

**Arizona Department of Health Services**  
**Division of Behavioral Health Services**  
**PROVIDER MANUAL**  
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**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](#)

[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](#)

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[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](#)  
[3.10 SMI Eligibility Determination Section](#)  
[3.7 Clinical Liaison Section](#)  
[3.9 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;
- 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;

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- 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.

Magellan Credentialing Overview. Magellan uses credentialing criteria that define the licensure, education and training criteria practitioners must meet, and decision-making processes in the review and selection of behavioral health care professionals for inclusion into Magellan's practitioner/provider network. The following describes the general process for practitioner credentialing:

- Practitioners complete, sign and submit a Magellan Provider Application and any supporting documentation necessary to complete the credentialing process.
- Administrative verifications are completed and the credentialing file forwarded to the Regional Professional Provider Review Committee (RPPRC) for clinical credentialing determination.
- The practitioner is sent written notification of the credentialing decision within sixty (60) days of the determination.
- For those practitioners contracting, as well as credentialing, with Magellan, the practitioner's contract with mutually agreed upon terms is executed and an original is returned to the practitioner.
- Practitioners who do not meet Magellan criteria for initial or ongoing network participation are notified in writing of their ineligible status and the reason for ineligibility (e.g., area(s) of criteria not met, general liability concerns, etc.); and informed of their right to appeal. Appeals must be submitted within thirty-three (33) calendar days of the written notification date. Instructions for requesting such appeal are included in the notification.

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;

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- 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; and
- Ensures credentialing/privileging information is kept confidential.

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.

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.

**3.20.7-B. Temporary Credentialing Process**

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

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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
- National Practitioner Data Bank (NPDB) query; or
- 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.

**Behavioral Health Professional Temporary/Expedited Credentialing**

Behavioral Health Professional practitioners must complete and return a signed Initial Provider Application, Maricopa County, with the necessary supporting documentation to the Magellan Credentialing Administration for processing. Supporting documentation includes proof of malpractice insurance. The practitioner may be contacted by Magellan to obtain additional information if not all information is provided.

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Once administrative verifications are completed, the temporary/expedited credentials file is submitted to the Medical Director for a credentialing decision, or to the RPPRC if any adverse information is found. The temporary/expedited credentialing decision process (including primary source verification) takes approximately 5 business days after receipt of a complete application. This process may take longer if adverse information is found.

**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:

- 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.

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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;
- 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.

**Independent Behavioral Health Professional Credentialing**

Independent clinicians must complete and return a signed Initial provider Application for Maricopa County with the necessary supporting documentation to the Magellan Credentialing Administration for processing. The Practitioner may be contacted by Magellan to obtain additional information if not all information is provided.

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Magellan will make one attempt each week for three weeks to collect missing information. If all information has not been received by the 4<sup>th</sup> week, Magellan will deem the clinician application inactive. The application will not be reopened until all information has been provided.

Once administrative credentialing is completed, the credentials file is forwarded to RPPRC for a clinical credentialing decision. The application review and credentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be greater if adverse information is found during the verification process. The practitioner is notified of the credentialing determination within sixty (60) calendar days of the clinical credentialing decision.

Annual License Renewal

On a monthly basis Magellan Network Credentialing Administration sends written notification to practitioners whose license is expiring. This reminder will be sent to practitioners 30 days prior to expiration. If Magellan Network Credentialing Administration does not receive licensure verification from the appropriate licensing board by the expiration date, the practitioner is notified of suspension of network participation until licensure is renewed.

**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

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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.

Other (Non-Independent) Behavioral Health Professional Credentialing

Non-Independent Behavioral Health Professional must complete and return a signed Initial Provider Application, Maricopa County with the necessary supporting documentation.

The practitioner may be contacted by Magellan Credentialing Administration to obtain additional information if not all information is provided. Magellan will make one attempt each week for three weeks to collect missing information. If all information has not been received by the 4<sup>th</sup> week, Magellan will deem the practitioner application inactive. The application will not be reopened until all information has been provided.

Once administrative credentialing is completed, the credentials file is forwarded to RPPRC for a clinical credentialing decision. The application review and credentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be grater if adverse information is found during the verification process. The practitioner is notified of the credentialing determination within sixty (60) calendar days of the clinical credentialing decision.

Annual License Renewal

On a monthly basis Magellan Network Credentialing Administration sends written notifications to practitioners whose license is expiring. This reminder will be sent to practitioners 30 days prior to expiration. If Magellan Network Credentialing Administration does not receive licensure verification from the appropriate licensing board by the expiration date, the practitioner is notified of suspension of network participation until licensure is renewed.

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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 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.

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- 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; and
  - 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](#)).

**Behavioral Health Technician Credentialing**

Behavioral Health technicians must complete and return a sing Initial Provider Application Behavioral Health Technician, Maricopa County, with the necessary supporting documentation to the Magellan Credentialing Administration for processing. Supporting documentation includes a copy of highest degree or certificate from an accredited college or university along with a copy of applicable transcripts.

The practitioner may be contacted by Magellan Credentialing Administration ot obtain additional information if not all information is provided. Magellan will make on attempt each week for three weeks to collect missing information. If all information has not been received by the 4<sup>th</sup> week, Magellan will deem the practitioner application inactive. The application will not be reopened until all information has been provided.

Once administrative credentialing is completed, the credentials file is forwarded to RPPRC for a clinical credentialing decision. The application review and credentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be greater if adverse information is found during the verification process. The practitioner is notified of the credentialing determination within sixty (60) calendar days of the clinical credentialing decision.

**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 recredentialled. The recredentialing process must:

- Occur at least every three years; and
- Update information obtained during the initial 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

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- 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;
- State sanctions or limitations on licensure;
- Behavioral health recipient concerns including grievances (complaints) and appeals information; and
- Quality issues.

Magellan Recredentialing Process. Prior to the anniversary of the practitioner's credentialing date, the practitioner is notified of the requirements to submit a re-credentialing application and additional required documents. Practitioners are required to review, update, and sign a pre-populated re-credentialing form and submit any supporting documentation necessary to complete the re-credentialing process. Additional materials are submitted by fax and/or standard mail.

Magellan notifies the practitioner of any required information missing in the submission.

- Practitioner/provider credentials are re-verified with the exception of degree, institutional accreditations, work history and attestations for practitioners with prescriptive authority and clinical supervision. However, degree, or institutional accreditations are re-verified if there is new information or a change to the information since the most recent credentialing event.
- Once administrative credentialing is completed, the recredentialing file is forwarded to the RPPRC for clinical recredentialing. All practitioners' re-credentialing information is reviewed by the RPPRC and a clinical recredentialing decision rendered.

Quality information obtained since the most recent credentialing event is included in the recredentialing review, including provider monitoring results, site visits, complaints, record reviews, etc.

Once administrative credentialing is completed, the recredentials file is forwarded to RPPRC for a clinical credentialing decision. The application review and recredentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be greater if adverse information is found during the verification process. The practitioner is notified of the re-credentialing determination within sixty (60) calendar days of the clinical recredentialing decision.

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Practitioners who do not meet Magellan criteria for ongoing network participation are notified in writing of their ineligible status and the reason for the ineligibility (e.g., area(s) of criteria not met, general liability concerns etc.): and informed of their right to appeal. Appeals must be submitted within thirty-three (33) calendar days of the date of the written notification date. Instructions for requesting such an appeal are included in the notification.

**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; and
- 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.

Magellan obtains from clinical Liaison applicants documentation of completion of training and enhanced training, and supervisor attestations, using [PM form 3.20.1](#) and [PM form 3.20.2](#) as described above. This documentation is incorporated into the credentialing file.

**3.20.7-G. Additional credentialing standards for hospitals and behavioral health facilities**

- 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 organization is licensed to operate in Arizona as applicable and is in compliance with any other applicable state or federal requirements; and
  - The organization 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

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contracted T/RBHA that verifies that a review was conducted and compliance was achieved.

Administrative credentialing involves verification of the following:

- That the organization is in good standing with state and federal regulatory bodies, as applicable;
- No Medicare and Medicaid sanctions;
- Current Arizona state licensure or certification as applicable;
- Current accreditation, as applicable;
- Is not subject to any restrictions or provisions on either licensure or accreditation;
- Meets minimum requirements for liability insurance coverage, as follows:
  - Commercial General Liability: \$ million per occurrence/\$2 million general aggregate
    - Products – Completed Operations aggregate: \$1 million
    - Personal and Advertising Injury: \$1 million
    - Blanket Contractual Liability – Written and Oral: \$1 million
    - Fire Legal Liability: \$50,000
    - Professional Liability: \$1 million each claim/\$2 million annual aggregate
  - Worker's Compensation and Employer's Liability
    - Each Accident: \$500,000
    - Disease – Each employee: \$500,000
    - Disease – Policy Limit: \$1 million
  - Automobile Liability, Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in performance with Maricopa County Medicaid business
    - Combined Single Limit (CSL): \$1 million
- Successful completion of malpractice claims history review;
- Completion and submission of all required application materials and related documents;
- Completed credentialing application with attestation signed by organization's representative within one year (365 days) prior to the completion of the credentialing process:
  - Staff rosters may be requested by Magellan as part of the credentialing material submitted.
    - Staff rosters are submitted electronically and contain data fields, as defined by Magellan.

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- If a staff roster is requested and the organization is not able to meet the requirement above, an exception to the format may be made by Magellan.
- Review and approval by the regional Professional Provider Review Committee (RPPRC) for network participation.
  - RPPRC members provide a secondary review of this credentialing information prior to further consideration by the Magellan Arizona Service Center (MSC) Medical Director or regional PPRC.

Re-credentialing

- Re-credentialing of organizations occurs minimally every three (3) years. This process consists of primary source verification of the credentials of the providers, administrative credentialing and clinical approval.

License, Certification, and Accreditation Renewals

- Magellan will collect a copy of each organization's renewed license. Each month Magellan will send letters to organizations whose license will be expiring two (2) months from the current month. A follow-up letter will be sent the following month if a copy of the renewed license is not received.
- Magellan will collect a copy of each organization's renewed accreditation as applicable. Each month Magellan will send letters to organizations whose accreditation will be expiring two (2) months from the current month. A follow-up letter will be sent the following month if information regarding the renewed accreditation is not received.
- Each month Magellan will send letters to organizations whose ADHS/DBHS title XIX Certification as a Community Service Agency is expiring two (2) months from the current month. Magellan will monitor and assist the organization's efforts to meet the timeframes necessary for timely certification renewal.

Note that the organizational credentialing/re-credentialing standards above may not apply to community service agencies (CSAs)