Katie Hobbs
Governor

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Michael Wisehart
Director

INITIAL CREDENTIALING CHECKLIST

Please read this checklist thoroughly and complete it in its entirety. The checklist may not be exhaustive of all necessary materials and information needed for your credentialing application. It is meant to serve as a guide for vendors to submit the documents required to complete the initial credentialing process. Thank you!

Complete and return this form and provide all required COPIES by replying via email to DDDCredentialing@azdes.gov:

REQUIRED FOR ALL PROVIDERS

- ☐ **Government Issued Photo ID** copies (front and back) for EACH Owner and Signatory listed on CAS/Focus portal
  - ☐ Signatory Names: 1. _____ 2. _____ 3. _____
- ☐ **Last 4 Digits of Social Security Number** for EACH Owner and Signatory listed on CAS/Focus portal:
  - ☐ Signatory 1: ☐☐☐☐ Signatory 2: ☐☐☐☐ Signatory 3: ☐☐☐☐
- ☐ **Criminal History Self Disclosure Affidavit(s)** (Must be **notarized**) for EACH Owner and Signatory listed on CAS/Focus
- ☐ **IRS Letter** assigning Employer Identification Number (EIN)
- ☐ **Qualified Vendor Assurances and Submittals** (All 5 pages) [**SIGNED**] Retrieved from CAS/Focus
- ☐ **Resume** copies for EACH Owner and Signatory listed on CAS/Focus portal
- ☐ **Level 1 Fingerprint Clearance Card** copies (front and back) for EACH Owner and Signatory listed on CAS/Focus portal
- ☐ **Reference Letters (3)** for the agency OR for the CEO/President/Owner(s) attesting to the fitness of the agency
- ☐ **Certificate of Occupancy** ONLY required for vendors adding Day Program Services **AND** Group Homes
- ☐ **Life-Safety Inspection** ONLY required for vendors adding Day Program Services **AND** Group Homes
- ☐ **Active Fire Inspection Report(s)** ONLY required for vendors adding Day Program Services **AND/OR** Group Homes
- ☐ **Active Certificate(s) Of Insurance (COI)** demonstrating the following required coverage:
  - ☐ Commercial General Liability coverage
  - ☐ Business Automobile Liability coverage
  - ☐ Worker's Compensation and Employers' Liability coverage
    - ☐ **OR** **Sole Provider Waiver form* (**Only applies if not carrying Workers Compensation*)
  - ☐ Professional Liability coverage
  - ☐ Sexual Abuse and Molestation (SAM) coverage
- ☐ **AHCCCS ID Provider # Notification Letter** Please list the Provider AHCCCS ID # : _____
- ☐ **Organizational NPI number** (If any): _____
- ☐ **INITIAL CREDENTIALING CHECKLIST** (*This entire form*) [**SIGNED**]

SECTION A: GROUP HOME & ASSISTED LIVING PROVIDERS ONLY

*If you have group homes, you **must** provide the information and additional copies of the following:*

- ☐ **#** of Total **ACTIVE** Group Homes: _____
  - ☐ **REQUIRED Group Home Information Sheet** provided by the Credentialing Department
  - ☐ **REQUIRED (HCBS) Home and Community Based Services / OLCR CERTIFICATES** for each group home
  - ☐ **REQUIRED (AZDHS) Arizona Department of Health Services License CERTIFICATES** for each group home
  - ☐ **REQUIRED Fire Inspection Reports** for each group home
  - ☐ **Expansion Letter(s)** for group homes (If any)

*(*Please note that if a **group home** is missing any of the required documents above, your application may be on **hold**.)*

SECTION B: INDIVIDUAL PROVIDERS or THERAPY SERVICE PROVIDERS ONLY

➔ To qualify for each of these services, you must demonstrate **proof** of a hired therapist.

Please fill out the information and provide additional copies of the following:

For **OCT - Occupational Therapy** Services (Individual Providers):

- ☐ Full Name of **Occupational Therapist**: _____
- ☐ AHCCCS ID # of Therapist: _____
- ☐ NPI # of Therapist: _____
- ☐ Copy of *National Board for Certification in Occupational Therapy (NBCOT)*
- ☐ Copy of *Arizona Board of Occupational Therapy Examiners License (AZ BOTE)*

For **PHT** - **Physical Therapy** Services (Individual Providers):

- ☐ Full Name of **Physical Therapist**: _____
- ☐ AHCCCS ID # of Therapist: _____
- ☐ NPI # of Therapist: _____
- ☐ Copy of *American Board of Physical Therapy Association Certificate (ABPTA)*
- ☐ Copy of *Arizona State Board of Physical Therapy License (AZ BPT)*

For **SPT - Speech Therapy** Services (Individual Providers):

- ☐ Full Name of **Speech Therapist**: _____
- ☐ AHCCCS ID # of Therapist: _____
- ☐ NPI # of Therapist: _____
- ☐ **REQUIRED** Copy of *American Speech-Language-Hearing Association Certification (ASHA)*
- ☐ Copy of *AZDHS Speech Language and Hearing Provider License*

For **HAM - Music Therapy** Services (Individual Providers):

- ☐ Full Name of **Music Therapist**: _____
- ☐ AHCCCS ID # of Therapist: _____
- ☐ NPI # of Therapist: _____
- ☐ **REQUIRED** Copy of *Certification of Board of Musical Therapy (CBMT)*

_____
Name of Agency/Organization:

_____
Name of Authorized Representative:

_____
Signature

_____
Date

Credentialing Unit
Division of Developmental Disabilities
4000 N Central Ave, Ste #200
Phoenix AZ, 85012
Mail Drop: 2HA3
Office: (602) 771-0320
Toll-free: (877) 867-6443

Thank you for completing your application.

DEMOGRAPHIC UPDATES

Please fill out this form to indicate any demographic changes that were made:

OWNER/SIGNATORY UPDATES

Did any vendor owner/signatories change? ☐ Yes ☐ No

If "Yes", please list the former owners/signatories and the new owners/signatories:

Former Owners/Signatories:

1. _____
2. _____
3. _____

New Owners/Signatories

1. _____
2. _____
3. _____

CONTACT INFORMATION UPDATES

Did any vendor contact information change? ☐ Yes ☐ No

If "Yes", please list the former contact information and the updated contact information.

Previous Email & Phone Number

Email: _____

Phone: _____

New Email & Phone Number

Email: _____

Phone: _____

SITE ADDRESS UPDATES

Did any site addresses change? ☐ Yes ☐ No

If "Yes", please list the name of the site, the old address, and the new address:

Name of Site	Old Site Address	New Site Address

Have **ALL** of these changes been updated on CAS/Focus? ☐ Yes ☐ No ☐ No changes made

Have **ALL** of these changes been updated on the AHCCCS Provider site? ☐ Yes ☐ No ☐ No changes made

If "No" was answered, please update these demographic changes at your earliest convenience to prevent delays in your re credentialing process. Thank you!