I. Purpose

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes requirements for training and credentialing standards for individuals seeking employment as a Credentialed Parent/Family Support Provider (CPFSP) in the AHCCCS programs. Services outlined in this Policy are monitored by AHCCCS/DCAIR, Office of Individual and Family Affairs (OIFA).

II. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CREDENTIALED PARENT/FAMILY SUPPORT PROVIDER (CPFSP)</strong></td>
<td>An individual who meets the lived experience as specified in this Policy and has passed an AHCCCS/DCAIR, OIFA approved credentialed training exam.</td>
</tr>
<tr>
<td><strong>CREDENTIALED PARENT/FAMILY SUPPORT PROVIDER (CPFSP) TRAINING PROGRAM</strong></td>
<td>AHCCCS/DCAIR, OIFA approved credentialing program in compliance with competencies and requirements as specified in this Policy.</td>
</tr>
<tr>
<td><strong>CREDENTIALED TRAINER</strong></td>
<td>An individual who is a Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP) and has lived experience as specified in this Policy and provides training to individuals seeking employment as a CPFSP.</td>
</tr>
<tr>
<td><strong>FAMILY MEMBER (ADULT SYSTEM)</strong></td>
<td>An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health and/or substance use disorders.</td>
</tr>
<tr>
<td><strong>FAMILY MEMBER (CHILDREN’S SYSTEM)</strong></td>
<td>A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health and/or substance use disorders.</td>
</tr>
</tbody>
</table>
III. POLICY

A. OVERVIEW

AHCCCS/DCAIR, OIFA recognizes the importance of the Parent/Family Support role as a viable component in the delivery of integrated services and shall expect Contractor support for these roles. The Contractor shall ensure the provision of quality Parent/Family services in support of integrated care in the AHCCCS Children System of Care (CSOC) and Adult System of Care (ASOC). Credentialing as specified in this Policy is required for reimbursement of Credentialed Parent/Family Support services.

1. The peer-to-peer support relationship is available to primary care-givers of Medicaid-eligible children and natural supports of Medicaid-eligible Adults and, as:
   a. A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health, and/or Substance Use Disorders (SUD), or
   b. An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health, and/or SUD.

2. AHCCCS/DCAIR, OIFA has established training requirements and credentialing standards for providing Credentialed Parent/Family Support services within the AHCCCS programs.

3. Parent/Family Support Services may involve support activities including, but not limited to:
   a. Assisting the family to adjust to the individual’s needs,
   b. Developing skills to effectively interact, and/or
   c. Guide the individual’s:
      i. Understanding of the causes and treatment of behavioral health issues,
      ii. Understanding and effective utilization of the system, or
      iii. Planning long term care for the individual and the family.

B. CREDENTIALED PARENT/FAMILY SUPPORT PROVIDER AND TRAINER QUALIFICATIONS

1. Individuals seeking employment as a CPFSP or as a Trainer in the Children System or Adult System shall:
   a. Meet the definition of a family member, and
   b. Qualify as a BHP, BHT, or BHPP.
C. CREDENTIALED PARENT/FAMILY SUPPORT PROVIDER TRAINING PROGRAM APPROVAL PROCESS

1. A CPFSP Training Program shall submit its program curriculum, competency exam, and exam-scoring methodology (including an explanation of accommodations or alternative formats of program materials available to individuals who have special needs) to AHCCCS/DCAIR, OIFA, at OIFA@azahcccs.gov. AHCCCS/DCAIR, OIFA shall issue feedback or approval of the curriculum, competency exam, and exam-scoring methodology as specified in this Policy.

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/DCAIR, OIFA, at OIFA@azahcccs.gov for review and approval before the changed or updated curriculum is to be utilized.

3. Approval of the curriculum, competency exam, and exam-scoring methodology is based on the elements required in this Policy. If a CPFSP Training Program requires regional or culturally specific training exclusive to a Geographical Service Area, (GSA) or specific population, the specific training cannot prevent employment or transfer of Parent/Family Support credentials based on the additional elements or standards.

D. COMPETENCY EXAM

Individuals seeking employment as a CPFSP shall complete and pass a competency exam with a minimum score of 80% upon completion of required training. Each CPFSP Training Program has the authority to develop a unique competency exam. However, all exams shall include questions related to each of the curriculum core elements as specified in this Policy. Agencies employing CPFSP who are providing Parent/Family Support Services are required to ensure that its employees are competently trained to work with the populations served.

Upon completion of each class, all AHCCCS registered providers operating a CPFSP program shall utilize Attachment B to submit the names of trainees and dates of graduation to AHCCCS/DCAIR, OIFA, via email at oifa@azahcccs.gov. These reports shall contain no other information apart from what is required.

E. CREDENTIALED PARENT/FAMILY SUPPORT PROVIDER EMPLOYMENT TRAINING CURRICULUM STANDARDS

1. A CPFSP Training Program curriculum shall include the following core elements:
   a. Communication Techniques:
      i. Individuals first, strengths-based language, using respectful communication, demonstrating care and commitment,
ii. Active listening skills, by having the ability to demonstrate empathy, provide empathetic responses and differentiate between sympathy and empathy, listening non-judgmentally, and

iii. Use of self-disclosure effectively, sharing one’s story when appropriate.

b. System History Overview and history of the Arizona Behavioral Health System,

c. System Transformation as a result of the Jason K. Lawsuit,

d. Children’s System of Care - Vision and Guiding Principles for Child and Family Team (CFT),

e. Arizona Vision,

f. 12 Principles for Children Behavioral Health Service Delivery,

g. Adult System of Care - Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems and Adult Recovery Team (ART),

h. Arnold v. Sarn,

i. Family and peer movements and the role of advocacy in systems transformation,

j. Introduction to the Americans with Disabilities Act (ADA) and funding sources for behavioral health systems,

k. Rights of the caregivers and individual,

l. Transition Aged Youth, role changes when bridging the ASOC and CSOC at transition for an individual, family, and team,

m. Building Collaborative Partnerships and Relationships:
   i. Engagement, identification and utilization of strengths,
   ii. Utilization and modeling of conflict resolution skills, and problem solving skills,
   iii. Understanding of:
      1) Individual and family culture, biases, stigma, and systems’ cultures, and
      2) Trauma informed care approaches,
   iv. Identification, building, and connecting individuals and families, including families of choice, to community and natural/informal supports.

n. Empowerment:
   i. Empowerment of family members and other supports to identify their needs, and promote self-reliance, and
   ii. Identification and understanding of stages of change, and unmet needs.

o. Wellness:
   i. Understanding of:
      1) The stages of grief and loss,
      2) Self-care and stress management,
      3) Compassion, fatigue and burnout,
      4) Resiliency and recovery, and
      5) Healthy personal and professional boundaries.

2. CPFSP Training Programs shall not duplicate training required of individuals for employment with a licensed agency or Community Service Agency, (CSA). Training elements in this Policy are specific to the CPFSP role in the AHCCCS Programs and instructional for CPFSP interactions.
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.

F. Supervision of Credentialed Parent/Family Support Provider

Contractors shall establish amount and duration of supervision of CPFSP and follow the requirements outlined below:

1. Agencies employing CPFSP shall provide supervision by individuals qualified as BHT or BHP. Supervision shall be appropriate to the services being delivered and the qualifications of the CPFSP as a BHT, BHP, or BHPP. Supervision shall be documented and inclusive of both clinical and administrative supervision.

2. Individuals providing supervision shall receive training and guidance to ensure current knowledge of best practices in providing supervision to CPFSP.

3. Contractors shall develop and make available to the providers policies, and procedures regarding resources available to agencies for establishing supervision requirements and any expectations for agencies regarding Contractor monitoring/oversight activities for this requirement.

G. Process of Submitting Evidence of Credentialing

1. Contractors shall ensure provider agencies maintain documentation of required qualifications and credentialing for CPFSP.

2. Contractors shall develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities and where records specific to supervision and training of CPFSP are reviewed and maintained.

3. Contractors shall submit information noting Credentialed Parent/Family Support Specialist Involvement in service delivery as specified in Contract and utilizing Attachment A.