

CSA DOCUMENTATION STANDARDS MATRIX				
GENERAL REQUIREMENTS	INITIAL/DESK AUDIT	RENEWAL/ONSITE REVIEW	AMENDMENT	DOCUMENTATION STANDARDS
Ownership and Control Interests		X	X	Name and addresses of owners and individuals with a controlling interest per 42 CFR 455.102 through 42 CFR 455.104. This information is required as part of the AHCCCS Provider Enrollment Process.
Chief Executive		X	X	Name, address, date of birth and SSN of managing employees per (42 CFR 455.104(b)(4)). This information is required as part of the AHCCCS Provider Enrollment Process. The disclosing entity (or fiscal agent or managed care entity) (§ 455.104(b)(4)).
Certificate of Incorporation	X			Articles of Incorporation document filed or registered with AZ State Corporation Commission.
Provider Charter, <i>if applicable</i>	X			
Occupancy Permit	X		X	Address of the building where services are provided shall be indicated on the Occupancy Permit.
Fire Inspection	X	X	X	The passed fire inspection shall indicate an expiration date. If there is no specified expiration date, AHCCCS considers the passed fire inspection to be expired two years from the date of inspection. The current address of the building where services are provided to members shall be indicated on the passed Fire Inspection.

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Administrative Policies and Procedures	X	X		<p>Program Administrator shall have Administrative policies and procedures that outline how the Administrator:</p> <ol style="list-style-type: none"> 1) Determines workforce classifications for Behavioral Health Paraprofessionals (BHPPs), Behavioral Health Technicians (BHTs) and Behavioral Health Professionals per A.R. S. Title 32 and A.A.C. R9-10-115. 2) Establishes a job description delineating the scope of services BHTs and BHPPs are allowed to provide and stating the qualifications, skills, and knowledge required for each type of personnel member based upon the types of services to be provided and the expected acuity of the Members to be served per R9-10-1006. 3) Evaluates and ensures the competency of each employee to provide services by demonstrating relevant skills and knowledge, as well as verifying required qualifications such as; education, experience, past supervisory attestations, training, coaching, mentoring. 4) Develops, documents and implements a workforce development plan that describes how the CSA will develop and maintain its own training system of job relevant and competency based orientation, basic, specialized and advanced training, coaching and mentoring programs and supervisory practices; or how it will link to other workforce development resources to ensure that all employees develop the basic, specialized and advanced competency required to perform the specific duties stated in the job description per A.A.C. R9-10-1006. 5) Establish qualifications of a BHP and BHT to provide supervision of non-clinical services. 6) Establishes supervision standards for BHPs, BHTs who provide supervision of BHPs, BHTs, and BHPPs.

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PERSONNEL RECORDS REQUIREMENTS	INITIAL/DESK AUDIT	RENEWAL/ONSITE REVIEW	DOCUMENTATION STANDARDS
AMPM Policy 940	X	X	Personnel and member records shall conform to AMPM Policy 940.
Hire date of Direct Care Staff	X	X	Hire date shall be the effective date of the Direct Care Staff's provision of rehabilitation support services to members.
Direct Service Staff shall be a minimum age of 18 and older to provide Personal Care, Self-help/Peer Services, Comprehensive Community Support, Ongoing Support to Maintain Employment, or Psychoeducational Service.	X	X	Photo ID indicating DOB, including driver license, state issued ID, passport, etc.

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<p>Direct Service Staff shall be a minimum age of age 21 and older to provide Behavioral Health Prevention/Promotion Education, Psychosocial Rehabilitation Living Skills Training, Home Care Training/Family Support or Supervised Behavioral Health Day Treatment or Supervised Day Program services.</p>	X	X	<p>Photo ID indicating DOB, including driver license, state issued ID, passport, etc.</p>
<p>Current driver's license of the direct service staff member</p>	X	X	<p>Clear/readable copy of Driver's License if direct care staff will be providing a transportation service. The Driver's License shall be an Arizona license unless the direct care staff does not qualify as a resident by Arizona law.</p>

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Current vehicle registration	X	X	Copy of vehicle registration if direct care staff will be providing a transportation service. The VIN# on the vehicle registration and insurance card shall the same vehicles owned by the CSA and/or vehicles owned by direct care staff members used for the provision of transportation services. The vehicle shall be registered in Arizona license unless the direct care staff does not qualify as a resident by Arizona law.
Current auto insurance	X	X	Copy of auto insurance if direct care staff will be providing a transportation service. The auto insurance verification shall indicate current liability insurance coverage pursuant to A.R.S. 28-4009. The VIN# on the vehicle registration and insurance shall match the same vehicles owned by the CSA and/or vehicles owned by direct care staff members used for the provision of transportation services.
Cardiopulmonary Resuscitation (CPR) certification	X	X	Copy of CPR renewal every 2 years, unless the card has indicated another expiration-date. The card shall be issued from national recognized organization (i.e. American Red Cross, EMS Safety Services, ASHI, AHA) that provided the CPR training. Some of the cards being issued no longer include the instructor’s signature, but indicate instructor’s name and ID number or a bar code to authenticate the completed training session. Independent verification can also occur by contacting the organization to verify the record.
First Aid Training	X	X	Copy of FA every 2 years, unless the card has indicated another expiration date. The card shall be from national recognized organization (i.e. American Red Cross, EMS Safety Services, ASHI, AHA) that provided the FA training. Some of cards being issued no longer included the instructor’s signature, but indicate instructor’s name and ID number or a bar code on the card to authenticate the completed training session. Independent verification can also occur by contacting the organization to verify the record.

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Freedom from infectious pulmonary tuberculosis	X	X	Submit TB tests (skin or blood test or, X-Ray) annually or every 12 months indicating test administration date and read date indicating direct care staff was confirmed to be free from infectious disease by a medical provider. *Administered and read dates are important to identify when the test was given and read by the medical provider. Also, some X-rays are good for 5 years, however can be evaluated annually by the medical provider and affirmed that direct staff is free of infectious disease.
Provision of services to members under the age of 18	X	X	<p>a. Copy of dated and signed Department of Public Safety Fingerprint Clearance Card,</p> <p align="center">OR</p> <p>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.</p> <p align="center">AND</p> <p>Copy of the direct service staff member or contractor’s completed and notarized Criminal History Affidavit Form (Attachment C).</p>

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Provision of services to members 18 years of age and older	X	X	Copy of the direct service staff members completed and notarized <i>Self Declaration of Criminal History</i> .
Employee Classification (e.g. BHP, BHT or BHPP)	X	X	Documentation consistent with administrative policies and procedures that outlines workforce classifications for Behavioral Health Paraprofessionals (BHPPs), Behavioral Health Technicians (BHTs) and Behavioral Health Professionals per A.R. S. Title 32 and A.A.C. R9-10-115.
Competency Verification	X	X	Documentation consistent with administrative policies and procedures for evaluating and ensuring the competency of direct care staff to provide services. Documentation should include the processes used to evaluate a staff members level of demonstrated skill use and applied knowledge relative to the competencies of the job they are performing in addition to the verification of required qualifications such as; education, experience, past supervisory attestations of demonstrated competency or completion of training, coaching or mentoring programs etc.). For the provision of peer and family support services, a copy of the peer support employment training program certificate is required per AMPM Policy 963 and AMPM Policy 964.

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Employee Supervision	X	X	<p>BHTs and BHPPs provide non-clinical services under the supervision of a qualified BHP or BHT. Documentation shall verify that BHTs and BHPPS are receiving the proper type and frequency of supervision from a qualified BHP or BHT per AMPM Policy 965, the competency of the individual BHT or BHPP, and the CSAs’ policies and procedures.</p> <ul style="list-style-type: none"> • Supervisory oversight is provided at least one time during each two week period for individuals determined to be competently providing services and performing job duties. • Supervision is provided as frequently as is required for individuals determined to lack the competence required to provide services or perform job duties.
Services Provided	X	X	Refer to AMPM Policy 940 and AMPM Policy 965, section for Overview Services provided.