



**AHCCCS MEDICAL POLICY MANUAL**  
**910, ATTACHMENT A, AHCCCS CONTRACTOR**  
**SERVICES/SERVICE SITE MONITORING**

The following services and service sites shall be monitored at a minimum annually by Contractor Quality Management staff and shall include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> <li>• Behavioral Health Therapeutic Home Care Services</li> <li>• Behavioral Management</li> <li>• Behavioral health personal assistance</li> <li>• Family support</li> <li>• Peer support</li> <li>• Case Management Services</li> <li>• Emergency/Crisis Behavioral Health Services</li> <li>• Emergency Transportation</li> <li>• Evaluation and Screening (initial and ongoing assessment)</li> <li>• Group Therapy and Counseling</li> <li>• Individual Therapy and Counseling</li> <li>• Family Therapy and Counseling</li> <li>• Marriage/Family Counseling</li> <li>• Substance Abuse Treatment</li> <li>• Inpatient Hospital</li> <li>• Inpatient Psychiatric Facilities (resident treatment centers and sub-acute facilities)</li> <li>• Intensive Outpatient Services for Alcohol and/or Drug Services</li> <li>• Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis</li> <li>• Non-emergency Transportation</li> <li>• Nursing</li> <li>• Opioid Agonist Treatment</li> <li>• Partial Care (supervised day program, therapeutic day program and medical day program)</li> <li>• Psychosocial Rehabilitation (living skills training, health promotion and supported employment)</li> <li>• Psychotropic Medication</li> <li>• Psychotropic Medication Adjustment and Monitoring</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral Health Outpatient Clinics</li> <li>• Behavioral Health Therapeutic Home ((Children)</li> <li>• Behavioral Health Therapeutic Home (Adults)</li> <li>• Independent Clinic</li> <li>• Federally Qualified Health Center</li> <li>• Community Mental Health Center</li> <li>• Community/Rural Health Clinic (or Center)</li> <li>• Crisis Service Provider</li> <li>• Community Service Agency</li> <li>• Hospital (if it includes a distinct behavioral health or detoxification unit)</li> <li>• Inpatient Behavioral Health Facility</li> <li>• Behavioral Health Residential Facility</li> <li>• Residential Treatment Center</li> <li>• Psychiatric Hospital</li> <li>• Substance Abuse Transitional Center</li> <li>• Unclassified Facility</li> <li>• Integrated Behavioral Health and Medical Facility</li> <li>• Individual Respite Homes</li> <li>• Institutions for Mental Diseases</li> <li>• Habilitation Providers</li> </ul>

A. The following services and service sites shall be monitored at a minimum every three years by Contractors, and must include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> <li>• Ancillary</li> <li>• Dental</li> <li>• Emergency</li> <li>• Early Periodic Screening, Diagnosis and Treatment (EPSDT)</li> <li>• Family Planning</li> <li>• Obstetric</li> <li>• Pharmacy</li> <li>• Prevention and Wellness</li> <li>• Primary Care</li> <li>• Specialty Care</li> <li>• Other (e.g. Medical Equipment and Appliances / Medical Supplies, Home Health Services, Therapies, Transportation)</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory Facilities</li> <li>• Hospitals</li> <li>• Nursing Facilities</li> <li>• Individual Respite Homes</li> </ul>

B. In addition to the site monitoring requirements listed above, the following services and service sites must be monitored by Arizona Long Term Care System (ALTCS) Contractors every three years, at a minimum, (unless otherwise noted), and must include, but are not limited to, the following:

SERVICES	SERVICE SITES
<ul style="list-style-type: none"> <li>• Adult Day Health Care*</li> <li>• Ancillary</li> <li>• Attendant Care*</li> <li>• Dental</li> <li>• Medical Equipment and Appliances/ Medical Supplies</li> <li>• Emergency</li> <li>• Emergency Alert</li> <li>• Environmental Modifications</li> <li>• Early Periodic Screening, Diagnosis and Treatment (EPSDT)</li> <li>• Family Planning</li> <li>• Habilitation Services (as applicable)</li> <li>• Home Delivered Meals</li> <li>• Home Health Services</li> <li>• Homemaker*</li> <li>• Hospice</li> <li>• Medical/Acute Care</li> <li>• Obstetric</li> <li>• Personal Care Services † *</li> <li>• <b>Directed Care Services ††*</b></li> <li>• Prevention and Wellness</li> <li>• Respiratory Therapy</li> <li>• Respite Care</li> <li>• Specialty Care</li> <li>• Therapies (Occupational Therapy [OT], Physical Therapy [PT], Speech Therapy [ST])</li> <li>• Transportation</li> </ul> <p>* <b>These services must be reviewed annually.</b>  † defined in A.R.S. §36-401(36)  †† defined in A.R.S. §36-401(15)</p>	<ul style="list-style-type: none"> <li>• Assisted Living Centers*</li> <li>• Assisted Living Homes*</li> <li>• Ambulatory Facilities</li> <li>• Behavioral Health Facilities</li> <li>• Developmentally Disabled (DD) Group Homes*</li> <li>• Foster Care Homes*</li> <li>• Hospice*</li> <li>• Hospitals</li> <li>• Institution for Mental Diseases*</li> <li>• Intermediate Care Facility for Persons with Intellectual Disabilities*</li> <li>• Nursing Facilities*</li> <li>• Own Home*</li> <li>• Residential Treatment Centers*</li> <li>• Traumatic Brain Injury Facilities*</li> <li>• Individual Respite Homes*</li> </ul>