

963 – PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20, 10/01/21

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20, 05/11/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes requirements for the provision of peer support services within the AHCCCS programs, including qualifications, supervision, continuing education, and training/credentialing of Peer and Recovery Support Specialists (PRSS).

II. DEFINITIONS

For the purposes of this Policy:

PEER-AND-RECOVERY SUPPORT (PRSS) - CONTINUING EDUCATION AND ONGOING LEARNING Activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities may involve, but are not limited to, acquiring traditional Continuing Education Units (CEUs).

PEER-AND-RECOVERY SUPPORT (PRSS) - CREDENTIAL A written document issued by a Peer Support Employment Training Program (PSETP), or by a state, demonstrating compliance with all qualifications and training requirements as specified in AHCCCS Policy.

Additional Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY**A. OVERVIEW**

Individuals with lived experiences of recovery are an integral part of the behavioral health workforce. To comply with Centers for Medicare and Medicaid Services (CMS) requirements for provision of peer support services as specified in the State Medicaid Director Letter, (SMDL) #07-011, the AHCCCS/DCAIR, Office of Individual and Family Affairs (OIFA) has established training requirements and credentialing standards for Peer-and-Recovery Support Specialist (PRSS) providing peer support services within the AHCCCS programs. CMS grants State Medicaid programs the authority to define the scope of peer support services, and to determine the oversight and qualification requirements for individuals providing peer support services. Training, credentialing, and

supervision as specified in this Policy is required for reimbursement of peer support services.

Peer support services include the provision of assistance to more effectively utilize the service delivery system (e.g. assistance in developing plans of care, identifying needs, accessing supports, partnering with other practitioners, overcoming service barriers); or understanding and coping with the stressors of the individual's disability (e.g. support groups, coaching, role modeling, and mentoring). These services shall only be provided by a PRSS and are aimed at assisting in the creation of skills to promote long-term, sustainable recovery. The Contractor shall ensure the provision of quality peer support services.

B. PEER AND RECOVERY SUPPORT SPECIALIST AND TRAINER QUALIFICATIONS

1. Trainers of PRSS, or individuals seeking credentialing and employment as a PRSS, shall:
 - a. Qualify as a Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT), or Behavioral Health Professional (BHP), and
 - b. Self-identify as an individual who:
 - i. Has lived experience of mental health conditions, substance use, and/or other traumas resulting in emotional distress and significant life disruption, for which they have sought help or care, and
 - ii. Has an experience of long-term, sustainable recovery to share.
2. Agencies operating a Peer Support Employment Training Program (PSETP) shall utilize the language of AMPM Policy 963, Attachment B to develop an application form to determine if an individual may be admitted to a PSETP and credentialed as a PRSS. Final determination for admission rests with the program operator, however only individuals completing an application fulfilling all requirements of AMPM Policy 963, Attachment B may be admitted to a PSETP and credentialed as a PRSS.
3. The Contractor shall ensure agencies operating a PSETP utilize requirements of AMPM Policy 963, Attachment B to evaluate applicants prior to admission.
4. Individuals are credentialed by the agency operating the PSETP after completing training and passing a competency exam. Agencies operating a PSETP shall retain copies of all credentials issued by the PSETP. Copies of credentials shall be made available to the graduate or Contractor upon request. The Contractor and providers shall recognize credentialing from any PSETP in compliance with this Policy

C. COMPETENCY EXAM

Upon completion of required training, individuals seeking credentialing and employment as a PRSS shall demonstrate their ability to support the recovery of others by passing a competency exam with a minimum score of 80%. Each PSETP has the authority to

develop a unique competency exam. All exams shall include at least one question related to each of the curriculum core elements as specified in this Policy. If an individual does not pass the competency exam, the provider of the exam may allow the individual to retake the exam or complete additional training prior to taking the competency exam again.

Upon completion of each class, all AHCCCS registered providers operating a PSETP shall utilize AMPM Policy 963, Attachment C to submit the names of trainees and dates of graduation to AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office of Individual and Family Affairs (OIFA), via email at oifa@azahcccs.gov. These reports shall contain no other identifying information apart from what is required. Agencies operating a PSETP shall retain copies of AMPM Policy 963, Attachment C and make copies available to the Contractor upon request.

D. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING

1. Provider agencies rendering peer support services to any AHCCCS member shall maintain current documentation evidencing all employees providing peer support services hold a PRSS credential in compliance with this Policy.
2. The Contractor shall:
 - a. Ensure provider agencies maintain current documentation evidencing all actively employed PRSS have met the required qualifications and credentialing for the delivery of peer support services, utilizing AMPM Policy 963, Attachment A,
 - b. Develop and make available to providers policies and procedures which describe monitoring and auditing/oversight activities where records specific to supervision, training, continuing education, and/or ongoing learning of PRSS are reviewed and maintained, and
 - c. Submit information noting PRSS involvement in service delivery as specified in Contract utilizing AMPM Policy 963, Attachment A.

E. INTER-STATE RECIPROcity

AHCCCS/DCAIR, OIFA, recognizes credentials issued by states and/or training programs in compliance with CMS's requirements, as specified in SMDL #07-011. Individuals credentialed in another state shall submit their credential to AHCCCS/DCAIR, OIFA, via email at oifa@azahcccs.gov.

F. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS

Similar to other practitioners, requirements shall be established for individuals employed as PRSS to obtain continuing education and ongoing learning relevant to peer support.

1. The Contractor shall develop and make available to providers' policies and procedures describing requirements for individuals employed as PRSS to obtain a minimum of

- four hours of continuing education and ongoing learning relevant to peer support, per year. At least one hour shall cover ethics and boundaries related to the practice of peer support.
2. The Contractor shall ensure providers and individuals employed as a PRSS have access to a minimum of four hours of continuing education and ongoing learning, relevant to peer support, per year.

G. SUPERVISION OF PEER/RECOVERY SUPPORT SPECIALISTS

Supervision shall be provided by a BHT or BHP.

The Contractor shall establish amount and duration of supervision for PRSS. Supervision shall be documented and inclusive of both clinical and administrative supervision.

The Contractor shall develop and make available to the providers policies and procedures to ensure supervisors of PRSS receive have access to training and have access to ongoing learning relevant to the provision of peer support services and the supervision of PRSSs.

H. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM STANDARDS

1. A PSETP curriculum shall include the following core elements:
 - a. Concepts of hope and recovery:
 - i. Instilling the belief that recovery is real and possible,
 - ii. The history of social empowerment movements, and their connection to peer and recovery support, including but not limited to the following movements:
 - 1) Self-help,
 - 2) Consumer/survivor/ex-patient,
 - 3) Neurodiversity,
 - 4) Disability Rights, and
 - 5) Civil Rights.
 - iii. Varied ways that behavioral health has been viewed and treated over time and in the present,
 - iv. Appreciating diverse paradigms and perspectives of recovery and other ways of thinking about behavioral health (e.g. harm reduction, 12-Step recovery, neurodiversity),
 - v. Knowing and sharing one's story of a recovery journey and how one's story can assist others in many ways,
 - vi. Holistic approach to recovery addressing behavioral, emotional, and physical health, and
 - vii. Member-driven/person-centered service planning.
 - b. Advocacy and systems perspective:
 - i. State and national health systems' infrastructure – the history of Arizona's health systems,

- ii. Confronting and countering discrimination, prejudice, bias, negative stereotypes and other social injustices against those with behavioral health and substance use disorders – combating internalized stigma and oppression,
 - iii. Organizational change – how to utilize person-first and identity-first language to educate provider staff on recovery principles and the role and value of peer support,
 - iv. Creating a sense of community in a safe and supportive environment,
 - v. Forms of advocacy and effective strategies – consumer rights and navigating health systems,
 - vi. The Americans with Disabilities Act, (ADA), and
 - vii. Social Determinants of Health (SDOH).
- c. Psychiatric rehabilitation skills and service delivery:
- i. Strengths based approach, identifying one’s own strengths and helping others identify theirs, building resilience,
 - ii. Trauma-informed care,
 - iii. Distinguishing between sympathy and empathy emotional intelligence,
 - iv. Understanding learned helplessness, how it is taught and how to assist others in overcoming its effects,
 - v. Motivational interviewing, communication skills and active listening,
 - vi. Healing relationships – building trust and creating mutual responsibility,
 - vii. Combating negative self-talk – noticing patterns and replacing negative statements about one’s self, using mindfulness to gain self-confidence and relieve stress,
 - viii. Group facilitation skills,
 - ix. Culturally & Linguistically Appropriate Services (CLAS) standards, and the role of culture in recovery, and
 - x. Understanding and supporting individuals with Intellectual and Developmental Disabilities (I/DD).
- d. Professional Responsibilities of the PRSS and self-care in the workplace:
- i. Professional boundaries and codes of ethics unique to the role of a PRSS,
 - ii. Confidentiality laws and information sharing – understanding the Health Insurance Portability and Accountability Act (HIPAA),
 - iii. Responsibilities of a mandatory reporter, what to report and when,
 - iv. Understanding common signs and experiences of:
 - 1) Mental health disorders,
 - 2) Substance Use Disorders (SUD),
 - 3) Opioid Use Disorder (OUD),
 - 4) Addiction,
 - 5) Dissociation,
 - 6) Trauma,
 - 7) Intellectual and Developmental Disabilities (I/DD), and
 - 8) Abuse/exploitation and neglect.
 - v. Familiarity with commonly used medications and potential side effects, informed consent as specified in to AMPM Policy 320-Q,

- vi. Guidance on proper service documentation, billing and using recovery language throughout documentation,
- vii. Self-care skills:
 - 1) Coping practices for helping professionals,
 - 2) The importance of ongoing supports for overcoming stress in the workplace,
 - 3) Using boundaries to promote personal and professional resilience, and
 - 4) Using self-awareness to prevent compassion fatigue, secondary traumatic stress, and burnout.
- 2. PSETPs shall not duplicate training required of individuals employed by a licensed agency or CSA. PRSS employed in Community Service Agencies (CSA) shall complete additional trainings as specified in AMPM Policy 965.
- 3. The Contractor shall develop and make available policies and procedures as well as additional resources for development of curriculum, including Contractor staff contacts for questions or assistance.

I. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL PROCESS

AHCCCS/DCAIR, OIFA, oversees the approval of all credentialing materials including curriculum and testing tools. AHCCCS/DCAIR, OIFA, bases approval solely on a program's compliance with all requirements as specified in this Policy. Peer support employment training is not a billable service for costs associated with training an agency's own employees.

- 1. To be considered for review, AHCCCS registered providers intending to operate a PSETP shall submit its training curriculum to AHCCCS/DCAIR, OIFA. Training curriculum materials shall include but are not limited to:
 - a. Student and trainer manuals,
 - b. Handouts,
 - c. Homework,
 - d. Final exam,
 - e. Any other classroom materials, or
 - f. Descriptions of reasonable accommodations and alternative formats for the accessibility of program materials by all audiences.
- 2. If a program makes substantial changes (e.g. change to content,) to its curriculum or if there is an addition to required elements the program shall submit the updated content to AHCCCS/DCAIR, OIFA, for review and approval.
- 3. If there are regional or culturally specific training requirements exclusive to the Contractor, or tribal community, the additional training requirements shall not prevent employment or transfer of a PRSS credential based on the additional elements or standards.