

1 **CHAPTER 61 HOME AND COMMUNITY BASED SERVICES (HCBS)**
2 **CERTIFICATION AND AHCCCS PROVIDER**
3 **ENROLLMENT**

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7 REFERENCES: A.R.S. § 36-594.01; 42 CFR 431.107; A.A.C. R6-6-1501 et.
8 seq.

9 **PURPOSE**

10 This policy outlines HCBS Certification compliance for Qualified Vendors who
11 have a Qualified Vendor Agreement, and Independent Providers who have a
12 service agreement, with the Division of Developmental Disabilities (Division).

13 **DEFINITIONS**

14 1. “Administrative Services Subcontract/Subcontractor” or “AdSS”
15 means an agreement that delegates any of the requirements of
16 the Contract with AHCCCS, including, but not limited to the
17 following:

18 a. Claims processing, including pharmacy claims;

- 19 b. Pharmacy Benefit Manager (PBM);
- 20 c. Dental Benefit Manager;
- 21 d. Credentialing, including those for only primary source
- 22 verification;
- 23 e. Medicaid Accountable Care Organization (ACO);
- 24 f. Service Level Agreements with any Division or Subsidiary
- 25 of a corporate parent owner; and
- 26 g. CHP and DES/DDD Subcontracted Health Plan.
- 27 2. “Arizona Health Care Cost Containment System” or “AHCCCS”
- 28 means Arizona’s Medicaid Program, approved by the Centers for
- 29 Medicare and Medicaid Services (CMS) as a Section 1115 Waiver
- 30 Demonstration Program and described in A.R.S. Title 36, Chapter
- 31 29.
- 32 3. “Direct Support Professional” or “DSP” means a person who
- 33 delivers direct support in Home and Community-Based Services
- 34 with current training according to the training and certification or
- 35 licensing requirements of the Home and Community-Based
- 36 Services they provide.

- 37 4. “Home and Community-based Services” or “HCBS” means
38 Services as defined in A.R.S. § 36-2931 and A.R.S. § 36-
39 2939(B) and as referenced in A.A.C. R6-6-1501(9).
- 40 5. “HCBS Certificate” means the document the Division issues to a
41 service Provider or applicant as evidence the service Provider
42 has met the Home and Community based Service standards in
43 this Article.
- 44 6. “HCBS Certification” means the process by which the Division
45 ensures that an applicant or service Provider meets the
46 standards in this Article for Home and Community-based
47 Services.
- 48 7₃ “Individual Independent Provider” or “Independent Provider”
49 means an individual who has a service agreement with the
50 Division to provide Attendant Care (ATC), Homemaker (HSK),
51 Respite (RSP), or Habilitation (HAH/HAI) and who is a DCW.
- 52 8. “Life-Safety Inspection” means an inspection of the premises by
53 OLCR to verify compliance with standards intended to safeguard

54 children and vulnerable adults from fire hazards and other
55 hazardous conditions.

56 9. "Member" means the same as "Client" as defined in A.R.S. § 36-
57 551.

58 10. "Planning Document" means a written plan developed through
59 an assessment of functional needs that reflects the services and
60 supports, paid and unpaid, that are important for and important
61 to the Member in meeting the identified needs and preferences
62 for the delivery of such services and supports.

63 11. "Provider" means any person or entity that contracts with the
64 Division, AHCCCS, or an AdSS for the provision of covered
65 services to Members according to the provisions of A.R.S. § 36-
66 2901 or any subcontractor of a Provider delivering services
67 pursuant to A.R.S. § 36-2901.

68 12. "Qualified Vendor" means a Provider of community
69 developmental disability services that has applied for Qualified
70 Vendor status, meets the criteria for Qualified Vendor status,

71 and has entered into a Qualified Vendor Agreement with the
72 Department.

73 **POLICY**

74 **A. AHCCCS PROVIDER TYPES**

75 1. Qualified Vendors shall enroll with AHCCCS under one or more of
76 the following Provider types established by AHCCCS:

77 a. Provider Type 39 - Habilitation Provider, includes
78 Attendant Care;

79 b. Provider Type 01 - Group Payment ID Therapies only;

80 c. Provider Type 23 - Home Health Agency, Home Health
81 Services - Medicare Certified;

82 d. Professional License Provider Type if a Sole Proprietor.

83 2. Qualified Vendors shall apply for a Provider Type 25 after:

84 a. They have been approved for Provider Type 39;

85 b. They have an awarded group home licensed by the
86 Department of Health Services; and

87 c. The group home is HCBS certified by the Division's Office
88 of Licensing, Certification, and Regulation (OLCR).

89 3. Qualified Vendors shall refer to AMPM 610-Attachment A for
90 Provider types, enrollment requirements, and the regulatory
91 organization(s) for each Provider type.

92 **B. REQUIREMENTS FOR DIVISION-CONTRACTED VENDORS**

93 1. All Qualified Vendors, Independent Providers, Providers
94 contracted with AdSSs but not the Division, and AZEIP staff
95 providing AHCCCS-covered HCBS shall become HCBS Certified
96 by the Division.

97 2. Qualified Vendors ~~or individuals contracted with a Qualified~~
98 ~~Vendor Agreement~~ shall complete the HCBS Certification process
99 online through the Division's the Division's OLCR Tracking
100 application.

101 3. Qualified Vendors shall seek any needed assistance with HCBS
102 Certification through the Division's Office of Licensing,
103 Certification, and Regulation (the Division's OLCR).

104 ~~The Division's Office of Licensing, Certification, and Regulation (the~~
105 ~~Division's OLCR) shall assists vendors and Providers with this~~
106 ~~process. HCBS Certification provides a uniform standard for~~

107 ~~worker qualifications and site safety. Home and Community~~
108 ~~Based Services allow Members of the Division to receive services~~
109 ~~in their own home or community rather than in institutions or~~
110 ~~isolated settings.~~

111 4. HCBS Qualified Vendors applying for certification to provide
112 HCBS shall follow the HCBS Certification application
113 requirements as determined by the vendor's:

- 114 a. Employee Classification; and
- 115 b. Type of service provided.

116 5. Qualified Vendors applying for HCBS Certification shall follow
117 instructions outlined in the Division's OLCR Tracking Application
118 Provider Reference Guide (OLCR-040-001 Provider) when
119 submitting an application for HCBS Certification, to include:

- 120 a. An Application for Initial Certification (LCR-10-83A);
- 121 b. An agency roster of all direct care employees or
122 contractors, including the CEO, President, or Owner and
123 authorized signatory(ies) as listed in the Qualified Vendor
124 contract application, that indicates compliance with all

- 125 applicable HCBS training and background check
- 126 requirements;
- 127 c. Criminal History Self Disclosure Affidavit (LCR-1034A) for
- 128 the CEO/President/Owner(s) of the agency and all contract
- 129 signatories; and
- 130 d. Proof of successful completion of CPR, First Aid, and Article
- 131 9 training when the CEO, President, or Owner and
- 132 authorized signatory(ies) are providing direct services.
- 133 6. Qualified Vendors who provide HCBS shall keep the staff roster
- 134 up to date as outlined in Section F, once the HCBS Certificate is
- 135 issued.
- 136 7. Qualified Vendors shall not render services to Division Members
- 137 when an HCBS certificate has been revoked, denied, or
- 138 suspended due to a threat to the health, welfare, or safety of a
- 139 Member.
- 140 ~~3. The Division certifies Independent Providers, Specialty~~
- 141 ~~Contractors, Qualified Vendors, and, effective 10/1/2019,~~
- 142 ~~DivisionDD Health Plan Providers.~~

- 143 ● ~~Independent Providers (IPs) are individuals that have an~~
- 144 ~~Independent Provider Agreement with the Division.~~
- 145 ● ~~Qualified Vendors (QVs) are agencies that have been awarded a Qualified~~
- 146 ~~Vendor Agreement from the Division.~~
- 147 ● ~~DD Health Plan Providers are contracted by a Managed Care~~
- 148 ~~Organization (MCO) to provide HCBS services to Division members.~~
- 149 ● ~~Specialty Contract/AZEIP Providers provide HCBS services to DD ALTCS~~
- 150 ~~eligible members through the Arizona Early Intervention Program.~~

151 **C. REQUIREMENTS FOR DIRECT SUPPORT PROFESSIONALS**

152 The rules governing HCBS Certification are found in the Arizona
153 Administrative Code (A.A.C.) R6-6-1501 et. seq.

154 1. ~~HCBS requirements vary depending on the employee type and~~
155 ~~type of service provided.~~

156 2. ~~HCBS requirements for direct service Providers include, but are~~
157 ~~not limited to:~~

158 1. ~~HCBS Qualified Vendors shall ensure staff employees providing~~
159 ~~direct care services possess, submit, or provide proof of:~~

160 a. ~~Possession of A valid Level One Fingerprint Clearance~~
161 ~~Card:~~

- 162 i. Except when exempted by A.R.S. § 36-594.01(D);
163 and
164 ii. For each adult household member of a home when-if
165 services are delivered in the private home of a direct
166 care worker, all adult household members of the
167 home must also have a Level One Fingerprint
168 Clearance card;
169 b. Completion of a notarized Criminal History Self-Disclosure
170 affidavit (LCR-1034A);
171 c. Identification of three references, Letters of reference
172 meeting the following considerations:
173 i. Copies are to be documented;
174 ii. Provision of references from family members of
175 applicants are not accepted;
176 iii. References need to have knowledge of the
177 applicant's experience, education, and character;
178 and

- 179 iv. References are required to be from three separate
180 individuals, and include the individual's name and
181 date.
- 182 d. Proof of Age- (DSPs must be at least 18-years-old);
- 183 e. Submission of an Application or resume attesting to the
184 qualification or experience requirements specific to each
185 service;
- 186 f. Orientation to Member's needs;
- 187 g. Possession of Cardio-Pulmonary Resuscitation (CPR)
188 certification for infant, child, and adult age groups from a
189 training program containing the following:
- 190 i. Training on pediatrics and adults;
- 191 ii. All classes, in-person and web-based, are completed
192 with hands-on skills training;
- 193 iii. Training is conducted under the American Heart
194 Association, American Red Cross, or National Safety
195 Council Guidelines; and

- 196 iv. Documentation that training was obtained under
197 these guidelines are:
- 198 a) Kept within the Qualified Vendor's file for each
199 applicant; and
- 200 b) Sent via email to the Contract Action Unit
201 (CAU) once reactivation is completed, to
202 DDDcontractaction@azdes.gov, include:
- 203 1) A copy of the new certification; and
204 2) A copy of renewal letter from the
205 Division's OLCR inbox.
- 206 h. Possession of First Aid certification, (professionally licensed
207 Providers are exempt) First Aid, unless the direct-care staff
208 is a licensed R.N., LPN, Certified Nursing Assistant, or a
209 Physical, Occupational, Respiratory, or a Speech/Hearing
210 therapist;
- 211 i. Completion of Article 9 training;
- 212 j. Submission to a Department of Child Safety Central
213 Registry check; Central Registry and Adult Protective

- 214 Services (APS) Registry checks using the Arizona
- 215 Centralized Background Checks (CBC) web portal;
- 216 ~~k. Submission to an Adult Protective Services Registry Check;~~
- 217 ~~k. Possession of a Valid Driver License, (if transporting~~
- 218 Members).
- 219 ~~l. Possession of a Valid auto registration and insurance if~~
- 220 transporting Members in a personal vehicle.
- 221 ~~m. Completion of Prevention and Support training to include~~
- 222 skills, if required by the Member's Planning Document.
- 223 ~~n. Verification of professional licensure is required:~~
- 224 ~~i. When providing professional licensed services; and~~
- 225 ~~ii. To be listed on the agency roster;~~
- 226 ~~(if providing professionally licensed services).~~
- 227 ~~o. All therapy services shall have:~~
- 228 ~~i. A therapist of that discipline included on the agency~~
- 229 roster; and
- 230 ~~ii. A supervising therapist over therapy assistants~~
- 231 included on the agency roster.

- 232 2. Qualified Vendors shall ensure agency staff HCBS Providers shall
233 pass a Life Safety Inspection (LSI) by the Division for settings
234 owned, leased, or controlled by the DSP: the direct service
235 Provider, excluding Group Homes:
- 236 a. Prior to delivering HCBS services in the setting; and
237 b. Every two years thereafter.
- 238 3. HCBS-certified Providers Qualified Vendors shall are required to
239 maintain documentation attesting to that demonstrates
240 compliance with HCBS requirements for all staff:
- 241 a. Within the Division's OLCR Tracking application which shall
242 be maintained at 95% Compliance; and
243 b. Within staff files maintained at the Agency Site.
244 to be made available when The

245 **D. AUDITS**

- 246 1. The Qualified Vendor providing HCBS shall be available to
247 participate in staff conduct a file audits of the agency roster:
248 Provider files:
- 249 a. At least every two years; and

- 250 b. As requested by OCLR the Division's OLCR.
- 251 2. The Qualified Vendor shall maintain staff files that document the
- 252 following non-expired information in the agency roster:
- 253 a. Proof of Age;
- 254 b. Orientation to Member;
- 255 c. Application or Resume;
- 256 d. Three Letters of Reference;
- 257 e. Fingerprint Clearance Card Number or Fingerprint
- 258 Clearance Card Application Number;
- 259 f. Fingerprint Clearance Card Expiration Date;
- 260 g. Identify if the DSP Provider is an "Immediate Relative";
- 261 h. Criminal History Self Disclosure;
- 262 i. Central Registry Checks;
- 263 j. APS Registry Checks;
- 264 k. CPR;
- 265 l. First Aid;
- 266 m. Article 9;

- 267 n. Prevention and Support, if required by Member’s Planning
268 Document;
269 o. Drivers License, if transporting Members;
270 p. Vehicle Insurance, if transporting Members;
271 q. Vehicle Registration, if transporting Members;
272 r. Professional license, if applicable;
273 s. Personal AHCCCS ID, if applicable; and
274 t. Life Safety Inspection, if providing services in their home.
- 275 3. The Qualified Vendor shall provide documentation:
276 a. Outlining the total number of direct care staff; and
277 b. In either digital or hard copy form.
- 278 4. Qualified Vendors shall maintain an agency roster
279 a. At a minimum of 95% compliance; and
280 b. Updated within 30 days of a change.
- 281 5. The Qualified Vendor shall provide documentation that each of
282 the following Service Site types has a completed LSI Inspection:
283 a. Day Services Sites;
284 b. Center-Based Employment Sites;

- 285 c. Group Supported Employment Sites; and
- 286 d. Respite Homes and sites.
- 287 6. The Qualified Vendor shall provide documentation of the
288 Medicare Certification, if applicable.
- 289 7. The Qualified Vendor shall provide documentation of the DHS
290 License for Group Home(s) if applicable.
- 291 8. The Qualified Vendor shall provide instructor credentials when
292 the agency offers CPR, First Aid, Article 9, or Prevention and
293 Support Classes.
- 294 ~~5. Qualified Vendors shall maintain a roster within 95% compliance~~
- 295 9. The Qualified Vendor shall receive a Corrective Action Plan (CAP)
296 when:
- 297 a. The agency roster is less than 95% compliant;
- 298 b. The agency does not have supporting documentation for
299 each staff requirement; or
- 300 c. The agency does not have supporting documentation for
301 any of the requirements listed in this section.

302 ~~i. If the Vendor does not answer the call and does not~~
303 ~~return the call within 15 minutes~~

304 ~~Corrective Action Plan (CA~~

305 ~~10. The Qualified Vendor shall respond to a he Division will send a~~
306 ~~CAP letter by: to the Vendor:~~

307 ~~a. Submitting a CAP to the Division within 14 calendar days~~
308 ~~from the date of the CAP letter, within the Division's OLCR~~
309 ~~Tracking application; and~~

310 ~~b. Submitting supporting documentation requested by the~~
311 ~~auditor to HCBScertification@azdes.gov;~~

312 ~~11. Qualified Vendors who neglect to submit a CAP to the Division~~
313 ~~within 14 days from the date of the initial CAP letter -the~~
314 ~~Qualified Vendor shall respond to the second CAP letter within~~
315 ~~five calendar days.~~

316 **E. HCBS CERTIFICATION FOR INDIVIDUAL INDEPENDENT**
317 **PROVIDERS**

318 ~~1. Individual Independent Providers applying for HCBS Certification,~~
319 ~~shall work with the assistance of an Independent Provider~~

320 Coordinator (IPC) assigned by the Division and submit:. ~~The IPC~~
321 ~~provides required forms including an initial application and an~~
322 ~~applicant Statement of Understanding. The IPC also collects~~
323 ~~documentation attesting to compliance with all HCBS~~
324 ~~requirements.~~

325 2. ~~Individuals with an Independent Provider Agreement must~~
326 ~~submit an initial application, to include:~~

327 A. ~~Include in the application packet:~~

328 a. An Application for:

329 i. Initial-HCBS Certification (LCR-1025A); or

330 ii. Renewal or Amended HCBS Certificate for
331 Independent Providers (LCR-1084-A);

332 b. A copy of a Level One Fingerprint Clearance Card (FCC),
333 issued by the Arizona Department of Public Safety (DPS),
334 unless the applicant is exempted per A.R.S. § 36-594.01;

335 c. A copy of the Criminal History Self Disclosure Affidavit
336 (LCR-1034A);

337 d. Applicant Statement of Understanding (LCR-1064A);

- 338 e. Statement of Lawful Presence (~~LCR-1075A~~);
- 339 f. Three letters of reference that:
- 340 i. Attest to the employment history, education, or
- 341 character of the applicant, and
- 342 ii. Are not completed by family members of the
- 343 applicant.
- 344 g. Proof of successful completion of training for:
- 345 i. CPR certification for infant, child, and adult age
- 346 groups from a training program including the
- 347 following:
- 348 a) Training on pediatrics and adults;
- 349 b) All classes need to be completed with hands-on
- 350 skills training;
- 351 c) Web-based classes also need to be include
- 352 hands-on training;
- 353 d) Training is conducted under the American
- 354 Heart Association, American Red Cross, or
- 355 National Safety Council Guidelines; and

356 e) Documentation that training was obtained
357 under these guidelines is the responsibility of
358 the Qualified Vendor and need to be kept
359 within the applicant's file;

360 ii. First Aid, unless the direct-care staff is a licensed
361 R.N., LPN, Certified Nursing Assistant, or a Physical,
362 Occupational, Respiratory, or Speech/Hearing
363 therapist; and

364 iii. Article 9.

365 2. All application documents must be provided to the Individual
366 Independent Providers applying for HCBS Certification shall
367 provide all application documents to the IPC, who will forward
368 the documents to the Division's OLCR for processing.

369 3. The Individual Independent Provider shall must contact the
370 assigned IPC to initiate any amendments to the HCBS Certificate
371 when the Individual Independent Provider experiences a change
372 in:

373 a. Address;

374 b. Contact information or name; or

375 c. The addition or removal of services.

376 ~~D. HCBS Certification for Qualified Vendors~~

377 ~~An initial HCBS Certification application cannot be completed until a~~
378 ~~Qualified Vendor Agreement (QVA) with the Division has been~~
379 ~~approved.~~

380 ~~to include: The online HCBS Certification initial application includes:~~

381 ~~a. An Application for Initial Certification (LCR 10-83A).~~

382 ~~b. A staff roster of all direct care employees or contractors,~~
383 ~~including the CEO/President/Owner and authorized~~
384 ~~signatory as listed in the Qualified Vendor contract~~
385 ~~application. The roster must indicate compliance with all~~
386 ~~applicable HCBS training and background check~~
387 ~~requirements.~~

388 ~~c. Criminal History Self-Disclosure Affidavit (LCR-1034A) for~~
389 ~~the CEO/President/Owner(s) of the agency and all contract~~
390 ~~signatories.~~

391 ~~d. Proof of successful completion of training for CPR, First~~
392 ~~Aid, and Article 9 (if the owner/applicant is providing direct~~
393 ~~services).~~

394 ~~2. The Provider shall Once the HCBS Certificate is issued, the~~
395 ~~vendor must keep the staff roster up to date as outlined in~~
396 ~~Section E., once the HCBS Certificate is issued.~~

397 **F. AGENCY ROSTER REQUIREMENTS**

398 1. Qualified Vendors who provide HCBS shall maintain an agency
399 roster as outlined in the the Division's OLCR Tracking
400 Application-Provider Reference Guide.

401 2. Qualified Vendors shall include names of all agency
402 staff individuals working with Members, ensuring:

403 a. Newly employees agency staff are added must be added
404 to the agency roster within 30 calendar days of hire;

405 b. Agency staff Employees must be are removed from the
406 agency roster within 30 calendar days of separation from
407 employment;

- 408 c. All other updates to the agency roster ~~are must be~~ made
409 within 30 calendar days of a change, including dates of
410 training and HCBS Certification updates; and
- 411 d. Any individuals working with Members~~individuals~~, including
412 subcontractors, are added.
- 413 3. Qualified Vendors who provide HCBS shall include all DSPs, any
414 owner, and signatory(ies) on their agency roster.
- 415 4. The Qualified Vendor who provides HCBS shall select the
416 appropriate employee type based on the agency roster and
417 Background (BG) Check Guide found under the Agency Roster
418 tab in the Division's OLCR Tracking application.
- 419 ~~staff roster is reviewed by a certification specialist at each renewal.~~
- 420 5. The Qualified Vendor shall keep the agency roster ~~is considered~~
421 no less than 95% compliant.
- 422 6. The Qualified Vendor shall manage any employees on the agency
423 roster with a denied or suspended fingerprint clearance card by:
- 424 a. Changing the Employee type to inactive for up to 90 days;
425 or

- 426 b. Removing the Employee from the agency roster.
- 427 7. Upon notification that agency staff employed by the Qualified
428 Vendor is found to have been convicted of, awaiting trial on, or
429 pled no contest to any of the criminal acts listed in R6-6-
430 1514(B), the Qualified Vendor an agency shall immediately take
431 the following actions:
- 432 a. Remove the agency staff from direct contact with
433 Members; and
- 434 b. Notify the Division, unless the agency initially received
435 notice from the Division.
- 436 8. The Qualified Vendor providing HCBS shall not permit employees
437 indicated as inactive on the agency roster to work directly with
438 Members.
- 439 9. Qualified Vendors providing group home services shall ~~must~~
440 provide a copy of a current license or proof of inspection
441 provided by the Arizona Department of Health Services to apply
442 for an HCBS Certificate for each group home, ensuring the
443 service site location is:

- 444 a. Identified by the service site name and address, and
- 445 b. Aligned with the service site as identified in the Contract
- 446 Administration System (CAS).
- 447 10. Qualified Vendors shall renew HCBS certificates for all group
- 448 homes at the time of their administrative site renewal. The
- 449 expiration date on a group home HCBS Certificate is aligned with
- 450 the expiration date on the agency's HCBS Certificate.
- 451 11. Qualified Vendors shall make staff files available for the
- 452 Division's OLCR to audit every two years, and as requested.
- 453 12. For Qualified Vendors providing other types of site based HCBS
- 454 services in a site owned, leased or controlled by the Qualified
- 455 Vendor, a Life Safety Inspection needs to must be completed:
- 456 a. Prior to using a site for services; and A Life Safety
- 457 Inspection must be completed
- 458 b. Every two years thereafter.
- 459 13. It is the responsibility of the The Qualified Vendor shall to track
- 460 Life Safety Inspection due dates and ensure service site
- 461 information is up to date.

462 **G. HCBS CERTIFICATION FOR PROVIDERS CONTRACTED WITH A**
463 **ADSS Certification for Providers Contracted with a Managed**
464 **Care Organization (MCO)**

- 465 1. DD Health Plan Providers ~~who are~~ contracted with both an
466 AdSSMCO and the Division, DDD (as a Qualified Vendor,) only
467 need one HCBS Certificate.
- 468 2. DD Health Plan Providers shall ~~must~~ complete the HCBS
469 Certification process through the Division's OLCR Tracking
470 Application as outlined in this policy under HCBS Certification for
471 Qualified Vendors.
- 472 3. DD Health Plan ~~only~~ Providers who are not contracted with the
473 Division shall ~~must~~ contact the Division's OLCR directly for HCBS
474 Certification instructions.
- 475 4. DD Health Plan Providers shall ~~Certification requires~~ submitting
476 for HCBS Certification: an application form and documentation
477 attesting to compliance with HCBS rules.

478 The ~~required~~ submission includes:

- 479 a. An Application for Initial HCBS Certification (LCR-1083A);

- 480 b. A copy of the Level One Fingerprint Clearance Card (FCC),
481 issued by the Arizona Department of Public Safety (DPS)
482 for the CEO or Owner;
- 483 c. A copy of the Criminal History Self Disclosure Affidavit
484 (LCR-1034A) for the CEO or Owner;
- 485 d. Three reference letters for the individual or agency;
- 486 e. Proof of successful completion of training for CPR, First
487 Aid, and Article 9, {if the CEO, President, or Owner and
488 authorized signatory(ies) owner/applicant is providing
489 direct services};
- 490 f. A completed agency roster listing all staff providing direct
491 services to Members (LCR1028A); and
- 492 g. Documentation attesting to compliance with HCBS rules.
- 493 5. DD Health Plan Providers delivering HCBS services in a site
494 owned, leased, or controlled by the HCBS service Provider shall
495 complete a Life Safety Inspection with the Division's OLCR:
- 496 a. Prior to using a site to deliver services; and
- 497 b. Every two years after the initial inspection.

498 ~~If services are delivered in a setting owned, leased, or controlled by~~
499 ~~the Provider, a setting inspection needs to must be completed by~~
500 ~~the Division's OLCR prior to services being delivered in this~~
501 ~~setting.~~

502 **H. HCBS CERTIFICATION FOR SPECIALTY CONTRACT/ARIZONA**

503 **EARLY INTERVENTION PROGRAM (AZEIP) PROVIDERS**

504 **Certification for Specialty Contract/AZEIP Providers**

505 1. Specialty Contract/AZEIP Providers who are contracted with both
506 an AZEIP and the Division to provide HCBS ~~DDD~~ (as a Qualified
507 Vendor) only need one HCBS Certificate. ~~shall complete the HCBS~~
508 ~~Certification process through the Division's OLCR Tracking~~
509 ~~Application as outlined in this policy under HCBS Certification for~~
510 ~~Qualified Vendors.~~

511 2. Specialty Contract/AZEIP only Providers who are not contracted
512 with the Division to provide HCBS shall ~~must~~ contact the
513 Division's OLCR directly for HCBS Certification instructions.

- 514 3. Specialty Contract/AZEIP-only Providers who are not contracted
515 with the Division to provide HCBS shall submit the following with
516 the application:
- 517 a. ~~Certification requires an application form~~ Application for
518 Initial HCBS Certification (LCR-1083A);
- 519 b. Documentation attesting to compliance with HCBS rules;
520 ~~The required submission includes:~~
- 521 ~~1. Application for Initial HCBS Certification (LCR-1083A)~~
- 522 c. A copy of the Fingerprint Clearance Card (FCC), issued by
523 the Arizona Department of Public Safety (DPS) for the
524 CEO/Owner;
- 525 d. A copy of the Criminal History Self Disclosure Affidavit
526 (LCR-1034A) for the CEO/Owner;
- 527 e. Three reference letters for the individual or agency;
- 528 f. Proof of successful completion of training for CPR, First
529 Aid, and Article 9 if the owner/applicant is providing direct
530 services; and

531 g. A completed agency roster listing all staff providing direct
532 services to Members (LCR-1028A).

533 4. Specialty Contract/AZEIP Providers shall complete an inspection
534 with the Division's OLCR prior to delivering services in a setting
535 that is If services are delivered in a setting owned, leased, or
536 controlled by the Provider, a setting inspection must be
537 completed by the Division's OLCR prior to services being
538 delivered in this setting.

539 **I. AMENDING THE HCBS CERTIFICATE** ~~Amending the HCBS~~
540 **Certificate**

541 1. Qualified Vendors who provide HCBS shall maintain current
542 information in ~~submit an amendment to the Contract~~
543 Administration System (CAS).

544 2. Qualified Vendors who provide HCBS shall review and submit any
545 HCBS Certificate amendments in the Division's OLCR Tracking
546 Application within 30 days of a change to:

547 a. Name, address, or telephone number;

548 b. Addition of a service to the Division's service contract;

- 549 c. Deletion of a service to the Division's service contract;
- 550 d. Change in the Tax ID#; or
- 551 e. Change in AHCCCS Provider type.
- 552 ~~and submit any amendments timely to their contract as needed. to~~
- 553 ~~amend their contract when any of the following changes~~
- 554 ~~occur:~~ Any of the following changes requires an amendment to
- 555 the certificate:
- 556 a. ~~Any Addresses;~~
- 557 b. ~~Addition/deletion of services;~~
- 558 c. ~~Ownership;~~
- 559 d. Signatory
- 560 e. ~~FEI;~~
- 561 f. Contact information; or
- 562 g. Provider name;
- 563 h. Other
- 564 3. Qualified Vendors shall submit the amendment generated in the
- 565 CAS once the amendment is approved, to the HCBS tracking
- 566 application.

567 ~~request to the Qualified Vendor Agreement (QVA) in the~~
568 ~~contract application of the Division's Focus system. Once the~~
569 ~~contract amendment is approved, a certificate amendment is~~
570 ~~sent to in the Division's OLCR Tracking Application.~~

571 4. Qualified Vendors shall submit any pending amendments to the
572 Division prior to submitting a renewal application.

573 5. DD Health Plan Providers who are not contracted with the
574 Division shall notify the Division's OLCR directly ed with an AdSS
575 and AZEIP/Specialty Contractors of the amendment request.

576 6. Specialty Contract/AZEIP contractors who provide HCBS shall
577 notify the Division's OLCR directly of the amendment request.

578 7. Individual Independent Providers shall must contact the Division's
579 Independent Provider Coordinator (IPC).

580 **J. AHCCCS ENROLLMENT**

581 1. Qualified Vendors shall submit their Certification in the AHCCCS
582 portal as the Provider type assigned on the initial HCBS
583 Certification enrollment is mandatory. It is as required for

584 submission of encounter data to the AHCCCS Administration by
585 the Division.

586 2. Qualified Vendors shall submit the approved HCBS Certification
587 for the primary administrative site and any group homes.~~All~~

588 3. Qualified Vendors Providers shall must work directly with AHCCCS
589 for enrollment in order to register the primary agency
590 administrative or group home sites to obtain an AHCCCS ID
591 number.

592 ~~AHCCCS Mandates~~

593 ~~AHCCCS mandates that all Providers:~~

594 ~~A. Comply with all federal, state, and local laws, rules, regulations,~~
595 ~~executive orders, and Division policies governing performance of duties~~
596 ~~under the Qualified Vendor or other contractual agreements.~~

597 ~~B. Meet AHCCCS requirements for professional licensure,~~
598 ~~certification, or registration.~~

599 ~~C. Complete all applicable enrollment forms. Questions regarding~~
600 ~~HCBS certification may be directed to hcbscertification@azdes.gov.~~

601 **K. RENEWAL FOR QUALIFIED VENDOR HCBS CERTIFICATION**

- 602 1. Qualified Vendors shall renew HCBS Certificates annually within
603 the Division's OLCR Tracking application:
- 604 a. 30 days prior to expiration;
605 b. Submitting for each group home:
606 i. A renewal application;
607 ii. DHS license expiration date; and
608 iii. Sending a copy of the DHS license to the HCBS the
609 Division's OLCR inbox; and
610 c. Send any supporting documentation to the Division's OLCR
611 HCBS Inbox.
- 612 2. Qualified Vendor staff completing renewal HCBS Applications
613 within the Division's OLCR Tracking application shall ensure the
614 application is completed by hitting the submit button at the end
615 of the application.
- 616 3. Qualified Vendors shall request site inspections prior to
617 submitting a renewal application.
- 618 4. Qualified Vendors shall work with the Division's OLCR to complete
619 the renewal application by responding to an Additional

620 Information Request (AIR) sent to the vendor within 60 calendar
621 days of receiving the request, to prevent closure of the
622 application for failure to respond to the AIR within 60 calendar
623 days.

- 624 5. When a Qualified Vendor fails to submit a renewal application
625 allowing the HCBS certification to expire, the vendor shall:
- 626 a. Submit a reactivation application; and
 - 627 b. Utilize the new effective date based on the day it is
628 deemed complete by the Division's OLCR.

629 **L. RENEWAL FOR INDEPENDENT PROVIDERS**

- 630 1. Individual Independent Providers shall apply for HCBS
631 Certification renewal with the assistance of an Independent
632 Provider Coordinator (IPC) assigned by the Division and submit:-
633 The IPC provides required forms including an initial application
634 and an applicant Statement of Understanding. The IPC also
635 collects documentation attesting to compliance with all HCBS
636 requirements.

- 637 ~~2.~~ Individuals with an Independent Provider Agreement must
638 submit an initial application, to include:
- 639 ~~B.~~ Include in the application packet:
- 640 a. Application for Renewal (LCR-1084-A);
- 641 b. An updated copy of a Level One Fingerprint Clearance Card
642 (FCC), issued by the Arizona Department of Public Safety
643 (DPS), unless the applicant is exempted per A.R.S. § 36-
644 594.01, if applicable;
- 645 c. A copy of the Criminal History Self Disclosure Affidavit
646 (LCR-1034A), every three years;
- 647 d. Applicant Statement of Understanding (LCR-1064A);
- 648 e. Proof of successful completion of training for, if updated in
649 the past HCBS Certification year:
- 650 i. CPR;
- 651 ii. First Aid, unless the direct-care staff is a licensed
652 R.N., LPN, Certified Nursing Assistant, or a Physical,
653 Occupational, Respiratory, or a Speech/Hearing
654 therapist; and

655 iii. Article 9.

656 2. All application documents must be provided to the Individual
657 Independent Providers shall provide all application documents to
658 the IPC.

659 **M. RENEWAL FOR DD HEALTH PLAN PROVIDERS**

660 1. DD Health Plan Providers contracted with both an AdSS and the
661 Division as a Qualified Vendor, shall:

- 662 a. Obtain an HCBS Certificate from the Division; and
663 b. Complete the renewal HCBS Certification process through
664 the HCBS Certification tab as outlined in this policy under
665 HCBS Certification for Qualified Vendors.

666 2. DD Health Plan Providers who are not contracted with the
667 Division to provide HCBS shall must contact the Division's OLCR
668 directly for renewal HCBS Certification instructions.

669 3. DD Health Plan Providers who are not contracted with the
670 Division to provide HCBS shall Certification requires submitting
671 for HCBS Certification: an application form and documentation
672 attesting to compliance with HCBS rules.

- 673 ~~The required submission includes:~~
- 674 a. An Application for Renewal HCBS Certification (LCR-
- 675 1077A);
- 676 b. A copy of the Level One Fingerprint Clearance Card (FCC),
- 677 issued by the Arizona Department of Public Safety (DPS)
- 678 for the CEO or Owner, if updated within the past HCBS
- 679 Certification year;
- 680 c. A copy of the Criminal History Self Disclosure Affidavit
- 681 (LCR-1034A) for the CEO or Owner, every three years;
- 682 d. Proof of successful completion of training for CPR, First
- 683 Aid, and Article 9, if the owner/applicant is providing direct
- 684 services;
- 685 e. A completed agency roster listing all staff providing direct
- 686 services to Members (LCR1028A); and
- 687 f. Documentation attesting to compliance with HCBS rules.
- 688 4. DD Health Plan Providers delivering HCBS services in a site
- 689 owned, leased or controlled by the HCBS service Provider shall
- 690 complete a Life Safety Inspection with the Division's OLCR:

- 691 a. Prior to using a site to deliver services; and
- 692 b. Every two years after the initial inspection.

693 **N. AZEIP PROVIDERS**

694 1. DD Health Plan Providers contracted with both an AdSS and the
695 Division as a Qualified Vendor, shall

- 696 a. Obtain an HCBS Certificate from the Division; and
- 697 b. Complete the renewal HCBS Certification process through
698 the HCBS Certification tab as outlined in this policy under
699 HCBS Certification for Qualified Vendors.

700 2. Specialty Contract/AZEIP Providers who are not contracted with
701 the Division to provide HCBS shall contact the Division's OLCR
702 directly for HCBS Certification instructions.

703 3. Specialty Contract/AZEIP Providers who are not contracted with
704 the Division to provide HCBS shall submit for application
705 documentation attesting to compliance with HCBS rules, to
706 include:

- 707 a. Application for Renewal HCBS Certification (LCR-1077A);

- 708 b. A copy of the Fingerprint Clearance Card (FCC), issued by
709 the Arizona Department of Public Safety (DPS) for the
710 CEO/Owner, if updated in the past HCBS Certification year;
- 711 c. A copy of the Criminal History Self Disclosure Affidavit
712 (LCR-1034A) for the CEO/Owner, every three years;
- 713 d. Proof of successful completion of training for CPR, First
714 Aid, and Article 9 if the owner/applicant is providing direct
715 services;
- 716 e. A completed agency roster listing all staff providing direct
717 services to Members (LCR-1028A); and
- 718 f. Obtain a setting inspection completed by the Division's
719 OLCR prior to services being delivered in this setting if
720 services are delivered in a setting owned, leased, or
721 controlled by the Provider and every two years after the
722 initial inspection.

723 **SUPPLEMENTAL INFORMATION**

724 **A. AHCCCS MANDATES**

725 AHCCCS mandates all Providers to:

- 726 1. Comply with all federal, state, and local laws, rules, regulations,
727 executive orders, and Division policies governing the
728 performance of duties under the Qualified Vendor or other
729 contractual agreements;
- 730 2. Meet AHCCCS requirements for professional licensure, HCBS
731 Certification, or registration;
- 732 3. Re-enroll with AHCCCS based on AHCCCS requirements; and
- 733 4. Complete and submit renewal, withdrawal amendment, and
734 reactivation in the AHCCCS portal.

735 **B. DENIAL, SUSPENSION, OR REVOCATION OF AN HCBS**

736 **CERTIFICATION**

- 737 1. The Division may deny, suspend or revoke an HCBS Certificate
738 or an amendment to an HCBS Certificate for any one or a
739 combination of the following:
- 740 a. An applicant or service Provider refuses to cooperate in
741 providing information as required in this Article; or
- 742 b. An applicant or service Provider violates applicable
743 provisions of Articles 1, 9, 15, and 16.

- 744 2. The Division may deny or revoke an HCBS Certificate if an
745 applicant, individual service Provider, or agency administrator
746 has been convicted of, pled no contest to, or is currently
747 awaiting trial on any of the following criminal acts:
- 748 a. Sexual abuse of a child or vulnerable adult,
 - 749 b. Incest,
 - 750 c. First- or second-degree murder,
 - 751 d. Kidnapping,
 - 752 e. Arson,
 - 753 f. Sexual assault,
 - 754 g. Sexual exploitation of a child or vulnerable adult,
 - 755 h. Commercial sexual exploitation of a child or vulnerable
756 adult
 - 757 i. Felony offenses within the previous 10 years involving the
758 manufacture or distribution of marijuana or dangerous or
759 narcotic drugs,
 - 760 k. Robbery,
 - 761 l. Child prostitution as defined in A.R.S. § 13-3206,

- 762 m. Child abuse or abuse of a vulnerable adult,
- 763 n. Sexual conduct with a child,
- 764 o. Molestation of a child or vulnerable adult,
- 765 p. Voluntary manslaughter, or
- 766 q. Aggravated assault.
- 767 3. If an agency fails to comply with R6-6-1514(C), the Division may
- 768 deny or revoke the agency HCBS Certificate.
- 769 4. Qualified Vendors not responding to the initial CAP letter from
- 770 the Division, potentially face progressive contract action from the
- 771 Division.
- 772