**Care1st Health Plan**

**Behavioral Health Provider Deliverables**

**Effective 10/1/2021**

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| **Deliverable** | **Point of Contact/Send To:** | **Due Date** | **Template** |
| Psychiatric Rehabilitation Progress Report\* | Jen ZepedaJennifer.Zepeda@wellcare.com480.284.2998 | 5th day of the month |  |
| Supportive Housing Report\* | Kristi Denkkristi.denk@care1staz.com480.216.4414 | 15th of month following end of quarter |  |
| Outpatient Commitment COT Monitoring | Mario MoralesCourt CoordinatorMMorales@care1staz.com  602.778.1826 | 2nd day of the month |      |
| Excluded Party\* | Patty Dal SoglioPDSoglio@care1staz.com602.778.8302 | 5th of the month:Send Care1st notification that states the monthly exclusion process was completed and no one was identified on the exclusion list.  Anyone that is identified must be sent via secure email with the individual’s information.     |  |
| Workforce Development Plan (Annual) | Mark FaulMark.Faul@care1staz.com602.527.8219 | Due February 1 thru 29. Providers have 29 days to submit plan. | <https://form.jotform.com/211814519377056> |
| Peer/Recovery Support Specialist (RSS) Roster and Parent/Family Support Specialist (PS) Utilization\* | Deb Jorgensendjorgens@care1staz.com480.205.2305 | 15th of month following end of quarter |  |

**\*\*A report is required to be submitted, even if reporting “0” Care1st members for the month.**