

Individuals with lived experiences of recovery are an integral part of the behavioral health work force. 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/Division of Community Advocacy & Intergovernmental Relations (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 AMPM Policy 963 is required for reimbursement of peer support services.

The purpose of this application is to verify persons admitted to a PSETP meet required qualifications as specified in AMPM Policy 963. This application form is to be included as part of the PSETP’s overall admission process. PSETP operators may include additional requirements but shall not alter or detract from the language of this application., Only individuals fulfilling all requirements of this application may be admitted to a PSETP and credentialed as a PRSS. Final determination for admission rests with the PSETP operator Completed copies of this application must be kept on file and be made available to AHCCCS Contractors upon request.

NAME OF APPLICANT:	DATE OF INTERVIEW:
APPLICANT’S EMAIL:	PHONE #:

NAME OF PEER SUPPORT EMPLOYMENT TRAINING PROGRAM:
NAME OF INTERVIEWER:

QUESTION	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
PRE-SCREENING		
<p>Completing this interview and meeting all requirements of this application does not guarantee admission into a PSETP. Training programs may have other requirements such as assessments, referrals, additional forms, background checks and/or tuition which must be completed or paid prior to admission.</p> <ul style="list-style-type: none"> Have you satisfied all the requirements of the program to which you are applying? 		
<p>Are you applying to this training program because you intend to practice peer support and deliver peer support services as a PRSS?</p> <p>If you are applying to this program for any purpose other than to prepare you for employment as a PRSS, you will not be selected for enrollment and must seek an alternative program to best achieve your goals.</p>		
<p>Completion of a Peer Support Employment Training Program is not a guarantee of employment.</p> <ul style="list-style-type: none"> Please attest you understand and agree to this. 		
<p>Self-identification as a person with lived experiences of behavioral health conditions is a requirement to receive a PRSS credential. Upon completion of this program your name, the name of the training program, date of graduation and current employer (if applicable) will be transmitted to AHCCCS as specified in AMPM Policy 963, Attachment C.</p> <p>No other information will be provided to AHCCCS. This record of your credential may be necessary to later verify you are qualified and may be employed as a PRSS. A PRSS Credential is not health information and is necessary for employment and delivering services as a PRSS. Evidence of a credential may be shared with potential employers and others without a release of information.</p> <ul style="list-style-type: none"> Please attest you understand and agree to this. 		
PURPOSE OF THE TRAINING		
<p>This training is intended to prepare you to practice and deliver peer support services in the AHCCCS (Medicaid) programs.</p> <ul style="list-style-type: none"> When and why did you decide to become a PRSS? 		
<ul style="list-style-type: none"> What are you looking forward to most about this training? 		

A PRSS often spends a lot of time doing paperwork and may have other duties unrelated to practicing and delivering peer support services.

- What concerns, if any, do you have about this?

Some work environments may seem more Recovery-Oriented and more welcoming than others.

- What concerns, if any, do you have about working as a PRSS in environments that you may feel are less Recovery-Oriented and less-welcoming?

SELF-IDENTIFICATION

A Peer and Recovery Support Specialist (PRSS) is an individual who 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 support; and can demonstrate their own efforts at self-directed recovery and expertise, including knowledge of approaches to support the recovery of others.

Please listen the following statements and tell us if they are true or not true, for you.

QUESTION	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
"I willingly self-identify to others as having lived experience of mental health conditions, substance use and/or other traumas resulting in emotional distress and significant life disruption, for which I have sought support." <ul style="list-style-type: none"> • Is this statement true for you? 		
"I am actively engaged in my own recovery, healing and wellness practices." <ul style="list-style-type: none"> • Is this statement true, for you? 		
"I am willing to share these lived experiences, when appropriate, for purposes of education, role modeling and providing hope to others about the reality of recovery." <ul style="list-style-type: none"> • Is this statement true, for you? 		

PERSONAL RECOVERY

The following Yes/No questions relate to how you practice your own recovery. Answering "YES" to any of the following questions means that you are willing to share your response at a later date. You will NOT be asked to share your response at this time.

QUESTION	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
<ul style="list-style-type: none"> • Are you willing to share what you have had to overcome to get where you are in your recovery? 		

<ul style="list-style-type: none"> • Are you willing to share what having “lived experience” means to you? 		
<ul style="list-style-type: none"> • Are you willing to share some of the beliefs and values you have, or have developed, which help to strengthen your recovery? 		
COMMITMENT TO TRAINING PARTICIPATION AND ACCOMMODATION		
<p>The training program may require complete attendance for the duration of the training.</p> <ul style="list-style-type: none"> • If accepted to this program can you commit to the attendance requirements? 		
<p>Are there any barriers which may keep you from attending the entire training (e.g. childcare, work schedule, transportation)?</p> <ul style="list-style-type: none"> • If so, please describe. 		
<p>The training is highly interactive and requires activities involving small group work, role-playing, and reading aloud to the class.</p> <ul style="list-style-type: none"> • Are you comfortable with this kind of participation? 		
<p>As part of the training you will be asked to participate in discussions, role-plays, and to share your personal story of recovery in front of the class.</p> <ul style="list-style-type: none"> • What concerns, if any, would you have about this? 		
<p>During the training you will listen to the recovery stories of others. Sometimes these stories may be uncomfortable to hear.</p> <ul style="list-style-type: none"> • Are you willing to communicate any discomfort to the trainers if this were to happen? 		
<ul style="list-style-type: none"> • What do you see as being the most difficult challenge in PRSS training, and how will you approach it? 		
<ul style="list-style-type: none"> • Are there any accessibility needs for you to fully participate in the training? (e.g. service animal, note taker, large text, sign language interpreter)? 		