Arizona Department of Health Services/Division of Behavioral Health Services COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATE

TYPE OF ACTION (CIRCLE): 1. Initial Certificate 2. Renewal Certificate 3. Amended Certificate		FACILITY NAME, PROGRAM DIRECTOR AND ADDRESS:		
		Certification Effective D	Certification Effective Date:	
		Renewal Date:		
		Amended Date:		
Services Being Provided (check all that apply):				
TIER I: Self-help Peer Service or Comprehensive Community Support Services (Peer Support) Personal Care Support to Maintain Employment Psychoeducational Service. TIER II: Home Care Training Family Skills Training or Psychosocial Rehabilitation Supervised Day or Comprehensive Community Support (Supervised Day Program) Behavioral Health Prevention/Promotion Education Title XIX Community Service Agency				
CPSA-3	AFFILIATION (check all that apply):	Cenpatico-4	0-4	
CPSA-5		NARBHA		
Cenpatico-2		Magellan		
Gila River Pascua Yaqui		Navajo Nation White Mountain Anache Tribe	White Mountain Apache Tribe	
TITLE XIX CERTIFICATION ACTION:				
THEE MA CERTIFICATION ACTION.				
Approved Expiration Date:/				
Certification Number				
Authorized ADHS/DBHS Signature			AHCCCS Provider Type	
			A3 Community Service Agency	
Signature and Title		Date		

A copy of this Certificate must be sent with the Provider Registration Packet when registering with the Arizona Health Care Cost Containment System –(AHCCCS), and a copy of this Certificate must be sent to AHCCCS when it has been amended.