

**965 - COMMUNITY SERVICE AGENCIES**

EFFECTIVE DATES: 07/01/16, 10/01/19, 10/01/20, 04/01/21

APPROVAL DATES: 12/20/18, 02/06/20, 01/21/21

**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Program including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). Community Service Agencies (CSAs) are unlicensed providers of non-medical, health related, support services. This Policy provides a standardized process for reviewing and approving compliance standards as part of the AHCCCS provider enrollment process and credentialing requirements for CSAs. This Policy specifies the initial and annual credentialing process conducted by Contractors for CSAs and it establishes Contractor responsibilities in ongoing monitoring of CSAs for programmatic compliance. Agencies operating licensed programs that provide services or intend to provide services allowable by CSAs shall capture those services under their license.

**II. DEFINITIONS****BEHAVIORAL HEALTH  
PROFESSIONAL (BHP)**

1. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
  - a. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
  - b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101,
2. A psychiatrist as defined in A.R.S. §36-501,
3. A psychologist as defined in A.R.S. §32-2061,
4. A physician,
5. A behavior analyst as defined in A.R.S. §32-2091,
6. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
7. A registered nurse with:
  - a. A psychiatric-mental health nursing certification, or
  - b. One year of experience providing behavioral health services.

**BEHAVIORAL HEALTH  
PARAPROFESSIONAL  
(BHPP)**

As specified in A.A.C. R9-10-101, an individual who is not a behavioral health professional who provides, under supervision by a behavioral health professional, the following services to a patient to address the patient’s behavioral health issue:

1. Services that, if provided in a setting other than a health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,
2. Health – related services

**BEHAVIORAL HEALTH  
TECHNICIAN**

As specified in A.A.C. R9-10-101, 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 under supervision by a behavioral health professional.

**III. POLICY****A. OVERVIEW**

Community Services Agencies (CSA)s provide services that enhance or supplement behavioral health services that members receive through other licensed agencies. CSAs provide the following medically necessary rehabilitation and support services to members and their families, including but not limited to:

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.

A complete list of services that can be provided by CSAs may be found on the AHCCCS website.

CSAs are an essential part of the integrated healthcare network, in large part, because they provide services designed to reduce and/or eliminate functional disabilities and social disadvantages. Physical health and treatment services focus on physical and behavioral health impairment and develop treatment strategies designed to ameliorate them. In contrast, CSAs focus on the places and roles where members live, learn, work, and socialize. Programmatically, CSAs provide individualized habilitation (developmental learning), rehabilitation (relearning or readapting), employment, and advocacy services that help members develop the skills and supports needed to be successful in these roles and places. CSAs assist families by developing skills and providing support so that the family can help the member cope with their health condition and participate in and contribute to their community. CSAs provide a valuable service to members to create the “places” and “patterns” of social engagement, sense of security and well-being that enhance quality of life and produce a positive influence on member health outcomes.

#### **B. APPLICATION FOR INITIAL APPROVAL AND INITIAL DESK AUDIT**

1. The applicant shall complete a CSA Application (Attachment A) in accordance with the application instructions. A separate application shall be submitted for each physical location in the Contractor(s) Geographic Service Area (GSA).
2. If the applicant intends to contract with one or more Contractors for one or more physical locations, Contractors, upon receipt of the applications, shall confer, and decide on the Lead Contractor for application(s) of mutually contracted physical locations. The Lead Contractor shall send a notice to the applicant, AHCCCS/DHCM CSA Compliance Program Specialist, and other applicable Contractors, notifying them of the Lead Contractor for credentialing. The notice shall also include documentation submission standards as specified in Attachment B and deadlines for the initial credentialing desk audit.
3. The following scenarios apply if a CSA is serving Tribal members:
  - a. If a CSA’s physical location is on tribal land and not an IHS-638 facility, the AHCCCS Administration will serve in the role of the Lead Contractor,
  - b. If the CSA’s physical location is off tribal land, not an IHS-638 facility, but is contracted with a Contractor, a Contractor shall assume the role of the Lead Contractor,
  - c. If the CSA’s physical location is off tribal land, not an IHS-638 facility and not contracted with a Contractor, the AHCCCS Administration will serve in the role of the Lead Contractors, and
  - d. If the CSA is an IHS-638 facility, neither a credentialing nor a monitoring process is warranted.
4. After reviewing the application packet, the Lead Contractor shall render a credentialing approval notice or denial decision in writing. 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 Contractor to render a final credentialing decision. The Contractor's decision to require a CAP is not subject to the appeal rights contained in this Policy.

- a. The Lead Contractor shall send a CSA Credentialing Approval Notice to the applicant within 30 calendar days of the Contractor's receipt of a timely, complete and accurate application packet,
  - b. The Lead Contractor shall send a copy of the CSA Credentialing Approval Notice or denial decision to the AHCCCS/DHCM CSA Compliance Program Specialist and all other applicable Contractor(s),
  - c. Direct service staff members shall meet all AHCCCS and CSA Program Administrator requirements as specified in Attachment B, such as competency requirements, before providing services, and
  - d. The applicants shall register with AHCCCS/Provider Enrollment as a CSA provider type before billing for Title XIX/XXI reimbursable services. Applicants may obtain a registration packet by contacting AHCCCS/Provider Enrollment or via AHCCCS website.
5. Documentation submitted to AHCCCS/Provider Enrollment shall be consistent with information provided on the application submitted to the Contractor to avoid unnecessary delays in obtaining an AHCCCS provider identification number.
6. Applicants that are establishing more than one CSA locations shall submit a Provider Enrollment packet for each physical location.

### **C. RENEWAL APPLICATION REGISTRATION AND ANNUAL ONSITE MONITORING REVIEW**

The Lead Contractor shall send a notice, copying AHCCCS/DHCM CSA Compliance Program Specialist, and all other applicable Contractors of the onsite monitoring review at a minimum of 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 Enrollment status. The notice shall include documentation requirements as specified in Attachment B and information on how to prepare for the monitoring visit, including instructions for the day of the scheduled visit.

1. The Contractor shall review all documentation in accordance with the standards as specified in Attachment B including, but not limited to, any updates to the fire inspection documentation and administrative procedures. Furthermore, the Contractor 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 Contractor records that include all updated requirements,
  - b. Make available to the Contractor all requested member records, and
  - c. Participate in the audit entrance and exit conferences with the Contractor's employees.

3. After conducting the onsite monitoring review, the Contractor shall render a credentialing approval notice or denial decision in writing, copying AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Enrollment, and all other applicable Contractors.
4. The denial decision may include an invitation for the CSA to develop and implement a CAP which specifies information that is missing or inaccurate and shall be submitted within a specified timeframe in order for the Contractor to render a final credentialing decision. The decision by the Contractor 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 Contractor’s decision to require a CAP is not subject to the appeal rights contained in this Policy,
  - b. The Lead Contractor shall send the CSA Credentialing Approval Notice or denial decision to the CSA within 30 calendar days of the Contractor’s onsite audit or a satisfied completion of a CAP, and
  - c. The Lead Contractor shall send the CSA Approval Notice or denial decision to the AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Enrollment, and all other applicable Contractors.

**D. CREDENTIALING AMENDMENT**

1. CSAs shall submit an amendment, at least 30 calendar days before the change. The amendment shall be submitted to the Lead Contractor for CSAs, utilizing 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, and/or
  - 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 Enrollment Office in addition to the submission of the credentialing amendment request via fax number: 602-256-1474.
3. After conducting a review of the credentialing amendment form and associated documentation, the Lead Contractor shall render an updated credentialing approval notice or denial decision in writing, copying 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 Contractor to render a final credentialing decision. The decision by the Contractor 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 Contractor's decision to require a CAP is not subject to the appeal rights contained in this Policy,
- b. The Lead Contractor shall send the CSA Credentialing Approval Notice or denial decision to the CSA within 30 calendar days of the receipt of the credentialing amendment request, and
- c. The Lead Contractor shall send the CSA Approval Notice or denial decision to the AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Enrollment, and all other applicable Contractors.

#### **E. ONGOING COMPLIANCE AND RECORD MAINTENANCE**

1. CSAs shall maintain compliance with general and personnel record documentation standards as specified in Attachment B and member record and documentation standards as specified in AMPM Policy 940.
2. CSAs shall have processes in place to ensure compliance with the CSA's administrative procedures for classification, supervision, and competency of Behavioral Health Para Professional (BHPP)s, Behavioral Health Technician (BHT)s, and Behavioral Health Professional (BHP)s in order to provide services.
3. Direct service staff members hired in the time period between the initial credentialing approval and the annual onsite monitoring review shall meet all AHCCCS and AHCCCS/DHCM, CSA's Program Administrator requirements, such as competency requirements, before providing services including:
  - a. For direct service staff members providing services to persons under the age of 18 years, a current Department of Public Safety Fingerprint Clearance Card or an Applicant Fingerprint Clearance Card Application and notarized Criminal History Affidavit (Attachment C), and
  - b. For direct service staff members providing services to persons aged 18 and older, a completed and notarized Self Declaration of Criminal History form (Attachment D) every three years from the date of the initial self-declaration.

#### **F. DENIALS, SUSPENSION, OR REVOCATION OF A CSA AHCCCS REGISTRATION**

1. Contractors are responsible for performing the credentialing renewals and amendments, and onsite monitoring reviews as specified in this Policy and sending the outcome of those reviews to AHCCCS/Provider Enrollment. AHCCCS/Provider Enrollment is responsible for rendering the final decision about the CSAs initial or continued status as an AHCCCS Registered Provider. CSAs that fail to receive an approved credentialing notice from the Lead Contractor as a result of non-compliance are subject to termination of the CSA's AHCCCS/Provider Enrollment status and number.

2. If AHCCCS denies, suspends, or revokes a CSA's Provider Enrollment, the CSA shall cease to provide services to AHCCCS members until such point in time the Provider Enrollment status is restored.
  
3. AHCCCS may deny, suspend, or revoke a CSA status as an AHCCCS Registered Provider for any one or combination of, but not limited to, the following:
  - a. The CSA is out of compliance with this Policy,
  - b. The CSA hires direct service staff members who do not meet the requirements in this Policy and allows these staff members to provide services that do not meet requirements as specified in Attachment B, Attachment C, and Attachment D, including but not limited to:
    - i. If a direct service staff member is subject to registration as a sex offender in this state or any other jurisdiction or has been convicted of, pled no contest to, or is awaiting trial on any of the following criminal acts:
      - 1) First or second degree murder,
      - 2) Sexual abuse,
      - 3) Incest,
      - 4) A dangerous crime against children as defined in A.R.S. §13-705,
      - 5) Child prostitution as prescribed in A.R.S. §13-3212,
      - 6) Child abuse,
      - 7) Neglect or abuse of a vulnerable adult,
      - 8) Abuse of a vulnerable adult,
      - 9) Sexual abuse of a vulnerable adult,
      - 10) Sexual assault,
      - 11) Sexual exploitation of a minor,
      - 12) Sexual exploitation of a vulnerable adult,
      - 13) Commercial sexual exploitation of a minor,
      - 14) Commercial sexual exploitation of a vulnerable adult,
      - 15) Sexual conduct with a minor,
      - 16) Molestation of a child,
      - 17) Molestation of a vulnerable adult,
      - 18) Exploitation of minors involving drug offenses,
      - 19) Taking a child for the purposes of prostitution as prescribed in A.R.S. §13-3206,
      - 20) Sex trafficking,
      - 21) Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. §13-3502,
      - 22) Furnishing harmful items to minors as prescribed in A.R.S. §13-3506,
      - 23) Furnishing harmful items to minors by internet activity as prescribed in A.R.S. §13-3506(B),
      - 24) Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. §13-3512,
      - 25) Luring a minor for sexual exploitation,
      - 26) Enticement of persons for purposes of prostitution,
      - 27) Procurement by false pretenses of persons for purposes of prostitution,
      - 28) Procuring or placing persons in a house of prostitution,
      - 29) Receiving earnings of a prostitute,

- 30) Causing one's spouse to become a prostitute,
  - 31) Detention of persons in a house of prostitution for debt,
  - 32) Keeping or residing in a house of prostitution or employment in prostitution,
  - 33) Pandering,
  - 34) Transporting persons for the purpose of prostitution, polygamy or concubinage,
  - 35) Portraying adult as a minor as prescribed in A.R.S. §13-3555,
  - 36) Admitting minors to public displays of sexual conduct as prescribed in A.R.S. §13-3558,
  - 37) Unlawful sale or purchase of children,
  - 38) Child bigamy, or
  - 39) Trafficking of persons for forced labor or services.
- c. The CSA submits falsified documents or provides other information that appears fraudulent (refer to ACOM Policy 103),
  - d. The CSA is suspected of abuse of Title XIX funds (refer to ACOM Policy 103),
  - e. The CSA changes to another AHCCCS provider type,
  - f. The CSA provides services that are not allowable CSA services (e.g., services that require licensure),
  - g. A Contractor terminates the contract for the provision of CSA services with the CSA, and as a result the CSA no longer is contracted with an AHCCCS Contractor,
  - h. There is a threat to the health, safety, and/or welfare of members, and/or
  - i. The CSA's AHCCCS Provider Enrollment is otherwise terminated.

If the reason for denial, suspension, or revocation of the CSA's status as an AHCCCS Registered Provider involves a threat to the health, welfare, and/or safety of members, the CSA shall not render services to any members.

- 4. Upon notification that a direct service staff member is found to have been convicted of, pled no contest to, or is awaiting trial on any of the criminal acts listed in in this Policy, a CSA shall immediately take the following actions:
  - a. Remove the staff or contractor from direct contact with members,
  - b. Prohibit the individual from rendering services to members,
  - c. Prevent further authorization for services provided by the individual, and
  - d. Notify AHCCCS/DHCM CSA Compliance Program Specialist, AHCCCS/Provider Enrollment, Lead Contractor, and all other applicable Contractors.
- 5. Denial, revocation, and suspension notices are provided by means of a letter from AHCCCS/Provider Enrollment to the CSA with a copy to all applicable Contractors and the AHCCCS/DHCM CSA Compliance Program Specialist.
- 6. AHCCCS/Provider Enrollment notifies AHCCCS/DHCM, Quality Management of provider terminations, as appropriate, in order to notify Contractors and to ensure continuity of care for members.
- 7. The basis for denying, suspending, or revoking a CSA registration enumerated in this Policy are not exclusive. AHCCCS may deny, suspend, or revoke a CSA registration



for any reason listed in this Policy, any reason listed in the Provider Participation Agreement (PPA) between AHCCCS and the CSA, and/or for any other reason provided for by law.

#### **G. RIGHT TO APPEAL A CSA REGISTRATION DECISION**

1. AHCCCS/Provider Enrollment provides written notice, at the time of the action, to the CSA, of the right to appeal the decision and where such an appeal should be sent.
2. A CSA may appeal a denial, revocation, or suspension of registration pursuant to A.R.S. §36-2903 (B)(4) and the relevant provisions of the Arizona Uniform Administrative Hearing Procedures as specified in A.R.S. Title 41, Chapter 6, Article 10.

#### **H. CSA VOLUNTARY WITHDRAWAL OR SUSPENSION OF A CSA REGISTRATION**

1. If a CSA no longer intends to deliver services as a CSA to any Contractor, the CSA shall notify the Contractor(s) that the CSA is contracted with to provide services, the AHCCCS/DHCMCSA Compliance Program Specialist, and AHCCCS/Provider Enrollment in writing at least 30 calendar days in advance of the last date the service will be offered.
2. If a Contractor determines that a rehabilitation and/or support service will no longer be provided by the CSA, the Contractor shall notify all Contractors contracted with the CSA to provide services and AHCCCS/DHCM CSA Compliance Program Specialist in writing at least 30 calendar days in advance of the contract termination date.

If a CSA no longer holds a contract with any Contractor, but intends or is in the process of contracting with another Contractor, the CSA shall notify AHCCCS/Provider Enrollment in writing at least 30 calendar days in advance of the last date the service will be offered. AHCCCS/Provider Enrollment, 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. Contractors and CSAs shall coordinate the transition of members. Contractors 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 Contractor, the CSA shall initiate the initial application process specified in this Policy.

3. CSAs do not need to notify AHCCCS/Provider Enrollment if they have voluntarily terminated a contract with one Contractor but continue to have a contract with another Contractor(s).
4. In any and all circumstances noted above Contractors and CSAs shall coordinate the transition of members. Contractors shall adhere to reporting and notification

requirements established in Contractor contracts to ensure that network changes are communicated and transition plans are implemented for the continuation of services to members. For CSAs providing services to AIHP or Tribal ALTCS members, CSAs shall notify the AHCCCS/DHCM CSA Compliance Program Specialist to coordinate transition of members.

#### **I. CONTRACTOR COLLABORATIVE FOR CREDENTIALING AND ONSITE MONITORING REVIEWS**

1. Contractors shall coordinate CSA credentialing and onsite monitoring reviews when the CSA is contracted with more than one Contractor.
2. Contractors shall develop 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. The AHCCCS/DHCM CSA Compliance Program Specialist shall be provided 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 Lead Contractor. All standard forms shall be approved by AHCCCS before use, including initial drafts and proposed revisions,
  - d. Develop processes and standards for member record reviews for the onsite monitoring review, and
  - e. Develop processes for secondary reviews by another Contractor should a CSA fail to receive an approved credentialing notice from the Lead Contractor, or upon request by a CSA or a Contractor for any reason as deemed necessary.

**J. NOTIFICATIONS**

<p><b>NOTIFICATIONS TO AHCCCS, CSA COMPLIANCE PROGRAM OR REQUESTS FOR TECHNICAL ASSISTANCE, INCLUDING REQUESTS FOR APPLICATIONS, DIRECTED TO:</b></p>
<p>Arizona Health Care Cost Containment System</p> <p>DHCM/CSA Compliance Attention: CSA Compliance Program Specialist</p> <p>801 E. Jefferson St., MD 6500 Phoenix, Arizona 85034 CSA@AZAHCCCS.GOV</p>
<p><b>NOTIFICATIONS AND FORMS TO AHCCCS PROVIDER ENROLLMENT, DIRECTED TO:</b></p>
<p>Arizona Health Care Cost Containment System</p> <p>Attention: Provider Enrollment</p> <p>801 E. Jefferson St., MD 8100 Phoenix, Arizona 85034 FAX 602-256-1474 PRnotice@azahcccs.gov</p>