

965 COMMUNITY SERVICE AGENCIES

REVISION DATE: 5/25/2022, 10/1/2021

EFFECTIVE DATE: September 2, 2020

REFERENCES: A.R.S. §32-33, A.R.S. §32-3251, A.A.C. R4-6-101; A.R.S. §36-501, A.R.S. §32-2061, A.R.S. §32-2091, A.A.C. R9-10-101, A.R.S. §13-705, A.R.S. §13-3212, A.R.S. §13-3206, A.R.S. §13-3502, A.R.S. §13-3506, A.R.S. §13-3506.01, A.R.S. §13-3512, A.R.S. §13-3555, A.R.S. §13-3558, A.R.S. §36-2903.01(B)(4), A.R.S. §41-6-10, ACOM Policy 103, AMPM Policy 940, AMPM Policy 965 Attachments A - D

PURPOSE

This policy sets forth requirements applicable to the Division of Developmental Disabilities (Division) Administrative Services Subcontractors (AdSS) for credentialing and monitoring Community Service Agencies (CSAs) and collaboration with other AHCCCS contracted health plans when CSAs participate with more than one AHCCCS contracted health plan.

SCOPE

This policy applies to the AdSS's responsibilities for credentialing and monitoring of CSAs.

DEFINITIONS

Behavioral Health Professional (BHP) must work within their scope of practice and be licensed in the state of Arizona, by the Arizona Board of Behavioral Health Examiners and includes Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Independent Substance Abuse Counselor, Licensed Associate Counselor, Licensed Master Level Social Worker, Licensed Bachelor Level Social Worker, Licensed Associate Marriage Family Therapist, Licensed Associate Substance Abuse Counselor.

A BHP may also be:

- A. Psychiatrist
- B. Psychologist
- C. Physician (MD or DO)
- D. Behavior Analyst (cannot provide treatment)
- E. Registered Nurse Practitioner (if licensed as an adult psychiatric and mental health nurse)
- F. Registered Nurse with:
 1. A psychiatric-mental health nursing certification, or
 2. One year of experience providing behavioral health services.

Behavioral Health Paraprofessional (BHPP) as specified in A.A.C. R9-10-101, is an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- A. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
- B. Are provided under supervision by a behavioral health professional.

Behavioral Health Technician (BHT) as specified in A.A.C. R9-10-101, is an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures and if the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, if the behavioral health services were provided in a setting other than a licensed health care institution, are provided with clinical oversight by a behavioral health professional.

Community Services Agency is a Community Service Agency is an unlicensed provider of non-medical, health related, support services. CSAs provide individualized habilitation (developmental learning), rehabilitation (relearning or readapting), employment, and advocacy services and family supports.

Lead Contractor is an AHCCCS contracted health plan that has the primary responsibility for credentialing, recredentialing and monitoring Community Service Agencies with one or more physical locations that are contracted with health plans.

POLICY

A. OVERVIEW

The AdSS shall have a standardized process for the initial and annual credentialing process of CSAs and for ongoing monitoring of CSAs for programmatic compliance. The AdSS are responsible for ensuring that qualified network community services agencies have the requisite components of the service(s), policies, procedures, and practices to implement the service. CSAs provide services that enhance or supplement behavioral health services that members receive through other licensed agencies. CSAs provide medically necessary rehabilitation and support services to members and their families, including but not limited to the following:

1. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
2. Comprehensive Community Support (Supervised Day)
3. Home Care Training Family (Family Support)
4. Ongoing Support to Maintain Employment
5. Personal Care

6. Psychoeducational Service (Pre-Job Training and Development)
7. Psychosocial Rehabilitation Living Skills Training Services
8. Self-Help/Peer Services (Peer Support)
9. Supervised Behavioral Health Day Treatment and Day Program
10. Transportation

B. INITIAL AND ANNUAL CREDENTIALING PROCESS

The AdSS shall comply with AMPM 965 Community Service Agencies and ensure the following requirements are met in the credentialing of CSAs that serve members of the Division:

1. The applicant shall complete a CSA Application (AMPM Policy 965 Attachment A, Initial Application and Credentialing Amendment Request) in accordance with the application instructions.
2. If the applicant intends to contract with one or more AHCCCS contracted health plan for one or more physical locations, a Lead Contractor will be designated as described in AMPM 965. The Lead Contractor may or may not be an AdSS. If the Lead Contractor is an AdSS, or if the CSA is contracting only with an AdSS, then the AdSS shall follow the procedures set forth in this policy.
 - a. The AdSS shall send a notice to the applicant, the Division, AHCCCS/DHCM CSA Compliance Program Specialist, and applicable Contractors, notifying them that the AdSS is the Lead Contractor for credentialing. The notice shall also include documentation submission standards as specified in AMPM Policy 965 Attachment B, Documentation Submission Standards, and deadlines for the initial credentialing desk audit.

C. REVIEW AND APPROVAL PROCESS

After reviewing the application packet, the AdSS shall render a credentialing approval notice or denial decision in writing.

1. The AdSS shall send a CSA credentialing approval notice to the applicant and the Division within 30 calendar days of the AdSS receipt of a timely, complete, and accurate application packet. If the application is denied, the denial decision may include an invitation for the CSA to develop and implement a Corrective Action Plan (CAP) with an outline of information that is missing or inaccurate and shall be submitted within a specified timeframe in order for the AdSS to render a final credentialing decision. The AdSS' decision to require a CAP is not subject to appeal.
 - a. The AdSS shall send a copy of the CSA credentialing approval notice or denial decision to the Division, AHCCCS/DHCM CSA

Compliance Program Specialist and all other applicable Contractors.

- b. Direct service staff members shall meet all Division, AHCCCS and CSA Program Administrator requirements as specified in AMPM Policy 965, Attachment B, such as competency requirements, before providing services.
 - c. The applicants shall register with AHCCCS/Provider Registration as a CSA provider type before billing for Title XIX/XXI reimbursable services. Applicants may obtain a registration packet by contacting AHCCCS/Provider Registration or via AHCCCS website.
2. Documentation submitted to AHCCCS/Provider Registration shall be consistent with information provided on the application submitted to the AdSS to avoid unnecessary delays in obtaining an AHCCCS provider identification number.
 3. Applicants that are establishing more than one CSA locations shall submit a Provider Registration packet for each physical location.

D. Renewal Application Registration and Annual Onsite Monitoring Review

The AdSS shall send a notice, copying the Division, AHCCCS/DHCM CSA Compliance Program Specialist, and all other applicable contractors of the onsite monitoring review at least 30 calendar days prior to the scheduled visit. The scheduled visit shall occur no less than 60 days from the annual expiration date of the CSA's AHCCCS provider registration status. The notice shall include documentation requirements as specified in AMPM Policy 965, Attachment B, and information on how to prepare for the monitoring visit, including instructions for the day of the scheduled visit.

1. The AdSS shall review all documentation in accordance with the standards as specified in AMPM Policy 965, Attachment B including, but not limited to, any updates to the fire inspection documentation and administrative procedures. Furthermore, the AdSS shall review personnel files of direct service staff members.
2. CSAs shall cooperate with the annual onsite monitoring review and shall:
 - a. Make available to the AdSS records that include all updated requirements.
 - b. Make available to the AdSS all requested member records.
 - c. Participate in the audit entrance and exit conferences with the AdSS employees.
3. After conducting the onsite monitoring review, the AdSS shall render a credentialing approval notice or denial decision in writing, copying the Division, AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Registration, and all other applicable AAHCCCS contracted health plans.

4. The denial decision may include an invitation for the CSA to develop and implement a CAP which outlines information that is missing or inaccurate and shall be submitted within a specified timeframe in order for the AdSS to render a final credentialing decision. The decision by the AdSS to allow for the development and implementation of a CAP shall include considerations such as allowing the CSA to continue services is in the best interests of the members when the health, safety, and/or welfare of members will not be jeopardized.
 - a. The AdSS's decision to require a CAP is not subject to appeal.
 - b. The AdSS shall send the CSA credentialing approval notice or denial decision to the CSA and the Division within 30 calendar days of the AdSS onsite audit or a satisfactory completion of a CAP.
 - c. The AdSS shall send the CSA approval notice or denial decision to the Division, AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Registration, and all other applicable contractors.

E. Credentialing Amendment

1. CSAs shall submit an amendment, at least 30 calendar days before the change. The amendment shall be submitted to the AdSS for CSAs, utilizing AMPM Policy 965, Attachment A and Attachment B, when any of the following information or circumstances occur:
 - a. Change in name or address.
 - b. Change in the CSA's National Provider Identifier (NPI) and/or Tax Identification Number (TIN).
 - c. Change in ownership, governing board, or Chief Executive of the program.
 - d. Adding or removing a contractor with which the CSA contracts or intends to contract for the provision of services.
2. CSAs shall report changes to the AHCCCS/Provider Registration Office in addition to the submission of the credentialing amendment request via fax.
3. After conducting a review of the credentialing amendment form and associated documentation, the AdSS shall render an updated credentialing approval notice or denial decision in writing, copying the Division, AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Enrollment Unit, and all other applicable contractors.
4. The denial decision may include an invitation for the CSA to develop and implement a CAP along with an outline of information that is missing or inaccurate and shall be submitted within a specified timeframe in order for the AdSS to render a final credentialing decision. The decision by the AdSS to allow for the development and implementation of a CAP shall include considerations such as allowing the agency to continue services is in the best

interests of the members when the health, safety, and/or welfare of members will not be jeopardized.

- a. The AdSS's decision to require a CAP is not subject to appeal.
- b. The AdSS contractor shall send the CSA credentialing approval notice or denial decision to the CSA and the Division within 30 calendar days of the receipt of the credentialing amendment request.
- c. The AdSS shall send the CSA approval notice or denial decision to the Division, AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Registration, and all other applicable contractors.

F. Denials, Suspension, Or Revocation of a CSA AHCCCS Registration

1. If the AdSS receives notification from AHCCCS that a CSA's AHCCCS registration is denied, suspended, or revoked, it shall deny, suspend, or revoke the CSAs participation in its network.
2. The AdSS are responsible for sending the outcome of credentialing renewals, amendments, and onsite monitoring reviews that result in a denial, suspension, or revocation, to the Division, AHCCCS/Provider Registration. AHCCCS/Provider Registration is responsible for rendering the final decision about the CSAs initial or continued status as an AHCCCS registered provider.


G. CSA VOLUNTARY WITHDRAWAL OR SUSPENSION OF A CSA REGISTRATION

1. If a CSA no longer intends to deliver services as a CSA to any AdSS contractor, the CSA shall notify the AdSS that the CSA is contracted with to provide services, the Division, the AHCCCS/DHCM CSA Compliance Program Specialist, and AHCCCS/Provider Registration in writing at least 30 calendar days in advance of the last date the service will be offered.
2. If an AdSS determines that a rehabilitation and/or support service will no longer be provided by the CSA, the AdSS shall notify all AHCCCS health plans contracted with the CSA to provide services and the Division along with AHCCCS/DHCM CSA Compliance Program Specialist in writing at least 30 calendar days in advance of the contract termination date.
3. If a CSA no longer holds a contract with any AdSS contractor but intends or is in the process of contracting with another health plan the CSA shall notify AHCCCS/Provider Registration in writing at least 30 calendar days in advance of the last date the service will be offered. AHCCCS/Provider Registration, at its sole discretion, may choose to allow the CSA to remain an AHCCCS Registered Provider, but suspend the CSAs' ability to bill for services. The AdSS shall adhere to reporting and notification requirements established in contract to ensure that network changes are communicated, and transition plans are implemented for the continuation of services to members. At the point in time when the CSA is contracted with at least one AHCCCS health plan contractor, the CSA shall initiate the initial application process outlined in this policy.

4. In all circumstances noted above, the AdSS and CSAs shall coordinate the transition of members to ensure continuity of care.

H. AHCCCS CONTRACTED HEALTH PLANS COLLABORATIVE FOR CREDENTIALING AND ONSITE MONITORING REVIEWS

1. The AdSS shall coordinate CSA credentialing and onsite monitoring reviews when the CSA is contracted with more than one AHCCCS contracted health plan as described in this section.
2. The AdSS shall participate with other AHCCCS contracted health plans in a collaborative process to perform initial and annual credentialing and annual onsite monitoring of CSAs, which shall include but not be limited to the following:
 - a. Designate and maintain a listing of points of contact at each contractor and providing the Division and AHCCCS/DHCMCSA Compliance Program Specialist with updated copies of the list as revisions are made.
 - b. Establish criteria for determining the Lead Contractor for each CSA.
 - c. Develop standard forms including communication and approval notices, audit tools, and CAPs to be utilized by the AdSS or applicable Lead Contractor. All standard forms shall be approved by AHCCCS before use, including initial drafts and proposed revisions. Develop processes and standards for member record reviews for the onsite monitoring review.
 - d. Develop processes for secondary reviews by another AHCCCS contracted health plan should a CSA fail to receive an approved credentialing notice from the Lead Contractor, or upon request by a CSA or an AHCCCS contracted health plan for any reason as deemed necessary.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 17, 2022 20:38 PDT\)](#)

Anthony Dekker, D.O.