

## Annual ACC-RBHA IHH/BHH ACOM 447 Competency Evaluation Tool (CET) for Employment Attestation

[AHCCCS ACOM 447](#) – **Employment policy** establishes standards and requirements for the delivery of employment services. Applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors.

Submit via SFTP: ASOC\_447CompetencyAtt\_YYYYMM\_Pro

I, **<First Name and Last Name>**, representing **<Enter Provider Organization Name>**,  
Provider hereby certify that, to the best of my knowledge, the current ACC-RBHA Employment Staff/  
Rehabilitation Specialist employed with the provider **demonstrates a minimum of basic proficiency**  
outlined for **Employment Staff** on the initial/ongoing ACOM 447 workforce competencies the rating  
rationale in RELIAS in the following areas:

- **Member Engagement**
- **Billing correctly for employment services**
  - [AHCCCS Medical Coding Page Resources web page](#)
  - [AMPM Policy 310-B](#) and [AHCCCS Behavioral Health Covered Services Guide](#)
  - [ACOM 447](#)
- [Arizona Disability Benefits 101 \(DB101\)](#)
- [RSA/Vocational Rehabilitation](#)
- [ARIZONA@WORK](#)

An [Employment Job-Aid for Supervisors](#) – [ACOM Employment Policy 447](#) to assist clinical supervisors to  
determine workforce competencies. For more information, see [FAQs – CET for Employment](#).

**The provider is responsible to ensure identified staff hired after the date listed below have obtained  
ACOM 447 competency within 90 days of hire.**

The IHH BHH Provider is responsible to request technical assistance (TA) to support the identified staff  
obtain the minimum competency rating for the position. Submit TA request by email:  
[EmploymentVocationalServices@mercycaresaz.org](mailto:EmploymentVocationalServices@mercycaresaz.org)

### Employment staff/ Rehabilitation Specialist

Employment staff/ Rehabilitation Specialist are clinical staff providing direct services whose primary duties are employment  
and rehabilitation related. The identified staff must demonstrate a **minimum of basic proficiency** outlined for **Employment  
Staff** and be competent prior to the provision of employment related services.

I certify that the above information related to staff competency is complete, accurate and truthful.

**Reporting Calendar Year:** **<Enter Reporting Calendar Year>**

**<First Name and Last Name>**

**<Position Title, Provider Name>**

**Name and Title of Provider Representative**

**Signature of Provider Representative**

**Date Signed**

**Note:** Mercy Care may request the provider to submit the Relias Competency Evaluation Tool for employment  
ratings for identified staff. The provider is required to submit the requested information within 10 business days  
from the request date.