&D 81 services identified through CPMS or through other reports required or permitted by this Service Description or an applicable Specialized Service Requirement.
2. Department may, at is discretion, adjust monthly allotments to meet cash flow requirements for continued delivery of A&D 81 services.
3. Department may, at is discretion, adjust monthly allotments to reflect changes in the funds awarded for A&D 81 services on that line of the Financial Assistance Award as a result of amendments to the Financial Assistance Award.

- C. Contract Settlement. Contract settlement will reconcile any discrepancies that may have occurred during the term of this Agreement between actual Department disbursements of funds awarded for A&D 81 services under a particular line of the Financial Assistance Award and amounts due for such services based on the rates set forth above and the amount of services actually delivered under that line of the Financial Assistance Award during the period specified on that line, as properly reported as described or referenced in this Service Description or an applicable Specialized Service Requirement.

## **EXHIBIT A&D 81-1**

### **Minimum Performance Requirements**

#### **ACCESS**

- I. County shall make A&D 81 services generally available to any individual in the service region for which County has contract authority as set forth on Exhibit A&D 81-1-1, attached hereto and incorporated herein by this reference.
- II. See the discussion of Access in Section II of the main portion of this Service Description.
- III. Providers of A&D 81 services funded through this Agreement must provide A&D 81 services funded through this Agreement to individuals seeking services who reside outside of the service region for which County has contract authority as set forth on Exhibit A&D 81-1-1 when no other similar services are offered that are closer to the individual's primary place of residence.
- IV. County and all Providers of A&D 81 services funded through this Agreement must cooperate with Department in setting goals for increased client treatment access and in implementing measures to meet such goals.

#### **QUALITY**

- I. Providers of A&D 81 services funded through this Agreement must comply with the standards set forth on Exhibit A&D 81-2 attached to this Service Description.
- II. Providers of A&D 81 services funded through this Agreement must ensure that all of Provider staff providing A&D 81 services funded through this Agreement comply with requirements for problem gambling treatment service providers as set forth in Exhibit A&D 81-2 attached to this Service Description.
- III. Providers of A&D 81 services funded through this Agreement must cooperate with the Department in setting goals to improve the quality of A&D 81 services and in implementing measures to meet such goals.

#### **ACCOUNTABILITY**

- I. See Section III of the main portion of this Service Description and Sections III(G) and III(K) of the main portion of this Agreement.

Exhibit A&D 81-1-1

**Problem Gambling Service Regions & Region Contract Designee**

<b>Service Region</b>	<b>Contract Authority</b>	<b>Service Region</b>	<b>Contract Authority</b>
Multnomah County	Multnomah County	Umatilla County	Eastern Oregon Health Services Consortium (EOHSC)
Washington County	Washington County	Union County	
Clackamas County	Clackamas County	Wallowa County	
Lane County	Lane County	Grant County	
Marion County	Marion County	Baker County	
Douglas County	Douglas County	Harney County	
Klamath County	Klamath County	Malheur County	
Linn County	Linn County	Hood River County	
Benton County		Wasco County	
Jackson County	Jackson County	Sherman County	
Josephine County	Josephine County	Gilliam County	
Columbia County	Columbia County	Morrow County	
Clatsop County		Wheeler County	
Tillamook County	Lincoln County	Lake County	
Lincoln County			
Coos County	Curry County		
Curry County			
Yamhill County	Yamhill County		
Polk County			
Deschutes County	Deschutes County		
Jefferson County			
Crook County			

**Exhibit A&D 81-2**

## **Gambling Treatment Provider Standards Outpatient**

Providers of A&D 81 services funded through this Agreement must comply with the standards set forth below and must use written policies and procedures, with appropriate documentation, to address and implement compliance with the standards. These standards were developed based on the following principles: (a) the safety and dignity of problem gambling treatment individuals should be maintained at all times and (b) treatment services should be designed to enhance the strengths of each client.

- I. Accessibility – Providers of A&D 81 services funded through this Agreement must:
  - A. Deliver the A&D 81 services at a physical location that conforms to the requirements of the Americans with Disabilities Act (ADA).
  - B. Make A&D 81 services available during both daytime and evening hours, to the extent reasonably practicable.
  - C. Develop and implement a policy of delivering A&D 81 services in a non-discriminatory and culturally sensitive manner. Providers of A&D 81 services funded through this Agreement must be able to demonstrate to Department’s satisfaction their ability to recognize and respond appropriately to the unique needs of special populations (e.g., language, culture, race, gender, sexual orientation, age-related differences, etc.).
- II. Acceptability – See Section I of the main portion of this Service Description to determine individual eligibility to receive A&D 81 services funded through this Agreement and Section II of the main portion of this Service Description to determine eligibility to provide A&D 81 services funded through this Agreement.
- III. Competence – The staff of Providers of A&D 81 services funded through this Agreement must meet the following requirements and the Providers must make the following services available to their staff:
  - A. All Provider staff who deliver A&D 81 services funded through this Agreement on a quarter-time or greater basis (i.e., equal to or greater than .25 FTE) must have completed at least 30 hours of problem gambling specific education within the past two years. All Providers of A&D 81 services funded through this Agreement must maintain documentation evidencing each staff member’s

compliance with this education requirement and must furnish such documentation to Department upon request.

- B. All Provider staff who deliver A&D 81 services funded through this Agreement on a half-time or greater basis (i.e., equal to or greater than .5 FTE) must either hold a current Oregon Gambling Counselor Certificate or be in the process of obtaining certification as a problem gambling counselor. All Provider staff who deliver A&D 81 services funded through this Agreement on a half-time or greater basis must complete the certification process within two years of the date they first provide A&D 81 services within the State of Oregon. Oregon Gambling Counselor Certification is not required for health or allied service providers licensed by one of the following State of Oregon bodies: (a) Board of Medical Examiners; (b) Board of Psychologist Examiners; (c) Board of Clinical Social Workers; (d) Board of Licensed Professional Counselors and Therapists; or (e) Board of Nursing.
- C. Providers of A&D 81 services funded through this Agreement must establish and observe policies that ensure that Provider staff who deliver A&D 81 services funded through this Agreement are current on new developments in the field of gambling treatment and rehabilitation.
- D. Providers of A&D 81 services funded through this Agreement must provide a minimum of two hours per month of clinical supervision or consultation for each staff member who is responsible for the delivery of A&D 81 services funded through this Agreement. All Provider staff who supervise other staff members in the delivery of A&D 81 services funded through this Agreement must have completed at least 24 hours of gambling specific education within the past two years and hold a health or allied provider license from one of the following State of Oregon bodies: (a) Board of Medical Examiners; (b) Board of Psychologist Examiners; (c) Board of Clinical Social Workers; (d) Board of Licensed Professional Counselors and Therapists; or (e) Board of Nursing. All Providers of A&D 81 services funded through this Agreement must maintain documentation evidencing each supervisor's compliance with this education and licensing requirement and must furnish such documentation to Department upon request.

IV. Accountability – Providers of A&D 81 services funded through this Agreement must deliver the services in according with the following standards:

- A. **Guidelines for Treatment Services** – Providers of A&D 81 services funded through this Agreement must provide a variety of diagnostic and treatment service alternatives to each individual receiving A&D 81 services funded

through this Agreement. Treatment plans must be designed to meet the particular individual's needs and resources as identified in the comprehensive assessment. Providers of A&D 81 services funded through this Agreement must offer, at minimum, the following types of A&D 81 services:

1. Assessment – The assessment involves a face-to-face interview with the individual. The purpose of the interview is to collect and assess pertinent information regarding the individual's past history and current situation that results in a recommendation regarding the need for treatment. The Provider must have the ability to perform a structured interview process to assess the existence of problem gambling and co-existence with other disorders including, but not limited to, substance abuse, mental disorders, and significant health problems.
2. Individual, Family, and Group Treatment – Treatment sessions are face-to-face contacts between a Provider staff member delivering the service and an individual or group of individuals. Treatment sessions must address the problems of the individual(s) as they relate, directly or indirectly, to the problem gambling behavior.
  - a. CRISIS INTERVENTION – All Providers of A&D 81 services funded through this Agreement must provide after-hour's crisis intervention as necessary. This may be accomplished through agreement with other crisis services, on-call staff, or other arrangement acceptable to Department.
  - b. DISCHARGE PLANNING – A discharge plan must be developed by the Provider in collaboration with the individual and placed in the individual's file prior to formal completion of treatment. The discharge plan must document the therapeutic closure of formal treatment for the identified individual as well as recommendations and resources for ongoing recovery.
3. Continuity of Care (community resources) – Provider's of A&D 81 services funded through this Agreement must have the capacity to coordinate services and make appropriate referrals to other formal and informal service systems.

## **B. Documentation**

Providers of A&D 81 services funded through this Agreement must create and maintain the following documentation with respect to each individual receiving A&D 81 services with funds provided under this Agreement:

1. Identifying and demographic information for the individual including, at a minimum: name, address, telephone number, date of birth, gender, marital status, and emergency contact. Any additional identifying and demographic data reasonably required by Department.
2. Intake assessment documentation for the individual, including:
  - referral source;
  - presenting problem;
  - gambling history and DSM-IV diagnosis for Pathological Gambling;
  - current financial status assessment;
  - history of substance use and substance use disorders, including past treatment episodes, and history of other behavioral addictions;
  - health status (e.g., last physical, diet, exercise) and current medical problems including medication use;
  - mental health history and current mental health status (e.g., treatment history, psychiatric medications);
  - profile of family of origin and marital/relationship history which describes family composition and dynamics;
  - recovery environment;
  - strength and recovery assets;
  - education and vocational history;
  - legal history (including arrest and conviction history).

The information gathered may be presented in summary form and recommendations for the type and intensity of treatment must be included. Referrals to another treatment provider, if any, must be included in the recommendation section.

3. A treatment plan for the individual developed in accordance with general professional standards (and acceptable to Department) for either substance abuse or mental health outpatient services. The treatment plan must be developed prior to the fourth treatment session following the commencement of A&D 81 services to the individual. The treatment plan must be written with clear and measurable objectives that the individual agrees to as the foundation of treatment. The individual's signature will signify participation in the development of the plan.
4. The individual's progress and current status in meeting the goals set in the treatment plan must be documented within 72 hours of all clinical contacts. All progress notes must be dated, indicate type and length of service, and signed by the person providing the service.
5. The following additional information and documentation:
  - Documentation that the individual has been informed of client rights and responsibilities, including confidentiality protection and exceptions
  - Results of all examinations, tests, intake, and assessment information
  - Reports from referring sources
  - Correspondence related to the individual, including letters and dated notations of telephone conversations relevant to the individual's treatment
  - Information release forms
  - Gamblers Anonymous or other community support network participation
  - Consent to treat form signed by the individual (see Section VIII)
6. Required data collection forms and questionnaires, copies of which must also be sent to the Department of its designee.

#### V. Financial

Providers of A&D 81 services funded through this Agreement must implement a structured process for assessing client financial circumstances and needs of individual receiving A&D 81 services funded through this Agreement. Treatment strategies must be developed to address the individual's financial circumstances and needs that may include, but are not limited to:

- developing a financial management plan for the individual that includes a restitution plan, if appropriate;
- connection with relevant financial assistance services.

VI. Effectiveness – Providers of A&D 81 services funded through this Agreement must use appropriate treatment techniques and be able to document the effectiveness of its A&D 81 services using measurable criteria. Specifically, Providers of A&D 81 services funded through this Agreement must:

- A. Have a system for measurement of progress and outcomes as stated in the treatment plan.
- B. Clearly define the process for internal program review and self-correction (e.g., Continuous Quality Improvement Protocols).
- C. Submit all required data collection tools according to the Department's information management system protocol.
- D. Have a treatment approach that is defined and supported in current literature and research to the satisfaction of Department.

VII. Efficiency

Providers of A&D 81 services funded through this Agreement must provide the services in the least restrictive setting and in the most cost-effective manner based on the individual's needs, resources, and strengths as determined by the problem gambling assessment.

VIII. Client Protections and Rights – Providers of A&D 81 services funded through this Agreement must:

- A. Maintain the confidentiality of all records of individual receiving A&D 81 services funded through this Agreement in accordance with ORS 179.505.
- B. Develop and implement policies and procedures to safeguard and protect the case record of individuals receiving A&D 81 services funded through this Agreement against loss, tampering, or unauthorized disclosure of information. Maintenance of such records must include adequate physical facilities for the storage, processing, and handling of the records. These facilities must include suitably locked, secured rooms for file cabinets.

- C. Retain the records of individuals receiving A&D 81 services funded through this Agreement for a minimum of seven years.
- D. Require each individual receiving A&D 81 services funded through this Agreement to sign a consent to treatment statement which includes conditions under which confidentiality can (or must) be broken.
- E. Document, and inform each individual receiving A&D 81 services funded through this Agreement of, the individual's rights and responsibilities in treatment. Documentation must include a formal grievance procedure with provision for appeals.

## **Exhibit A&D 81-3**

### **Encounter Data Procedures**

#### **INTRODUCTION:**

In order to efficiently implement the payment system it is necessary for all Providers of A&D 81 services funded through this Agreement to submit individual-level service delivery activity (encounter data) each month. Prior to the effectiveness of this Agreement, Providers were only required to submit summary service delivery information after the individual had been discharged.

#### **OVERVIEW:**

The encounter data collection process is intended to create as minimal a burden on Providers as possible, while creating a sound documentation trail for necessary fiscal auditing that will occur at least once each year for all Providers. The system is designed to provide optimal flexibility for Providers to facilitate minimum changes to local procedures. A standardized electronic transfer of detail service data is required monthly for Providers that currently have automated accounting and billing systems in place. Providers currently utilizing the standardized Medicare compliant Uniform Billing Form (UB)-92 version 6.0, flat text files or HCFA-1500 electronic format (or other State-approved, standardized electronic format) for data transfer may continue to utilize that method for A&D 81 services.

The Department or its designee shall generate a simple encounter data reporting form, to be completed and transmitted by facsimile, for use by smaller Providers that do not have automated accounting systems in place. Completed reporting forms must be transmitted monthly to the Department of its designee for data entry

The encounter data reporting procedure is intended to eliminate the necessity to collect and report summary service hour data using the individual discharge form currently in use for Provider evaluation. Intake data on individuals, including demographic information, will continue to be collected as part of the Provider evaluation efforts. The essential fields from this database (excluding client names) will be merged with the billing information eliminating redundancy of data collection.

#### **Required Encounter Data:**

The following fields must be collected, with respect to each individual receiving A&D 81 services funded through this Agreement, for the payment system:

*Individual Identification Code:* Same local code that is currently utilized to identify individuals for the Provider evaluation effort.

*Individual's Date of Birth:* This field will be utilized for individual identity verification in the event of incorrect or duplicate individual identification codes. Data to be provided in MMDDYYYY format.

*Individual's Gender:* This field will also be utilized for individual identity verification in the event of incorrect individual identification codes. Field to be filled with uppercase M for males or uppercase F for females.

*Date of Service:* Date the service was provided in American format - MMDDYYYY.

*Type of Service Session:* (A) Assessment, (I) Individual, (C) Couple, (F) Family, or (G) Group.

*Hours:* Each 15 minutes of service shall be recorded. For example, a 60-minute session would be recorded as 4 units, a 45-minute session would be recorded as 3 units.

*Counselor/Therapist:* The identification of the counselor, or therapist, conducting the session. This must be a discrete identification that can be utilized during audits to enable verification of services performed from the clinical charting. NOTE: For manual reporting, the counselor may put his, or her, name on the top of the form. For electronically transferred data files this field must be completed for each line item. For agencies electing to utilize the standardized Medicare UB-92 text file transfer, treating professional identification must be extracted from that data.

*Provider Identification:* Each manual form must have the Provider identification at the top. Provider identification must be consistent with that currently in use for the evaluation. Each manual form must include a contact person and phone number. Manual data collections form masters will be provided by the Department or its designee upon request. Each electronically transferred data file must have a header record with the Provider and contact identification.

*Reporting Period:* Each manual form must have the start and end dates of the reporting period in American format: MMDDYYYY. For electronically transferred data, each file will have this same data in the header line.

### Electronic Reporting:

Electronically transmitted data files must be sent via email to the Department or its designee (currently, [datacenter@herblou.com](mailto:datacenter@herblou.com)). Data file format must be ASCII text delimited with commas. The first record must have the submitting Provider's identification (not to exceed 30 characters). Identification must be followed on the same line by the start date, end date, (dates in American format - MMDDYYYY) contact name (not to exceed 30 characters in Last First order), and contact phone number, including area code, without spaces or dashes (-). Each detail record of the file must contain the fields in order as identified above. Fields must be stripped of leading and trailing blanks.

Medicare or Health Care Financing Administration (HCFA) data transmission formats must be compliant with Medicare or HCFA requirements.

All electronic data files must be compressed with a common compression software such as PKZip © (preferred). For agencies transmitting standardized UB-92/HCFA 1500 data that includes individual names and desiring additional security, electronic files must be compressed with encryption. The transmitting Provider must ensure the Department or its designee has the password before transmitting data and that the password is not included in the message text with the attached data.

Each electronic transmission of data files must be accompanied by a cover memo with the name of the transmitting Provider in the subject line as well as the words "GAMBLING ENCOUNTER DATA."

#### Operational Reporting Schedule:

Beginning on August 1, 2001, encounter data for the previous month must be in the office of the Department or its designee no later than 4 p.m. on the 30<sup>th</sup> day after the period being measured (e.g., July 2001 encounter data is due on August 30, 2001). Data received after that date will be included in the following month's report.

The Department or its designee will assemble data and prepare a summary report to be submitted to the Department by the 15<sup>th</sup> of each month. Individual treatment Provider summary reports of the information submitted to the Department or its designee will be distributed to the respective Providers and County by the Department or its designee. Providers and County are expected to verify that the amount reported to the Department or its designee is the same as that reported back to them each month. The Department or its designee will work with Providers and County to resolve any discrepancies identified by Providers or County within 30 days from notification. Discrepancies must include apparent cause and remedy. Adjustments will be carried forward to the next month.

Distributions and adjustments to distributions will be accomplished in a manner prescribed in other parts of this Service Descriptions. A summary review of the encounter data reporting schedule and reconciliation schedule follows:

- Encounter data collected beginning July 1, 2001 with period of measurement equivalent to one calendar month.
- Encounter data due in Department's or designee's office 30 days following close of reporting period.
- Summary report submitted back to Providers and County on the 15<sup>th</sup> of each month (45 days post closing of reporting period).
- Providers and County have 30 days from notification to submit discrepancy claim (75 days post closing of reporting period).
- Reconciliation will occur 90 days after of the closing of a utilization period (Period 1: 7/1/01 – 6/30/02; Period 2: 7/1/02 – 12/31/02; Period 3: 1/1/03 – 6/30/02).