A. OVERVIEW

Community Service Agencies (CSAs) provide rehabilitation, support and transportation services to members. CSAs are a unique provider type that allow members to participate in programs and activities in community settings (such agencies could include churches, after school programs or other agencies that serve the general public). CSAs provide services that enhance or supplement behavioral health services that members receive through other, licensed agencies. Agencies operating licensed programs that provide services or intend to provide services defined in this policy as Tier I or Tier II services must capture these services under their license. Licensed agencies must not submit for CSA registration. This policy provides a standardized process for reviewing and approving compliance standards as part of the AHCCCS provider registration process for CSAs. The policy describes the documentation submission and approval process conducted by Contractors and AHCCCS for CSAs, it specifies requirements for the continued registration of CSAs, and it establishes Contractor responsibilities in auditing and ongoing monitoring of CSAs.

B. APPLICATION FOR INITIAL APPROVAL

1. The applicant must complete a Community Service Agency Application (Exhibit 961-1) in accordance with the application instructions and submit it to the Contractor with which the agency is contracted or intends to contract.

2. Notifications to AHCCCS, including requests for applications, should be directed to the:

   Arizona Health Care Cost Containment System
   Attention: Compliance Program Specialist
   701 E. Jefferson, 3rd Floor, MD 6500
   Phoenix, Arizona 85034
   602-417-4286

3. If the CSA intends to contract with more than one Contractor, the CSA must also submit the Intent to Contract form (Exhibit 961-7) for each additional Contractor that will be marked on the CSA Approval Notice (see Exhibit 961-6).
Note: In accordance with Managed Care Contracts, Contractors must ensure that applicants are not excluded from participation in Federal health care programs, pursuant to Section 1128 or Section 1128 A of the Social Security Act.

4. The direct service staff and/or contractor(s) must provide the Community Service Agency Direct Service Staff/Contractor Reference Form (see Exhibit 961-2) that includes contact information for three individuals who will be used as references (and are not family members of the direct service staff member or contractor) and who have knowledge of all of the following: employment history, education and character of the direct service staff member or contractor. It is the responsibility of the CSA applicant to contact the references and note the required information for the Contractor’s review. The Contractor may verify information by contacting references directly.

5. The Contractor must review the CSA Application for accuracy and completeness of all required documents before submitting the application to AHCCCS.

6. AHCCCS must be in receipt of a complete Community Service Agency Application before considering approval of the applicant. Incomplete application packets and packets with illegible documentation will be returned to the Contractor’s CSA representative for follow up with the applicant.

7. After reviewing the application packet, AHCCCS will render an approval notice or denial decision in writing. In determining whether to award an approval notice to the applicant, AHCCCS will consider information provided in the application that reflects the applicant’s ability, knowledge, and fitness to provide the service(s) and all other available information.
   a. If approved, AHCCCS shall send a Community Service Agency Approval Notice (Exhibit 961-6) to the applicant within 30 calendar days of the AHCCCS receipt of a complete application packet.
   b. The Contractor(s) with which the applicant intends to contract will be notified in writing of the approval decision. All Contractors will be notified in writing of a denial decision.
   c. The applicant must receive approval from AHCCCS of the qualifications of each direct service staff member or contractor. Direct service staff members hired in the time period between submissions of applications must meet all requirements and receive all trainings before providing services.
   d. The applicant must register with AHCCCS as a Community Service Agency provider type before billing for Title XIX/XXI reimbursable services. Applicants may obtain a registration packet by contacting AHCCCS Provider Registration.
e. Documentation submitted to AHCCCS Provider Registration must be consistent with information provided on the application submitted to the AHCCCS Compliance Program Specialist to avoid unnecessary delay in obtaining a provider identification number. The CSA must include a copy of the application approval notice with the provider registration packet submitted to AHCCCS Provider Registration.

f. Applicants that are establishing more than one CSA location must submit an application for each location.

C. RENEWAL APPLICATION REGISTRATION

1. AHCCCS shall send a notice of renewal to the Contractor 90 calendar days prior to the annual expiration date of the Community Service Agency application approval.

2. When more than one Contractor contracts with a CSA, the Contractors must coordinate submission of the CSA renewal application. The Contractor that has the CSA located within its GSA is responsible for submitting the application to AHCCCS and ensuring that the other Contractors receive any necessary documentation.

3. The applicant must submit the completed Community Service Agency Application form (Exhibit 961-1) to the Contractor 60 calendar days prior to the expiration date of the current application approval. All information with an expiration date is considered current if the expiration date falls after the submittal date of the application by the CSA to the Contractor. Items/requirements that are subject to renewal are expected to be renewed/updated as required and will be verified during the Contractor audit.

4. The Contractor will review the completed Community Service Agency Application form for requirements and completeness. All documentation, such as copies of driver’s licenses, must be easy to read.

5. Not less than 30 calendar days prior to the expiration date of a current Community Service Agency application approval, the Contractor must submit the completed Community Service Agency Application form to AHCCCS.

6. AHCCCS and the Contractor must follow steps B.7.a-b of this Policy, as applicable. The AHCCCS Compliance Program Specialist will, upon request, notify AHCCCS Provider Registration of the approval status of a CSA.
7. CSA’s that do not submit renewal applications in a timely manner are subject to termination of the CSA’s AHCCCS Provider Registration number. Approval status and AHCCCS Provider Registration status will not be impacted by delays that result from the Contractor or AHCCCS review of the application.

D. APPLICATION AMENDMENT

1. An applicant must request an amendment to the Community Service Agency application, using the Community Service Agency Application (Exhibit 961-1), when any of the following information or circumstances occur:
   a. Change in agency name, address or telephone number,
   b. Addition or removal of a rehabilitation or support service,
   c. Addition of service provision to persons under the age of 18 (fingerprint clearance cards are required with this change),
   d. Change in the provider’s tax identification number,
   e. Change in ownership or program director, and/or
   f. Adding or removing a Contractor to a current Community Service Agency application approval. The Intent to Contract form (Exhibit 961-7) must be included in the application for an amendment.

2. The applicant must file a request for amendment using the Community Service Agency Application (Exhibit 961-1) at least 30 calendar days before the change, unless the request for an amendment is due to a change in address. A request for amendment, due to a change in address, must be submitted upon obtaining the Occupancy Permit and a current passing fire inspection.

3. When adding a rehabilitation and/or support service listed on the initial Community Services Agency Application Exhibit 961-1, the applicant must submit required documentation for each direct service staff member or contractor according to the application instructions.

4. The applicant must also report changes to the AHCCCS Provider Registration Office: 602-417-7670.

5. AHCCCS and the Contractor shall follow steps B.7.a-b of this Policy, as applicable.

E. MAINTENANCE OF A COMMUNITY SERVICE AGENCY REGISTRATION

1. During the term of the registration the Contractor shall ensure that CSAs keep the following requirements current for existing staff or contractors, as well as any
individuals added in the interval between application and renewal or between subsequent renewal periods:

a. For direct service staff members or contractors providing services to persons under the age of 18 years, a current Department of Public Safety Fingerprint Clearance Card or an Applicant Fingerprint Clearance Card Application with a notarized Criminal History Affidavit (Exhibit 961-3),

b. For direct service staff members or contractors providing services to persons aged 18 and older, a completed and notarized Self Declaration of Criminal History form (Exhibit 961-4) every three years from the date of the initial Self declaration; and

c. Records as outlined in Policy 961, Table 2 of this Policy.

2. If a CSA no longer intends to deliver services or deliver services as a CSA, the CSA must notify the AHCCCS Compliance Program Specialist and AHCCCS Provider Registration in writing at least 30 calendar days in advance of the last date the service will be offered. If a Contractor determines that a rehabilitation and/or support service will no longer be contracted, the Contractor must notify the AHCCCS Compliance Program Specialist in writing at least 30 calendar days in advance of the contract termination date. Contractors and CSAs must coordinate the transition of members. Contractors must adhere to reporting and notification requirements established in Contractor contracts to ensure that network changes are communicated and transition plans are implemented for the continuation of services to members.
### Required Documents and Information for Applications

Table 1: The following documents and information are required for CSA Applications:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial</th>
<th>Renewal</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of application</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2. Date of application</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3. Name of provider</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Provider phone number</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5. Provider e-mail address</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Provider facility address</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7. Provider mailing address</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8. Program Director’s name, credentials and phone number</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>9. RBHAs with which applicant intends to contract (initial) or with which it contracts (renewal and amendment)*</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10. Provider social security number or tax identification number</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>11. Copy of provider incorporation documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Copy of provider charter, if any</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. For each building at which rehabilitation and/or support services are to be provided:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Copy of an official current passing fire inspection**</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Copy of Occupancy Permit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. A list of specific services for which the application is made</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>15. List of direct service staff members or contractors who will provide each rehabilitation or support service</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>16. AHCCCS provider identification number/National Provider Identification (NPI), when registered with AHCCCS as a Community Service Agency</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

* CSAs/Applicants will utilize the Intent to Contract form to verify the intent of the RBHA to contract with the CSA/Applicant
** CSAs/Applicants will need to contact the local fire inspection authority to ensure that an official fire inspection is obtained.

1. Table 2: In addition to the provider information listed above, for each direct service staff member or contractor, the following information must be submitted as part of the Community Service Agency’s applications:

### FOR EACH DIRECT SERVICE STAFF MEMBER OR CONTRACTOR

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>INITIAL</th>
<th>RENEWAL</th>
<th>AMENDMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Credible evidence of age 18 or older to provide Unskilled Respite, Personal Care, Self-help/Peer Service, Comprehensive Community Support Services, Ongoing Support to Maintain Employment, or Psychoeducational Services.*</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>2. Credible evidence of age 21 or older to provide Behavioral Health Prevention/ Promotion Education, Skills Training, Home Care Training Family or Supervised Behavioral Health Day Treatment or Supervised Day Program services.</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>3. Reference form with contact information for three individuals using the Community Service Agency Direct Service Staff/Contractor Reference Form (AMPM Exhibit 961-2).</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Copy of current driver’s license if the direct service staff member, or contractor will be providing transportation services.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5. Copy of current vehicle registration if the direct service staff member, or contractor will be providing transportation services.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Copy of insurance card indicating current liability insurance coverage for the direct service staff member, or contractor pursuant to A.R.S. 28-4009 if the direct service staff member or contractor will be providing transportation services.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7. Credible evidence of one or more of the following current credentials if providing Tier I Services: Behavioral Health Professional; Behavioral Health Technician; or Behavioral Health Paraprofessional. **</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

* Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver’s license.

** Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.
### CHAPTER 900

**QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM**

**POLICY 961**

**PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT REQUIREMENTS**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial</th>
<th>Renewal</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Credible evidence of one or more of the following current credentials if providing Behavioral Health Prevention/Promotion Education services: Behavioral Health Professional or Behavioral Health Technician*</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>9. Credible evidence of one or more of the following current credentials with one year experience in providing rehabilitation services to persons with disabilities if providing Psychoeducational Service or Ongoing Support to Maintain Employment Services: Behavioral Health Technician or Behavioral Health Paraprofessional *</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10. Credible evidence of completion of required, RBHA approved training prior to delivering services to clients in the content areas listed below (see also AMPM 1060, Training Requirements)**</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>a. Client rights;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Providing services in a manner that promotes client dignity, independence, individuality, strengths, privacy and choice;</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>c. Recognizing common symptoms of and differences between a mental disorder, personality disorder, and/or substance abuse;</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>d. Protecting and maintaining confidentiality of client records and information;</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>e. Recognizing, preventing or responding to a client who may be a danger to self or a danger to others; behave in an aggressive or destructive manner; need crisis services or be experiencing a medical emergency;</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>f. Record keeping and documentation; and</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>g. Ethical behavior such as staff and client boundaries and the inappropriateness of receiving gratuities from a client.</td>
<td>x</td>
<td>x**</td>
<td>x</td>
</tr>
<tr>
<td>11. Copy of current Cardiopulmonary Resuscitation (CPR) certification (must be current as of the Title XIX CSA application submission date)***</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>12. Copy of current First Aid training verification (must be current as of the Title XIX CSA application submission date)***</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>13. Credible documentation of current freedom from infectious pulmonary tuberculosis (must be current as of the CSA application submission date)****</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
CHAPTER 900
QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM

POLICY 961
PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT REQUIREMENTS

* Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.

** Training documentation submitted at renewal application is for direct service staff or contractors hired after the previously submitted application. Credible evidence of training must clearly indicate to reviewers of the application that direct service staff or contractors have received training in the specified content areas (i.e., training with different titles must be matched up to the trainings listed in this policy). All training documentation must be signed and dated by the trainer or individual designated to confirm training documentation.

*** CPR and First Aid verification must include documentation signed by the instructor.

**** Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation must be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial</th>
<th>Renewal</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. If providing direct services to persons under 18 years of age:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Copy of dated and signed Department of Public Safety Fingerprint Clearance Card. OR</td>
<td>x</td>
<td>x*</td>
<td>x**</td>
</tr>
<tr>
<td>b. Credible evidence of application for a fingerprint clearance card within 7 calendar days of the date of staff employment or contractor start date, e.g., copy of the completed Applicant Fingerprint Clearance Card Application and when received, a copy of the Fingerprint Clearance Card. AND Copy of the direct service staff member or contractor’s completed and notarized Criminal History Affidavit Form (Policy 406, Attachment 5).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. If providing direct services to persons aged 18 years or older, a copy of the direct service staff members or contractor’s completed and notarized Self Declaration of Criminal History (AMPM Exhibit 961-4).</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
* Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation must be dated at the start of employment or prior to providing behavioral health services and every 12 months there after.

** If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years (Department of Public Safety: http://www.azdps.gov)

F. DENIALS, SUSPENSION, OR REVOCATION OF A CSA REGISTRATION

1. AHCCCS may deny, suspend, or revoke a Community Service Agency application and/or status as an AHCCCS registered provider for any one or combination of the following:
   a. An applicant or CSA does not provide information as required in this Policy,
   b. An applicant or CSA hires direct service staff members who do not meet the requirements in this Policy and allows these staff members to provide services,
   c. An applicant or CSA submits falsified documents or provides other information that appears fraudulent (see ACOM Policy 103),
   d. An applicant or CSA is suspected of abuse of Title XIX funds (see ACOM Policy 103),
   e. The CSA changes to another provider type or the AHCCCS provider registration is terminated,
   f. The applicant or CSA provides services that are not allowable CSA services (i.e., services that require licensure),
   g. The Contractor terminates the contract for the provision of CSA services with the CSA,
   h. An applicant or CSA is out of compliance with the provisions of this policy, and/or
   i. There is an identified threat to the health, safety or welfare of members.

2. AHCCCS may deny or revoke a Community Service Agency application and/or status as an AHCCCS registered provider if a direct service staff member or contractor is subject to registration as a sex offender in this state or any other jurisdiction or who has been convicted of, pled no contest to, or is awaiting trial on any of the following criminal acts:
   a. First or second degree murder,
   b. Sexual abuse,
   c. Incest,
   d. A dangerous crime against children as defined in A.R.S. §13-705,
   e. Child prostitution as prescribed in A.R.S. §13-3212,
   f. Child abuse,
   g. Neglect or abuse of a vulnerable adult,
   h. Abuse of a vulnerable adult,
i. Sexual abuse of a vulnerable adult,
j. Sexual assault,
k. Sexual exploitation of a minor,
l. Sexual exploitation of a vulnerable adult,
m. Commercial sexual exploitation of a minor,
n. Commercial sexual exploitation of a vulnerable adult,
o. Sexual conduct with a minor,
p. Molestation of a child,
q. Molestation of a vulnerable adult,
r. Exploitation of minors involving drug offenses,
s. Taking a child for the purposes of prostitution as prescribed in section A.R.S. §13-3206,
t. Sex trafficking,
u. Production, publication, sale, possession and presentation of obscene items as prescribed in section A.R.S. §13-3502,
v. Furnishing harmful items to minors as prescribed in section A.R.S. §13-3506,
w. Furnishing harmful items to minors by internet activity as prescribed in section A.R.S. §13-3506.01,
x. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section A.R.S. §13-3512,
y. Luring a minor for sexual exploitation,
z. Enticement of persons for purposes of prostitution,
aa. Procurement by false pretenses of persons for purposes of prostitution;
bb. Procuring or placing persons in a house of prostitution,
cc. Receiving earnings of a prostitute,
dd. Causing one’s spouse to become a prostitute,
e. Detention of persons in a house of prostitution for debt,
ff. Keeping or residing in a house of prostitution or employment in prostitution,
gg. Pandering,
hh. Transporting persons for the purpose of prostitution, polygamy or concubinage,
ii. Portraying adult as a minor as prescribed in section A.R.S. §13-3555,
jj. Admitting minors to public displays of sexual conduct as prescribed in section A.R.S. §13-3558.
k. Unlawful sale or purchase of children,
l. Child bigamy,
mm. Trafficking of persons for forced labor or services

3. Upon notification that a direct service staff member or contractor is found to have been convicted of, pled no contest to, or is awaiting trial on any of the criminal acts listed in F.2 above, a Community Service Agency must immediately take the following actions:
a. Remove the staff or contractor from direct contact with members,

b. Prohibit the individual from rendering services to members,

c. Prevent further authorization for services provided by the individual, and

d. Notify the AHCCCS Compliance Program Specialist and AHCCCS Provider Registration.

4. If the reason for denial, suspension, or revocation of a status as an AHCCCS registered provider involves a threat to the health, welfare or safety of members, the Community Service Agency must not render services to any members.

5. Denial, revocation, and suspension notice will be provided by means of a letter from AHCCCS Provider Registration to the applicant or CSA with a copy to all Contractors that hold contracts with the applicant or CSA. The Contractor(s) will take necessary steps to ensure continuity of care.

6. The bases for denying, suspending or revoking a CSA registration enumerated in this Policy are not exclusive. AHCCCS may deny, suspend or revoke a CSA registration for any reason listed in this Policy, any reason listed in the Provider Participation Agreement (PPA) between AHCCCS and the CSA, and/or for any other reason provided for by law.

G. CORRECTIVE ACTION PLAN

1. In lieu of a revocation or suspension, AHCCCS may, at its sole discretion, offer to allow a Community Service Agency to implement a corrective action plan to correct deficiencies when:

   a. Allowing the agency to continue services is in the best interests of the members, and

   b. The health, safety or welfare of members will not be jeopardized.

2. The following conditions are examples or situations which may result in a request for corrective action:

   a. A certificate in CPR or training in first aid for a direct service staff or Contractor is not current,

   b. Written documentation of an orientation to the specific needs of each member is not available (i.e., CSAs must have a copy of the member’s service plan in the member’s record),

   c. Required training is not documented or not completed,

   d. A passing fire inspection is not obtained every two years from the initial fire inspection, or

   e. Failure to maintain the records in Table 2 of this policy.
3. AHCCCS must notify in writing the Community Service Agency and Contractor(s) with which the agency holds a contract of each deficiency, the corrective action to be taken, and the deadlines for all corrective actions using the Community Service Agency Notice of Deficiency form (Exhibit 961-5). Contractors may also utilize this form while conducting the Contractor review for completeness and accuracy of the CSA application.
4. The Community Service Agency must develop and submit a corrective action plans to the AHCCCS Compliance Program Specialist or the Contractor, if applicable. A copy of the corrective action plan requested by AHCCCS must be sent to the Contractor.

5. If the Community Service Agency does not provide AHCCCS with written documentation showing the completion of corrective action by the deadlines in the notice of deficiency, AHCCCS Provider Registration may revoke or suspend the agency’s application or status as an AHCCCS registered provider.

6. AHCCCS’ decision to require a corrective action plan is not subject to the appeal rights contained in Section H. of this Policy.

7. The Contractor may also require CSAs to implement corrective action plans based on deficiencies identified during the application process, based on results from the Contractor audit or from deficiencies identified during the Contractor’s ongoing monitoring activities.

H. RIGHT TO APPEAL A COMMUNITY SERVICE AGENCY REGISTRATION DECISION

1. AHCCCS Provider Registration must provide written notice at the time of the action to the applicant or Community Service Agency of the right to appeal the decision and where such an appeal should be sent.

2. A CSA or new applicant may appeal a denial, revocation or suspension of registration pursuant to A.R.S. §36-2903.01(b)(4) and the relevant provisions of the Arizona Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

I. RECORDS

1. The contracting Contractor (s) must require that each Community Service Agency maintain records of all requirements indicated on the CSA application(s) for all direct service staff members and contractors.

2. The Contractor shall require that Community Service Agency personnel and/or clinical records conform to the following standards indicated in this Policy (see also AMPM Policy 940):
   a. Each record entry must be:
      i. Dated and signed with credentials noted,
      ii. Legible,
      iii. Typed or written in ink, and
iv. Factual and correct.
b. If required records are kept in more than one location, the Community Service Agency must maintain a list indicating the location of the records, and
c. Community Service Agencies must maintain a record of the services provided to each member. The minimum written requirement for each member’s record must include:
i. The service provided (including the code used for billing the service and the time increment),
ii. The date the service was provided,
iii. The name and title of the person providing the service,
iv. The member’s Contractor or CIS identification number and AHCCCS identification number. The Contractor must ensure that services provided by CSAs are reflected in members’ service plans. CSAs must keep a copy of each member’s service plan in the member’s record.
d. Daily documentation of the service(s) provided and monthly summary of progress toward treatment goals.
e. Each 30 days, a summary of the information required in I.2.c. must be transmitted from the Community Service Agency to the member’s case manager or other clinical team representative.

J. COMMUNITY SERVICE AGENCY AUDIT

1. The Contractor must conduct an audit of the Community Service Agency at least every contract year (i.e., July 1 through June 30), or more often, if determined necessary by the Contractor. When more than one Contractor contracts with a CSA, the Contractor that has the CSA located within its GSA is responsible for conducting the audit and sharing the results with the other Contractor(s).

2. Each Contractor must develop an audit tool for CSAs. The tool must contain, at a minimum, standards covering all requirements for staff qualifications and all requirements for client records, as contained in this Policy.

3. The Contractor must schedule the audit at least 30 calendar days in advance of the audit start date.

4. The Community Service Agency must cooperate with the audit by:
a. Making available to the Contractor personnel records that include all updated information required for the CSA registration,
b. Making available to the Contractor all requested clinical records,
c. Allowing the Contractor to interview direct service staff members and contractors, and
d. Participating in the audit entrance and exit conference with the Contractor’s employees.