

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
NARBHA Edition**

**Section 3.20** Credentialing and Privileging

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**3.20.1 Introduction**

The credentialing and privileging processes are an integral component of the ADHS/DBHS quality management program. The credentialing and privileging processes help to ensure that only qualified behavioral health clinicians who are capable of meeting the needs of the persons who are seeking and/or receiving behavioral health services participate in the ADHS/DBHS provider network.

The credentialing requirements differ depending on the type of clinician. All behavioral health professionals who are registered to bill independently must be credentialed prior to providing services in the ADHS/DBHS behavioral health system. Other behavioral health professionals and behavioral health technicians must be credentialed if the clinician will be conducting assessments and/or serving as a Clinical Liaison. In addition to being credentialed, any behavioral health professional or behavioral health technician who will be conducting assessments and serving as a Clinical Liaison must be privileged.

The specific requirements associated with the credentialing and privileging processes for each type of clinician are discussed below.

**3.20.2 References**

The following citations can serve as additional resources for this content area:

[42 CFR 438.214](#)

[A.R.S. Title 32, Chapter 33](#)

[4 A.A.C. 6](#)

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[9 A.A.C. 20-101](#)

[9 A.A.C. 20-204](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/Gila River Health Care Corporation Intergovernmental Agreement](#)

[ADHS/Pascua Yaqui Behavioral Health Program Intergovernmental Agreement](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[AHCCCS Medical Policy Manual, Chapter 900](#)

[Requirements for Credentialing Clinicians Conducting Behavioral Health Assessments and Serving as Clinical Liaisons Matrix](#)

[SMI Eligibility Determination Section](#)

[Clinical Liaison Section](#)

[Intake, Assessment and Service Planning Section](#)

### **3.20.3 Scope**

To whom does this apply?

This section applies to behavioral health professionals and behavioral health technicians who are or will be providing behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system.

### **3.20.4 Definitions**

[Behavioral Health Professional](#)

[Behavioral Health Related Field](#)

[Behavioral Health Technician](#)

[Clinical Liaison](#)

[Credentialing](#)

[Primary Source Verification](#)

[Privileging](#)

### **3.20.5 Did you know...?**

If the T/RBHA delegates any of the credentialing/re-credentialing or selection of clinician responsibilities, the T/RBHA must retain the right to approve, suspend, or terminate any clinicians selected and may revoke the delegated function if the delegated performance is inadequate.

### **3.20.6 Objectives**

The objectives of the credentialing and privileging processes are to:

- Maintain fair credentialing and privileging processes in which standards are applied consistently throughout the state;

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- Obtain application information about a potential clinician's background and work history;
- Verify credentials and other information (e.g., malpractice or sanction activity) with primary sources;
- Provide flexibility in the process (i.e., expedited credentialing) so that any gaps in service provider networks can be expeditiously addressed; and
- Determine competency of credentialed clinicians who will be conducting assessments and/or serving as Clinical Liaisons.

**3.20.7 Procedures**

**3.20.7-A. General process for credentialing and privileging**

Responsible Entity. Each T/RBHA or its designee must establish credentialing and privileging processes that are in compliance with the standards set forth in this section.

NARBHA delegates credentialing and privileging to its Responsible Agencies. Other behavioral health providers licensed by the Office of Behavioral Health Licensure are also required to have credentialing and privileging processes which comply with these policies. Agencies that contract with independent contractors are required to credential and privilege these individuals in addition to employees. Compliance with credentialing and privileging is monitored by NARBHA's Credentialing Unit to ensure compliance. Agencies may use a credentialing verification organization (CVO) that meets these standards outlined in this policy to perform primary source verification.

Provider agencies or licensed independent practitioners which are not accredited by an accreditation organization are required to go through NARBHA's credentialing and privileging process.

Accreditation by a nationally recognized accreditation organization. Accreditation by a nationally recognized accreditation organization will meet ADHS/DBHS credentialing standards. T/RBHAs must ensure, to the extent possible, that clinicians are not subjected to duplicative credentialing processes

Fairness of Process. The T/RBHAs or their designee shall maintain a fair credentialing and privileging process which:

- Does not discriminate against a clinician solely on the basis of the professional's license or certification; or due to the fact that the clinician serves high-risk populations and/or specializes in the treatment of costly conditions;
- Affords the clinician the right to review information gathered related to his/her credentialing application and to correct erroneous information submitted by another party;
- Notifies the clinician when the information obtained through the primary source verification process varies substantially from what the clinician provided;
- Ensures credentialing/privileging information is kept confidential and

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- Ensures clinicians are notified of appeal rights regarding privileging decisions. Criteria for revocation, restriction or suspension of privileges are defined by each agency to whom NARBHA has delegated privileging.

Clinician File. The T/RBHAs must maintain an individual credentialing/re-credentialing file for each credentialed clinician. Each file must include:

- The initial credentialing and all subsequent re-credentialing applications;
- Information gained through credentialing and re-credentialing queries; and
- Any other pertinent information used in determining whether or not the clinician meets the T/RBHA's credentialing and re-credentialing standards.

Notification Requirement. The T/RBHAs must have procedures for reporting to appropriate authorities (AHCCCS, the clinician's regulatory board or agency, Adult Protective Services, Child Protective Services, Office of the Attorney General, etc.) any serious quality deficiencies that could result in a clinician's suspension or termination from the T/RBHA's network. If the issue is determined to have criminal implications, a law enforcement agency should also be notified. The T/RBHA must:

- Maintain documentation of implementation of the procedure, as appropriate;
- Have an appeal process for instances in which the T/RBHA chooses to alter the clinician's contract based on issues of quality of care and/or service; and
- Must inform the clinician of the appeal process.

Providers in NARBHA's network are required to notify agencies as described above. In addition notification to the National Practitioner Data Bank and other national or state licensing boards occurs when clinical privileges are restricted, revoked or suspended. Providers are required to notify the Director of Administrative Services/Deputy Director at NARBHA within five (5) days of any revocation, restriction, probation, or suspension of clinical privileges for reasons other than a voluntary termination of employment or contract.

Additional Standards. Other standards related to the credentialing process include the following:

- The credentialing process must be in compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid;
- Mechanisms must be put in place to ensure that credentialed clinicians renew licenses or certifications required by the appropriate licensing/certifying entity and continuously practice under a current and valid license/certification; and
- Behavioral health care clinicians who are part of the T/RBHA network are subject to an initial site visit as part of the initial credentialing process. Such visits will be conducted with private practitioners who are not part of a licensed behavioral health agency to ensure that the environment in which services are being delivered is appropriate.

Appeal Rights

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- The Provider has the right to appeal a Credentialing decision made by NARBHA according to the “Contract Claims” requirements set forth in the Uniform Terms and Conditions portion of the NARBHA Provider contract. The “Contract Claims” portion of the NARBHA Provider contract requires all contract claims or controversies to be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.

**3.20.7-B. Temporary Credentialing Process**

If an expedited or temporary credentialing process is utilized, the following minimum requirements must be met:

A clinician must complete a signed application that must include the following items:

- Reasons for any inability to perform essential functions of the position, with or without accommodation;
- Lack of present illegal drug use;
- History of loss of license and/or felony convictions;
- History of loss or limitation of privileges or disciplinary action;
- Current malpractice insurance coverage; and
- Attestation by the applicant of the correctness and completeness of the application.

In addition the applicant must furnish the following information:

- Minimum five year work history or total work history if less than five years; and
- Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate.

The T/RBHA must conduct primary source verification of the following:

- Licensure or certification; and
- Excluded Parties List System query; and
- National Practitioner Data Bank (NPDB) query;

In lieu of NPDB query, all of the following:

- Minimum five year history of professional liability claims resulting in a judgment or settlement; and
- Disciplinary status with regulatory board or agency; and
- Medicare/Medicaid sanctions.

The T/RBHA must ensure compliance with all applicable credentialing requirements within six months following the granting of temporary credentials. If the clinician has not been credentialed during this six month time period, then the T/RBHA may issue a second temporary credential. All credentialing must be completed by the end of the second six-month period.

**3.20.7-C. Credentialing requirements for clinicians who are registered by AHCCCS to bill independently**

Individual clinicians who meet the AHCCCS criteria to bill independently and as such are required to register with AHCCCS must be credentialed prior to the provision of covered behavioral health services (including conducting assessments and performing the duties of clinical liaison). These clinicians include the following behavioral health professionals:

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- Physicians (MD and DO)
- Licensed Psychologists
- Nurse Practitioners
- Physician Assistants
- Licensed Clinical Social Workers (only required if they will be billing independently)
- Licensed Professional Counselors (only required if they will be billing independently)
- Licensed Marriage and Family Therapists (only required if they will be billing independently)
- Licensed Independent Substance Abuse Counselors (only required if they will be billing independently)

The initial credentialing process for these clinicians must include the following components:

- A written application to be completed signed and dated by the potential clinician that attests to the following elements:
  - Reasons for any inability to perform essential functions of the position, with or without accommodation;
  - Lack of present illegal drug use;
  - If applicable, history of loss of license and/or felony convictions;
  - If applicable, history of loss or limitation of privileges or disciplinary action;
  - Current malpractice insurance coverage; and
  - Correctness and completeness of the application.

In addition, the applicant must furnish the following:

- Minimum five year work history or total work history if less than five years; and
- Drug Enforcement Administration (DEA) or Chemical Database Service (CDS) certification as applicable.

For credentialing of physicians, nurse practitioners, physician assistants and psychologists, primary source verification of:

- Licensure by the appropriate state licensing board;
- Board certification, if applicable, or highest level of credentials attained;
- If the T/RBHA lists provider schooling information in member materials or on the T/RBHA website, documentation of graduation from an accredited school and completion of any required internships/residency programs, or other postgraduate training; and
- National Practitioner Data Bank (NPDB) query; or
- In lieu of NPDB query, all of the following must be verified:
  - Minimum five year history (or total history if less than five years) of professional liability claims resulting in judgment or settlement;
  - Disciplinary actions and licensure status with regulatory board or agency if applicable; and
  - Medicare/Medicaid sanctions if applicable.

For credentialing of independent masters level behavioral health therapists who are registered by AHCCCS to bill independently, primary source verification of:

- Licensure by the Arizona Board of Behavioral Health Examiners;
- A review of complaints received and disciplinary status through the Arizona Board of Behavioral Health Examiners;

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- Minimum five year history, or total history if less than five years, of professional liability claims resulting in a judgment or settlement; and
- Medicare/Medicaid sanctions, if applicable.

**3.20.7-D. Credentialing requirements for other clinicians conducting assessments/  
serving as clinical liaisons.**

Other Behavioral Health Professionals. The following other licensed behavioral health professionals must be credentialed prior to performing assessments and/or serving as clinical liaisons:

- Licensed Clinical Social Worker (if not registered with AHCCCS to bill independently)
- Licensed Professional Counselor (if not registered with AHCCCS to bill independently)
- Licensed Marriage and Family Therapists (if not registered with AHCCCS to bill independently)
- Licensed Independent Substance Abuse Counselor (if not registered with AHCCCS to bill independently)
- Licensed Master Social Worker
- Licensed Baccalaureate Social Worker
- Licensed Substance Abuse Counselor
- Licensed Associate Counselor
- Licensed Associate Substance Abuse Counselor
- Licensed Associate Marriage and Family Therapist
- Registered nurse with at least one year of full-time behavioral health experience

The initial credentialing process for these clinicians must include the following components:

- A written application to be completed, signed and dated by the potential clinician that attests to the following elements:
  - Reasons for any inability to perform essential functions of the position with or without accommodations;
  - Lack of present illegal drug use;
  - If applicable, history of loss of license and/or felony convictions;
  - If applicable, history of loss or limitation of privileges or disciplinary activity; and
  - Correctness and completeness of the application.
  - Minimum five year work history or total work history if less than five years; and
  - Primary source verification of:
    - Licensure by the Arizona Board of Behavioral Health Examiners or Board of Nursing; and
  - A review of complaints received and disciplinary status through the Arizona Board of Behavioral Health Examiners or Board of Nursing.

**Behavioral Health Technicians**

Only certain qualified behavioral health technicians will be eligible to perform assessments and/or serve as clinical liaisons and therefore will need to be credentialed if they are to perform these functions. To be considered a qualified behavioral health technician, a person must have

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one of the following combinations of education, license and/or behavioral health work experience:

- Master's degree in a behavioral health related field;
- Bachelor's degree in a behavioral health related field and two years behavioral health work experience;
- Master's degree in non-behavioral health related field and 30 semester hours in behavioral health education (see [PM Attachment 3.20.1](#)) and two years behavioral health work experience;
- Bachelor's degree in a non-behavioral health related field and 30 semester hours in behavioral health education (see [PM Attachment 3.20.1](#)) and four years behavioral health work experience;
- Associate's degree in behavioral health related field and four years behavioral health work experience;
- Associate's degree in non-behavioral health related field and 30 semester hours in behavioral health education (see [PM Attachment 3.20.1](#)) and five years behavioral health work experience;
- Licensed Physician Assistant (who is not working as a medical clinician) and two years of behavioral health work experience; or
- Certified Psychiatric Rehabilitation Practitioner (CPRP), certified through the Psychiatric Rehabilitation Certification Program.

The initial credentialing process for these clinicians must include the following components:

- A written application to be completed, signed and dated by the potential clinician that attests to the following elements:
- Reasons for any inability to perform essential functions of the position with or without accommodations;
- Lack of present illegal drug use and/or felony convictions;
- For Physician Assistants, history of loss of license;
- For Physician Assistants, history of loss or limitation of privileges or disciplinary action; and
- Correctness and completeness of the application.
- Minimum five year work history or total work history if less than five years;

For Physician Assistants, primary source verification of:

- Licensure by the Arizona Regulatory Board of Physician Assistants
- Disciplinary actions and licensure status obtained through the Arizona Regulatory Board of Physician Assistants.

For non-licensed behavioral health technicians:

- Verify educational degree and
- Review and verify authenticity of college course transcripts (See [PM Attachment 3.20.1](#)).

**3.20.7-E. Recredentialing**

The T/RBHAs or designee must ensure that all credentialed clinicians described in subsections 3.20.7-C and 3.20.7-D are recredentialed. The recredentialing process must:

- Occur at least every three years; and

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- Update information obtained during the initial credentialing process including any information that may have changed since the last credentialing process, with the exception of:
  - History of loss of license and/or felony convictions;
  - Minimum five year work history;
  - Board certification, if the clinician is Board certified; and
  - Initial site visits performed for all behavioral health care clinicians who are part of the T/RBHA network.

The recredentialing of individual clinicians must include a process for ongoing monitoring and intervention if appropriate, clinician sanctions, complaints and quality issues, which include, at a minimum, reviews of:

- Medicare/Medicaid sanctions; (NPDB Queries)
- State sanctions or limitations on licensure;
- Behavioral health recipient concerns including grievances (complaints) and appeals information;
- Current malpractice insurance coverage
- Assessment of staff competency, and
- Quality issues.

**3.20.7-F. Privileging of clinicians conducting assessments/serving as Clinical Liaison**

ADHS/DBHS requires that all clinicians who will be conducting assessments and/or serving as a clinical liaison must be privileged as well as credentialed (see subsections B and C above).

In order to be privileged the following standards must be met:

- All behavioral health professionals and behavioral health technicians must complete ADHS/DBHS designed training classes on the Arizona assessment process and the role of the clinical liaison.
- In addition all behavioral health technicians must complete an additional ADHS/DBHS designed training session on the assessment process, (e.g., mental health status exam, DSM, clinical formulation). Behavioral health technicians must also demonstrate competence by completing a minimum of three adequate assessments under the supervision of a behavioral health professional.

The behavioral health professional supervising the behavioral health technician must complete the following documentation:

- An attestation to the clinician's competencies for performing assessments and serving as a Clinical Liaison. ADHS/DBHS has developed [PM Form 3.20.1](#), which may be used to document this requirement; and
- Reporting on the behavioral health technician's case supervision. ADHS/DBHS has developed [PM Form 3.20.2](#), which may be used to document this requirement.

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**3.20.7-G. Additional credentialing standards for hospitals, behavioral health facilities, and other provider agencies**

Hospitals and behavioral health facilities (OBHL licensed Level I, II, III, outpatient clinics and ADHS/DBHS Title XIX certified community service agencies) must ensure the following:

- The provider is licensed to operate in Arizona as applicable and is in compliance with any other applicable state or federal requirements; and
- The provider is reviewed and approved by an appropriate accrediting body, or if not accredited, Centers for Medicare and Medicaid Services (CMS) certification, ADHS/DBHS Title XIX certification or state licensure review may substitute for accreditation. In this case, the provider must provide a copy of the report to the contracted T/RBHA that verifies that a review was conducted and compliance was achieved.
- NARBHA shall offer a Fee-for-Service subcontract to any provider that provides or anticipates providing more than 25 services in a contract year; provides an identified network need and/or specialty service; and meets the applicable credentialing requirements listed below. If a provider does not meet these requirements, NARBHA shall give the provider written notice of NARBHA's reason for declining to contract with the individual, agency, or group of providers.

All subcontracted provider agencies in the NARBHA Provider Network shall provide documentation of meeting the minimum credentialing and insurance requirements as a condition of participation in NARBHA's Provider Network. Prior to issuing an initial provider subcontract, and on an annual basis for existing subcontracted providers, the following documentation shall be submitted to NARBHA:

- For each facility that is licensed by the ADHS Office of Behavioral Health Licensure (OBHL) and under subcontract with NARBHA, all of the following:
  - A copy of the current license;
  - A copy of the most recent insurance certificates (ACORD and Workmen's Comp)
  - A copy of the most recent OBHL inspection report and the provider's Plan of Correction;
  - Documentation of any enforcement actions taken by OBHL against the provider in the past year and documentation of the provider's Plan of Correction; and
  - A copy of the most recent Program Description filed with OBHL;

If the provider is a Community Service Agency, a current copy of the certificate issued by ADHS/DBHS;

If the provider is a Therapeutic Foster Care Home, a current copy of the license issued by the DES Office of Licensing, Certification and Regulation;

If the provider is a Habilitation Provider, a current copy of the license issued by the by DES Office of Licensing, Certification and Regulation;

The provider's current and appropriate AHCCCS ID and National Provider Identification (NPI) for each provider type under subcontract;

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Accreditation by a nationally recognized accreditation agency, if required by the ADHS/DBHS Covered Behavioral Health Services Guide; and  
Evidence of compliance with insurance requirements contained in the provider subcontract;

The NARBHA contracts and credentialing unit maintains documentation prior to issuing an initial contract, and on an annual basis thereafter, demonstration that the provider is not identified on the Office of the Inspector General's (OIG) list of excluded providers or the General Services Administration's (GSA) Excluded Parties List System (EPLS).

**3.20.7-H. Credentialing Requirements for all Other Staff at the Responsible Agencies**  
NARBHA requires that credentials of ALL levels of staff at the Responsible Agencies be verified through primary sources (see [PM Attachment 3.20.3](#)), including, as applicable:

- Personal data (name, address, citizenship, etc.)
- Education
- Training
- National Practitioner Data Bank query (for all licensed staff)
- Excluded Parties List System query (for all licensed staff)
- Residency/fellowship, if applicable
- History of loss or limitation of privileges or disciplinary action, including limitations, suspension, revocations or membership rejections, (both involuntarily or voluntarily;
- Three (3) Letters of references (requesting information about applicants scope and level of performance, including ethical performance) or three references verified on application.
- Signed consent form allowing for:
- Obtaining and inspecting all records related to license, training, education, experience and competence, and other information related to the application.
- Release of the agency, NARBHA and other individuals and organizations who evaluate the applicant and his/her credentials or who provide information to the agency as part of the credentialing process, from any liability.

**3.20.7-I. Privileging of Physicians, Nurse Practitioners, Psychologists and Physician Assistants**  
Physicians, Nurse Practitioners, Psychologists and Physician Assistants are granted clinical privileges through a process defined by each provider agency. This process must be uniformly applied, address required competencies and credentialing criteria, including age groups, special populations, services and activities, delineates any required supervision restrictions or limitations, and is approved by the Leadership of the provider organization.

#### **3.20.7-J. Privileging Process for All Other Staff**

Provider agencies define clinical staff scope of practice based on education, license, training and experience. This may be done through the use of job descriptions or more formal privileging processes. See PM Attachment [3.20.4, Clinical Staff Qualifications Matrix](#).

Job descriptions should be reviewed annually and signed by the individual and supervisor. Assessment of competency to perform job responsibilities occurs upon hire, and at least annually.

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**3.20.7-K. Credentialing and Privileging of Specialty Providers**

Behavioral Health Staff who meet the ADHS/DBHS criteria (See PM Form 3.20.5, Specialty Provider Attestation Form) for serving as a Specialty Provider shall complete the Attestation form and forward to NARBHA's Credentialing Unit as appropriate.

**3.20.7-L. NARBHA Corporate Compliance Monitoring Measures Specific to NARBHA Privileged Staff and Privileged Staff at RAs.**

NARBHA receives a report from the RA regarding staff and contracted staff, which have been privileged, or have had any adverse actions against their privileges. This information gets compiled and reported to the NARBHA's Credentialing Committee quarterly for review and possible action.

NARBHA queries specific databases to verify that currently employed NARBHA staff and staff employed throughout the NARBHA network do not appear on the lists as debarred, suspended, revoked, restricted, or otherwise excluded, each month. The databases include: psychboard.az.gov; bbhe.state.az.us; bomex.org; azpaboard.org/ and azbn.org; the Office of Inspector General; and the Excluded Parties List System. Also included in the credentialing process are queries through the NPDB and HIPDB. This monthly report is reviewed by the NARBHA Credentialing Committee for review and possible action.