

**DATE:** May 07, 2019  
**To:** Holders of the AHCCCS Medical Policy Manual  
**FROM:** Division of Health Care Management Contracts and Policy Unit  
**SUBJECT:** AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at [DHCMContractsandPolicy@azahcccs.gov](mailto:DHCMContractsandPolicy@azahcccs.gov).

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**UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)**

To view the policies and attachments, please access the following link:

[\*\*AHCCCS Medical Policy Manual \(AMPM\)\*\*](#)

**POLICY 430, EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES**

None at this time.

- **ATTACHMENT A, AHCCCS EPSDT PERIODICITY SCHEDULE**

Attachment A was revised to reflect the change to the universal blood lead testing at ages 12 and 24 months.

- **ATTACHMENT E, EPSDT TRACKING FORMS**

Attachment E was updated to add an additional line for Provider's Signature, NPI, and Date for each age group. It also received minor formatting updates.

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**APPROVED NOT YET EFFECTIVE**

To view the policies and attachments, please access the following link:

[\*\*AMPM Approved Not Yet Effective\*\*](#)

**POLICY 965, COMMUNITY SERVICE AGENCIES**

AMPM Policy 965 was formerly titled AMPM Policy 961-C. Policy was revised to establish expectations for the provision of services to members, remove AHCCCS' role in the credentialing process while maintaining the credentialing standards for AHCCCS Provider Registration, establish requirements for Contractors to collaborate and coordinate credentialing and quality monitoring processes, streamline both the credentialing and quality

monitoring processes, and to align direct care staff requirements with AHCCCS Workforce Development as specified in ACOM Policy 407. This Policy is pending Implementation Date.

○ **ATTACHMENT A, INITIAL APPLICATION AND CREDENTIALING AMENDMENT REQUEST**

Attachment A was revised to streamline the information needed for Initial application and credentialing amendment process. This attachment is pending Implementation Date.

○ **ATTACHMENT B, DOCUMENTATION STANDARDS**

Attachment B was originally included within the body of the policy; information regarding documentation standards has been moved to its own Attachment B. This attachment is pending Implementation Date.

○ **ATTACHMENT C, CRIMINAL HISTORY AFFIDAVIT**

Attachment C was updated for minor formatting and alignment with A.R.S. § 8-201, A.R.S. § 36-425.03 (L), A.R.S. § 36-425.03, (F), A.R.S. § 36-425.03 (E), A.R.S. § 36-425.03 (I), A.R.S. § 36-425.03 (H), A.R.S. § 36-425.03 (K), A.R.S. § 41-619.55 (I), A.R.S. § 41-1758.03 (B), and A.R.S. § 41-1758.03 (D). This attachment is pending Implementation Date.

○ **ATTACHMENT D, SELF-DECLARATION OF CRIMINAL HISTORY**

Attachment D was updated for minor formatting and alignment with A.R.S. § 41-1758.03(B) and (D). This attachment is pending Implementation Date.

**POST-PUBLIC COMMENT CHANGES:**

**Policy Section III., A., Overview has been revised as follows:**

“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 ~~Medical~~ and treatment services focus on physical and behavioral health impairment and develop treatment strategies designed to ameliorate them.”

**Policy Section III., I., 2., d., has been revised as follows:**

d. “Develop processes and standards for member ~~medical~~ record reviews for the onsite monitoring review, and”

**Attachment A has been revised as follows:**

Page 2, 4 Replaced ‘Program Director’ with ‘Chief Executive Director’  
page 2, Corrected name to ‘Arizona Complete Health’

Page 2, Added checkbox for applicants who will be providing services to members enrolled with CMDP

Page 2, Modified to clarify documents are only to be submitted with an amendment.  
Otherwise documents will be requested by the lead contractor for the initial application

**Attachment B has been revised as follows:**

Page 4, # 5) ***Establish qualifications of a BHP and BHT to provide supervision of non-clinical services.***

Page 4, #6) Establishes ***supervision standards*** ~~the qualifications for BHPs, and BHTs who provide ***supervision*** clinical and non-clinical supervision of BHPs, BHTs and BHPPs per A.A.C. R9-10-115 and AMPM Policy 310-B.~~

Page 11, "Documentation consistent with the administrative policies and procedures for ensuring the proper supervision of staff who provide ~~clinical services as required per A.A.C. R9-10-115 and non-clinical services as required by AMPM 310-B.~~ Documentation shall require verification that ***BHPs*** or BHTs ~~providing clinical or non-clinical services receive the proper clinical or non-clinical oversight at least one time during each two week period from a ***qualified*** BHP (if the service being provided is clinical) or from a BHP or a ***qualified*** BHT (if the service being provided is non-clinical).~~

***BHTs and*** BHPPs provide ~~clinical and non-clinical services under the direct supervision of a ***qualified*** BHP or ***qualified*** BHT ***based upon the competency of the individual employee including but not limited to: direct supervision, oversight, coaching, mentoring, etc.***~~

Documentation must verify that ***BHTs*** and BHPPS are receiving the proper type and frequency of ~~clinical supervision from a ***qualified*** BHP ***or BHT*** as required per A.A.C. R9-10-115 and the CSAs policies and procedures or non-clinical supervision from a ***qualified*** BHT per AMPM 310-B the CSAs policies and procedures.~~