I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DES/DDD (DDD) and RBHA Contractors; Fee-For-Services (FFS) Programs including: the American Indian Health Program (AIHP); excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). 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

**Behavioral Health Paraprofessional (BHPP)**

As set forth in A.A.C. R9-10-101(27), this is an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S, Title 32, Chapter 33; and

b. Are provided under supervision by a behavioral health professional.

**Behavioral Health Professional**

As specified in A.A.C. R9-10-101, an individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

1. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
3. A psychologist as defined in A.R.S. § 32-2061.
5. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse.
6. A behavior analyst as defined in A.R.S. §32-2091, or
7. A registered nurse.
| **Behavioral Health Technician** | An individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:  
1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral health professional under A.R.S. Title 32, Chapter 33, and  
2. Are provided with clinical oversight by a behavioral health professional. |
| **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. |
| **Credential** | For purposes of this policy, a written document issued by a Peer Support Employment Training Program (PSETP), or by a state, demonstrating compliance with all qualifications and training requirements in this Policy. |
| **Peer-and-Recovery Support** | For purposes of this policy intentional partnerships based on shared experiences of living with behavioral health and/or substance use disorders to provide social and personal support. This support is coupled with specific, skill-based training, coaching or assistance to bring about social or personal change at the individual, family or community level. These services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests. |
| **Peer-and-Recovery Support Specialist (PRSS)** | An individual trained, credentialed, and qualified to provide peer/recovery support services within the AHCCCS Programs. |
| **Peer Support Employment Training Program (PSETP)** | A Training Program in compliance with this Policy through which qualified individuals are credentialed as PRSS by completing training and passing a competency exam. |
| **Self-Help/Peer Services (Peer Support)** | Supports intended for enrolled members and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups. |
III. Policy

A. Overview

To comply with Centers for Medicare and Medicaid Services (CMS) requirements for delivery of Peer Support Services as specified in the State Medicaid Director Letter, (SMDL) #07-011, the AHCCCS/Office of Individual and Family Affairs (AHCCCS/OIFA) has established training requirements and credentialing standards for PRSS providing Peer Support, as specified in this Policy. Services outlined in this Policy for FFS programs and populations are monitored by AHCCCS/OIFA.

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 professionals, overcoming service barriers); or understanding and coping with the stressors of the individual’s disability (e.g. support groups, coaching, role modeling and mentoring). Individuals with lived experience of recovery from behavioral health and/or substance use disorders serve an important role in the behavioral health work force. These services may be provided to an individual, group, or family, 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, behavioral health technician, or behavioral health professional, and
   b. Self-identify as an individual who is or has been a recipient of behavioral health and/or substance use treatment and has an experience of recovery to share.

2. Individuals meeting the above criteria may be credentialed as a PRSS by completing training through a PSETP, in compliance with this Policy, and passing a competency exam. Individuals are credentialed by the agency operating the PSETP. Contractors 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 also complete and pass a competency exam with a minimum score of 80%. Each PSETP has the authority to develop a unique competency exam. However, 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 or complete additional training prior to taking the competency exam again.
Upon administering the exam, all AHCCCS registered providers operating a PSETP shall provide the names of all trainees and date of graduation to AHCCCS OIFA, Recovery and Resiliency Programs Coordinator.

D. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING

1. Provider agencies rendering peer support services to any AHCCCS member including FFS members, shall maintain current documentation evidencing that all actively employed PRSS have met the required qualifications and are credentialing for PRSS. All AHCCCS registered providers rendering peer support services are responsible for utilizing and maintaining Attachments A, B, C and or E, as applicable.

2. Contractors shall:
   a. Ensure provider agencies maintain current documentation evidencing all actively employed PRSS have met the required qualifications and credentialing for PRSS,
   b. Develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities where records specific to supervision, training, continuing education, and/or ongoing learning of PRSS are reviewed and maintained,
   c. Submit information noting Peer/Recovery Support Specialist and Credentialed Parent/Family Support Specialist Involvement in Service Delivery as specified in Contract and utilizing Attachments A, B, C or E, as applicable.

E. INTER-STATE RECIPROCITY

AHCCCS/OIFA recognizes credentials issued in states which are in compliance with CMS’s requirements for Peer Support, as specified in the State Medicaid Director Letter, (SMDL) #07-011. Individuals credentialed in another state shall submit their credential to AHCCCS/OIFA through their employing provider.

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. Contractors shall develop and make available to providers policies and procedures describing requirements for individuals employed as PRSS to obtain a minimum of two hours of Continuing Education and Ongoing Learning relevant to Peer Support, per year.

2. Contractors shall ensure providers and individuals employed as a PRSS have access to a minimum of two hours of Continuing Education and Ongoing Learning, relevant to Peer Support, per year.
3. FFS providers employing PRSS and rendering Peer Support Services to FFS members are required to make available to their PRSS a minimum of two 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 Behavioral Health Technician or Behavioral Health Professional. FFS providers employing PRSS and rendering Peer Support Services to FFS members are required to adhere to all supervision requirements as specified below.

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

2. Contractors shall develop and make available to the providers policies and procedures to ensure supervisors of PRSS have access to training and ongoing learning relevant to the provision of Peer Support Services and 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 recovery movements (e.g. Self-Help, Consumer/Survivor/Ex-Patient, Neurodiversity),
      iii. Varied ways that behavioral health issues have been viewed and treated over time and in the present,
      iv. Appreciating different perspectives of recovery and other ways of thinking about behavioral health (e.g. Harm Reduction and 12-Step Recovery),
      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. Overview of the Service Plan and its purpose.
   b. Advocacy and Systems Perspective
      i. Overview of state and national behavioral health system infrastructure and the history of Arizona’s behavioral health system,
      ii. Effective stigma elimination strategies - countering self-stigma, role modeling recovery, and valuing the lived experience,
      iii. Introduction to organizational change - how to utilize person-first language and energize one’s agency around recovery, hope, and the 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 the behavioral health system, and

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c. Psychiatric Rehabilitation Skills and Service Delivery
   i. Strengths based approach, identifying one’s own strengths and helping others
      identify theirs, building resilience,
   ii. Distinguishing between sympathy and empathy, emotional intelligence,
   iii. Understanding learned helplessness, how it is taught and how to assist others
      in overcoming it’s effects,
   iv. Introduction to motivational interviewing, communication skills and active
      listening,
   v. Healing relationships – building trust and creating mutual responsibility,
   vi. Combating negative self-talk - noticing patterns and replacing negative
      statements about one’s self, using mindfulness to gain self-confidence and
      relieve stress,
   vii. Group facilitation skills, and
   viii. Introduction to Culturally & Linguistically Appropriate Services (CLAS)
      standards, is the role of culture in recovery.
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) responsibilities of a
      mandatory reporter, what to report and when,
   iii. Understanding common signs and experiences of:
      a) Mental health disorders,
      b) Substance use disorders,
      c) Opioid Use Disorder (OUD),
      d) Addiction
      e) Dissociation.
      f) Trauma, and
      g) Abuse/exploitation and neglect,
   iv. Overview of commonly used medications and potential side effects,
   v. Guidance on proper service documentation, billing and using recovery
      language throughout documentation,
   vi. Self-care skills:
      a) Coping practices for helping professionals,
      b) The importance of ongoing supports for overcoming stress in the
         workplace,
      c) Resources to promote personal resilience, and
   vii. Understanding burnout and using self-awareness to prevent compassion
      fatigue, vicarious trauma and secondary traumatic stress.

2. PRSS employed in Community Service Agencies, (CSA) shall complete additional
   trainings as specified in AMPM Policy 965. Peer support employment training
   programs shall not duplicate training required of individuals for employment with a
   licensed agency or CSA.
3. Contractors 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.

4. For a list of references to assist in developing a curriculum, see Attachment D.

I. **Peer Support Employment Training Program Approval Process**

AHCCCS/OIFA oversees the approval of all credentialing materials including curriculum and testing tools. Peer Support employment training is not a billable service for costs associated with training an agency’s own employees.

PSETP providers shall follow the review process as outlined below:

1. A PSETP shall submit its training curriculum, to AHCCCS/OIFA. Training curriculum materials shall include but are not limited to:
   a. Student and trainer manuals,
   b. Handouts,
   c. Homework,
   d. Final exam, and
   e. Any other classroom materials, including an explanation of accommodations or alternative formats of program materials available to individuals with special needs.

2. If a program makes substantial changes (e.g. change to content, classroom time) to its curriculum or if there is an addition to required elements the program shall submit the updated content to AHCCCS/OIFA for review and approval.

3. AHCCCS/OIFA will base approval of the curriculum, competency exam, and exam-scoring methodology only on the elements required in this Policy. If a PSETP requires regional or culturally specific training exclusive to a Geographic Service Area (GSA) or tribal community, the specific training cannot prevent employment or transfer of PRSS credential based on the additional elements or standards.