

**963- PEER AND RECOVERY SUPPORT SERVICE PROVISIONS ~~TRAINING, CREDENTIALING AND SUPERVISION~~<sup>1</sup> REQUIREMENTS**

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19<sup>2</sup>

~~REVISION~~ APPROVAL DATES: 06/13/18, 09/05/19<sup>3</sup>

**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS ~~A~~/PD, DES/DDD (DDD)<sup>4</sup> and RBHA Contractors; Fee-For-Services (FFS) Programs ~~as delineated within this Policy~~ including: ~~Tribal ALTCS, TRBHA,~~<sup>5</sup> the American Indian Health Program (AIHP); ~~and all FFS population~~<sup>6</sup>; excluding Federal Emergency Services (FES). ~~-(For FES, see AMPM Chapter 1100). Services outlined in this Policy for FFS programs and populations are monitored by AHCCCS/DHCAA~~<sup>7</sup>; 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).

<sup>1</sup> Revised and shortened name to align better with policy

<sup>2</sup> Date changes are effective

<sup>3</sup> Date presented at APC Meeting

<sup>4</sup> Adding DDD due to 10-1-19 integration of behavioral health

<sup>5</sup> Tribal ALTCS Programs and TRBHAs operating in tribal communities are not responsible for qualifying peer support specialists, nor are the programs responsible for supervision and continuing education. Removed and aligned throughout policy

<sup>6</sup> Removed “All FFS Populations” due to policy no longer being applicable to Tribal ALTCS and TRBHA

<sup>7</sup> Moved below to Policy Overview

## II. DEFINITIONS

### BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)<sup>8</sup>

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<sup>9</sup>

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.
2. A psychiatrist as defined in A.R.S. § 36-501.
3. A psychologist as defined in A.R.S. § 32-2061.
4. A physician.
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.

<sup>8</sup> Added to align with terms being used in policy

<sup>9</sup> Added to align with terms being used in policy

**BEHAVIORAL HEALTH  
TECHNICIAN<sup>10</sup>**

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.<sup>11</sup>

**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.<sup>12</sup>

**PEER-AND-RECOVERY  
SUPPORT**

For purposes of this policy intentional partnerships based on shared, lived experiences of living with behavioral health and/or substance use disorders<sup>13</sup> 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.

<sup>10</sup> Added to align with policy terms being used

<sup>11</sup> Definition added to align with policy. Definition derived from International Association for Continuing Education and Training

<sup>12</sup> Definition added to align with policy. Definition derived from Webster’s New World College Dictionary, 4th Edition

<sup>13</sup> Added for clarity what ‘lived experiences’ is referring to. The change is meant to specify what Peer and Recovery Support is intended for in this policy, as stated by CMS

**PEER**

~~An individual who is, or has been a recipient of behavioral health and/or substance use treatment services and has an experience of recovery to share.<sup>14</sup>~~

**PEER-AND-RECOVERY  
SUPPORT SPECIALIST  
(PRSS)**

An individual trained, credentialed, and qualified to provide peer/recovery support services within the AHCCCS Programs.<sup>15</sup>

**PEER SUPPORT EMPLOYMENT  
TRAINING PROGRAM  
(PSETP)**

~~AHCCCS/OIFA approved A Peer Support Employment Training Program in compliance with this Policy<sup>16</sup> through which qualified individuals are credentialed as PRSS by completing training and passing a competency exam.~~

**SELF-HELP/PEER SERVICES  
(PEER SUPPORT)<sup>17</sup>**

~~-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 ~~comport~~ 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<sup>18</sup>, ~~the~~ AHCCCS/Office of Individual and Family Affairs (AHCCCS/OIFA) has established training requirements and credentialing standards for Peer and Recovery Support Specialists (PRSS) providing Self Help/Peer Services<sup>19</sup> (Peer Support), as specified described in this Ppolicy, the AHCCCS Covered Behavioral Health Services Guide<sup>20</sup> Services outlined in this Policy for FFS programs and populations are monitored by AHCCCS/DHCAA AHCCCS-/OIFA<sup>21,22</sup>. ~~Persons with lived experience of recovery from behavioral health and/or substance use disorders~~

<sup>14</sup> Stand-alone term removed: Definition incorporated to qualifications for clarity

<sup>15</sup> Definition added to align with policy

<sup>16</sup> Language altered for clarity: “AHCCCS/CMS Compliant” does not mean “State Certified”

<sup>17</sup> Included for specificity: the exact name of the service

<sup>18</sup> Added reference to State Medicaid Director Letter

<sup>19</sup> Removed, due to being spelled out in definition already

<sup>20</sup> Guide is going away, removed reference in policy

<sup>21</sup> Revised to updated divisions name

<sup>22</sup> Moved from beginning

~~serve an important role as behavioral health providers and AHCCCS/OIFA expects consistency and quality in Peer Support services statewide.~~

PRSS 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).<sup>23</sup> <sup>24</sup>Individuals with lived experience of recovery from behavioral health and/or substance use disorders serve an important role in the behavioral health work force<sup>25</sup>. 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.<sup>26</sup> The Contractor shall ensure the provision of quality Peer Support services.<sup>27</sup>

**B. PEER- AND RECOVERY SUPPORT SPECIALIST AND TRAINER QUALIFICATIONS**

1. ~~Individuals training Trainers of as<sup>28</sup>-PRSS-, or individuals~~ seeking credentialing and employment as a PRSS, shall:
  - a. ~~Self-identify as a peer, and~~
  - 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<sup>29</sup>.
  
2. Individuals meeting the above criteria may be credentialed as a PRSS by completing training and passing a competency exam through an AHCCCS/OIFA approved Peer Support Employment Training Program (PSETP, ) in compliance with this Policy, and passing a competency exam<sup>30</sup>. Individuals are credentialed by the agency operating the PSETP. Contractors shall recognize credentialing from any PSETP<sup>31</sup> in compliance with this Policy<sup>32</sup>.

<sup>23</sup> Language is taken from the Covered Services Guide

<sup>24</sup> Changed to individuals to align throughout policy

<sup>25</sup> Moved from paragraph above to this section that describes what PRSS is. Flowed better here. Changed from provider to work force to better describe the Peer Supports role

<sup>26</sup> Moved from term, ‘Service Guide’ above in definitions section for better flow

<sup>27</sup> Rearranged from section above for better flow of policy

<sup>28</sup> Removed for clarity to specify people who are training others to be PRSS must themselves also meet the qualifications

<sup>29</sup> Moved from definitions (Peer) and incorporated into body of the policy

<sup>30</sup> Restructured wording to allow for future standardized competency exam

<sup>31</sup> PSETP added for clarity

<sup>32</sup> Moved from section below for better flow

- ~~Individuals are credentialed by the agency operating the PSETP. Credentialing through an AHCCCS/OIFA approved PSETP is required statewide. A Contractor shall accept credentialing from any AHCCCS approved<sup>33</sup>~~
- ~~2. Agencies may employ individuals prior to the completion of credentialing through a PSETP. However, other required trainings shall be completed prior to delivering behavioral health services (see Subsection E of this Policy). An individual shall be credentialed as a PRSS under the supervision of a qualified individual (see Subsection E of this Policy) prior to billing Peer Support Services.~~

~~Contractors, TRBHA, and Tribal ALTCS Programs shall ensure that individuals employed as PRSS have adequate access to continuing education relevant to Peer Support.<sup>34</sup>~~

### 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<sup>35</sup> provider of the exam<sup>36</sup> 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.<sup>37 38</sup>

### D. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING<sup>39</sup>

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.

<sup>33</sup> Language from previous versions. Policy already states credential is required. This was to address portability of the credential anywhere in the state

<sup>34</sup> Number 2 and 4 moved into their own section below

<sup>35</sup> Moving towards a different model delivering the exam, not applicable

<sup>36</sup> Language changed to allow for future single state-level exam

<sup>37</sup> Added language requiring training programs to submit names of trainees and dates of graduation to AHCCCS OIFA

<sup>38</sup> Used revised language and moved to its own section

<sup>39</sup> This section moved from the last page to this one for consistency and better flow of steps for credentialing



All AHCCCS registered providers rendering peer support services are responsible for utilizing and maintaining Attachments A, B, and or C, as applicable.<sup>40</sup>

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<sup>41</sup> of PRSS are reviewed and maintained.
- c. Submit information noting Peer/Recovery Support Specialist and Credentialed Parent/Family Support Specialist Involvement in Service Delivery<sup>42</sup> as specified in Contract and utilizing Attachments A, B, or C, as applicable.<sup>43</sup>

**E. INTER-STATE RECIPROcity**<sup>44</sup>

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<sup>45</sup> employing provider.<sup>46</sup>

**F. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS**<sup>47</sup>

Similar to other practitioners, requirements shall be established for individuals employed as PRSS to obtain Continuing Education and Ongoing Learning relevant to Peer Support<sup>48</sup>.

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<sup>49</sup> Continuing Education and Ongoing Learning<sup>50</sup> relevant to Peer Support, per year.<sup>51</sup>

<sup>40</sup> Revised to include FFS provider agencies

<sup>41</sup> Language changed for clarity

<sup>42</sup> Aligned with contract language

<sup>43</sup> 1, 2 and 3 Moved from section ‘G’ below. In addition, this is to show that even though an individual may not be employed as a PRSS, credentialed individuals are still able to provide peer support services

<sup>44</sup> Moved from below for consistency and added language for clarity of requirements with CMS for peer support

<sup>45</sup> Stakeholder feedback: Will continue to be through AHCCCS OIFA

<sup>46</sup> Deleted due to being redundant. Also no longer applicable

<sup>47</sup> Separate section for consistency; wording changed from stakeholder feedback

<sup>48</sup> Language adapted from SMDL 07-011 as a lead-in to include FFS applicability

<sup>49</sup> Added the minimum amount of hours PRSS are required to have

<sup>50</sup> Stakeholder feedback: Now defined above

<sup>51</sup> Added to clarify process

2. <sup>52</sup>Contractors  ~~, TRBHA, and Tribal ALTCS Programs~~ shall ensure providers that and<sup>53</sup> individuals employed as a PRSS have ~~adequate~~<sup>54</sup> access to a minimum of two hours<sup>55</sup> of Continuing Education and Ongoing Learning, relevant to Peer Support, per year.<sup>56</sup>
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.<sup>57</sup>

### G. SUPERVISION OF PEER/RECOVERY SUPPORT SPECIALISTS<sup>58</sup>

Supervision shall be provided by a Behavioral Health Technician or Behavioral Health Professional<sup>59</sup>. FFS providers employing PRSS and rendering Peer Support Services to FFS members are required to adhere to all supervision requirements as specified below<sup>60</sup>.

1. Contractors shall establish amount and duration of supervision for PRSS. Supervision shall be documented and inclusive of both clinical and administrative supervision.<sup>61</sup> ~~and follow the requirements outlined below: Agencies employing PRSS shall provide supervision by individuals qualified as behavioral health technicians or behavioral health professionals. Supervision shall be documented and inclusive of both clinical and administrative supervision.~~<sup>62</sup>
2. Contractors shall develop and make available to the providers; policies and procedures to<sup>63</sup> ensure supervisors of PRSS have ~~adequate~~ access to training and

<sup>52</sup> Moved from above into new section and modified wording due to Stakeholder feedback: Wording revised to add clarity

<sup>53</sup> Stakeholder feedback: Wording changed to specify

<sup>54</sup> Stakeholder feedback: Suggested Wording removed to clarify

<sup>55</sup> Added the minimum amount of hours PRSS are required to have

<sup>56</sup> Moved from above into new section

<sup>57</sup> Adding to ensure FFS populations are covered.

<sup>58</sup> All content in this section was moved from section below, for consistency

<sup>59</sup> Adapted from SMDL 07-011 as a lead-in to include FFS applicability

<sup>60</sup> Added supervision requirements for FFS providers

<sup>61</sup> Language rearranged for flow

<sup>62</sup> Unnecessary language removed for flow

<sup>63</sup> Language added for consistency



- ongoing learning<sup>64</sup> ~~continuing education~~ relevant to the provision of Peer Support Services and supervision of PRSSs<sup>65</sup>.
- ~~1. 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.<sup>66</sup>~~

#### 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),<sup>67</sup>
    - 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 reduction 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
    - vi. Overview of the Americans with Disabilities Act, (ADA).
  - c. Psychiatric Rehabilitation Skills and Service Delivery:
    - i. Strengths based approach, identifying one’s own strengths and helping others identify theirs, building resilience.

<sup>64</sup> Stakeholder feedback. Clarity added for contractors ongoing learning requirements for supervisors are relevant to supervision; not the same as for PRSS

<sup>65</sup> Stakeholder feedback. Clarity added for contractors ongoing learning requirements for supervisors are relevant to supervision; not the same as for PRSS

<sup>66</sup> Removed due to redundancy

<sup>67</sup> Added to provide examples

- 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) <sup>68</sup>Mental illness,
      - b) Substance use,<sup>69</sup>
      - c) Opioid Use Disorder (OUD),
      - d) Abuse/exploitation and neglect,<sup>70</sup>
      - e) Trauma, and
      - f) Dissociation.<sup>71</sup>
    - 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) <sup>72</sup> 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,<sup>73</sup> (CSA) shall complete additional trainings as specified in AMPM Policy 965. Peer support employment training

<sup>68</sup> Reformatted for clarity and flow

<sup>69</sup> Deleted per stakeholder feedback

<sup>70</sup> Stakeholder feedback: Area of need identified. Added to cover all behavioral health dimensions

<sup>71</sup> Stakeholder feedback: Area of need identified. Program developers report this has been purposefully excluded, omitted and outright removed from training programs by agency leadership who consider it “invalid”

<sup>72</sup> Reformatted for clarity and flow

<sup>73</sup> Added acronym to align with policy throughout

programs shall not duplicate training required of individuals for employment with a licensed agency or <sup>74</sup>CSA.

3.3. 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.<sup>75</sup>

#### **C.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 ~~Peer Support training program~~ 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.

~~AHCCCS/OIFA will issue feedback or approval of the curriculum material in accordance with subsection D of 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 ~~see Subsection E of this Policy~~ 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

<sup>74</sup> Already spelled out, can use acronym

<sup>75</sup> Added language from past versions to re-include the curriculum development references.

Area (GSA)<sup>76</sup> or tribal community, the specific training cannot prevent employment or transfer of PRSS credential based on the additional elements or standards.

**~~D. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM STANDARDS~~**

~~2. 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,<sup>77</sup>~~
- ~~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 reduction 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~~
- ~~vi. Overview of the Americans with Disabilities Act (ADA).~~

~~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 its effects,~~
- ~~iv. Introduction to motivational interviewing, communication skills and active listening,~~
- ~~v. Healing relationships—building trust and creating mutual responsibility,~~

<sup>76</sup> Spelled out acronym

<sup>77</sup> Added to provide examples

- ~~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;~~
  - ~~— Understanding common signs and experiences of:~~
    - ~~— <sup>78</sup> Mental illness;~~
    - ~~— Substance use, addiction <sup>79</sup>;~~
    - ~~— Opioid use disorder (oud), and~~
    - ~~— <sup>80</sup> Trauma;~~
    - ~~a) <sup>81</sup>~~
  - ~~iii. Overview of commonly used medications and potential side effects;~~
  - ~~iv. Guidance on proper service documentation, billing and using recovery language throughout documentation;~~
  - ~~— Self-care skills; and~~
    - ~~— <sup>82</sup> coping practices for helping professionals;~~
    - ~~— the importance of ongoing supports for overcoming stress in the workplace;~~
    - ~~a) resources to promote personal resilience, and~~
  - ~~v. Understanding burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.~~
- ~~3. PRSS employed in Community Service Agencies) shall complete additional trainings as required in AMPM Policy 965. Peer support employment training programs shall not duplicate training required of individuals for employment with a licensed agency or Community Service Agency.~~
- ~~4. 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.~~

<sup>78</sup> Reformatted for clarity and flow

<sup>79</sup> Deleted per stakeholder feedback

<sup>80</sup> Stakeholder feedback: Area of need identified. Added to cover all behavioral health dimensions

<sup>81</sup> Stakeholder feedback: Area of need identified. Program developers report this has been purposefully excluded, omitted and outright removed from training programs by agency leadership who consider it “invalid”

<sup>82</sup> Reformatted and moved above for clarity and flow

**~~E. COMPETENCY EXAM~~**

~~Individuals seeking credentialing and employment as a PRSS shall complete and pass a competency exam with a minimum score of 80% upon completion of required training. 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 listed in Subsection D. If an individual does not pass the competency exam, the PSETP may allow the individual to retake or complete additional training prior to taking the competency exam again.~~

**~~F. INTER-STATE RECIPROCITY~~**<sup>83</sup>

~~Individuals credentialed in another state shall submit their credential to AHCCCS/OIFA through the Contractor or employing provider. The individual shall demonstrate the other state's credentialing standards meet those of AHCCCS/OIFA prior to recognition of their credentials.~~

**~~G.A. SUPERVISION OF PEER/RECOVERY SUPPORT SPECIALISTS~~**<sup>84</sup>

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

~~2.1. Agencies employing PRSS shall provide supervision by individuals qualified as Behavioral Health Technicians or Behavioral Health Professionals. Supervision shall be documented and inclusive of both clinical and administrative supervision.~~

~~3.1. Contractors shall ensure supervisors of PRSS have adequate access to continuing education relevant to Peer Support.~~

~~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.~~

**~~PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING~~**<sup>85</sup>

~~Contractors shall ensure provider agencies maintain documentation of required qualifications and credentialing for PRSS.~~

<sup>83</sup> This section has been moved to section E above, under, 'Inter State Reciprocity'

<sup>84</sup> This section has been moved to section F above, under, 'Supervision of Peer/Recovery Support Specialists'

<sup>85</sup> Language changed and section has been moved to section E above, under, 'Process For Submitting Evidence Of Credentialing'



~~Contractors shall develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities where personnel files of PRSS are reviewed.~~

~~Contractors shall submit information noting PRSS involvement in service delivery, as specified in contract.~~

OPEN UNTIL 10/20/19

~~963 PEER AND RECOVERY SUPPORT TRAINING, CREDENTIALING AND SUPERVISION REQUIREMENTS<sup>86</sup>~~

~~EFFECTIVE DATES: 07/01/16, 10/01/18~~

~~REVISION DATES: 06/13/18~~

~~H. PURPOSE~~

~~This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, and RBHA Contractors; Fee For Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). Services outlined in this Policy for FFS programs and populations are monitored by AHCCCS/DHCAA.~~

~~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).~~

~~III. DEFINITIONS~~

<del>PEER AND RECOVERY SUPPORT</del>	<del>Intentional partnerships based on shared lived experiences 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.</del>
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<del>PEER</del>	<del>An individual who is, or has been a recipient of behavioral health and/or substance use treatment services and has an experience of recovery to share.</del>
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<del>PEER SUPPORT EMPLOYMENT TRAINING PROGRAM (PSETP)</del>	<del>AHCCCS/OIFA approved Peer Support Employment Training Program through which individuals are credentialed by completing training and passing a competency exam.</del>
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<del>PEER AND RECOVERY SUPPORT SPECIALIST (PRSS)</del>	<del>An individual trained, credentialed and qualified to provide peer/recovery support services within the AHCCCS Programs.</del>
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<sup>86</sup> [Original policy here for reference. Revised policy stated above](#)

### **III. POLICY**

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#### **A. OVERVIEW**

~~To comport with Centers for Medicare and Medicaid Services (CMS) requirements for delivery of Peer Support Services, the AHCCCS/Office of Individual and Family Affairs (AHCCCS/OIFA) has established training requirements and credentialing standards for Peer and Recovery Support Specialists (PRSS) providing Self Help/Peer Services (Peer Support), as described in the AHCCCS Covered Behavioral Health Services Guide. Persons with lived experience of recovery from behavioral health and/or substance use disorders serve an important role as behavioral health providers, and AHCCCS/OIFA expects consistency and quality in Peer Support services statewide.~~

#### **B. PEER AND RECOVERY SUPPORT SPECIALIST AND TRAINER QUALIFICATIONS**

- ~~3. Individuals training as PRSS or seeking credentialing and employment as a PRSS shall:
  - ~~e. Self-identify as a peer, and~~
  - ~~d. Qualify as a behavioral health paraprofessional, behavioral health technician, or behavioral health professional.~~~~
- ~~4. Individuals meeting the above criteria may be credentialed as a PRSS by completing training and passing a competency exam through an AHCCCS/OIFA approved Peer Support Employment Training Program (PSETP). Individuals are credentialed by the agency operating the PSETP. Credentialing through an AHCCCS/OIFA approved PSETP is required statewide. A Contractor shall accept credentialing from any AHCCCS approved program.~~
- ~~5. Agencies may employ individuals prior to the completion of credentialing through a PSETP. However, other required trainings shall be completed prior to delivering behavioral health services (see Subsection E of this Policy). An individual shall be credentialed as a PRSS under the supervision of a qualified individual (see Subsection E of this Policy) prior to billing Peer Support Services.~~

- ~~6. Contractors, TRBHA, and Tribal ALTCS Programs shall ensure that individuals employed as PRSS have adequate access to continuing education relevant to Peer Support.~~

~~**C. 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.~~

~~Peer Support training program providers shall follow the review process as outlined below:~~

- ~~4. 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.~~

~~AHCCCS/OIFA will issue feedback or approval of the curriculum material in accordance with subsection D of this policy.~~

- ~~5. 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 (see Subsection E of this Policy) the program shall submit the updated content to AHCCCS/OIFA for review and approval.~~

- ~~6. 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 GSA or tribal community, the specific training cannot prevent employment or transfer of PRSS credential based on the additional elements or standards.~~

**~~D. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM STANDARDS~~**

~~5. A PSETP curriculum shall include the following core elements:~~

~~e. Concepts of Hope and Recovery~~

~~viii. Instilling the belief that recovery is real and possible,~~

~~ix. The history of recovery movements (e.g. Self Help, Consumer/Survivor/Ex-Patient, Neurodiversity),~~

~~x. Varied ways that behavioral health issues have been viewed and treated over time and in the present,~~

~~xi. Appreciating different perspectives of recovery and other ways of thinking about behavioral health,~~

~~xii. Knowing and sharing one's story of a recovery journey and how one's story can assist others in many ways,~~

~~xiii. Holistic approach to recovery addressing behavioral, emotional, and physical health, and~~

~~xiv. Overview of the Service Plan and its purpose.~~

~~f. Advocacy and Systems Perspective~~

~~vii. Overview of state and national behavioral health system infrastructure and the history of Arizona's behavioral health system,~~

~~viii. Effective stigma reduction strategies — countering self-stigma, role modeling recovery, and valuing the lived experience,~~

~~ix. Introduction to organizational change — how to utilize person first language and energize one's agency around recovery, hope, and the value of Peer Support,~~

~~x. Creating a sense of community in a safe and supportive environment,~~

~~xi. Forms of advocacy and effective strategies — consumer rights and navigating the behavioral health system, and~~

~~xii. Overview of the Americans with Disabilities Act (ADA).~~

~~g. Psychiatric Rehabilitation Skills and Service Delivery~~

- ~~ix. Strengths based approach, identifying one's own strengths and helping others identify theirs, building resilience,~~
- ~~x. Distinguishing between sympathy and empathy, emotional intelligence,~~
- ~~xi. Understanding learned helplessness, how it is taught and how to assist others in overcoming its effects,~~
- ~~xii. Introduction to motivational interviewing, communication skills and active listening,~~
- ~~xiii. Healing relationships—building trust and creating mutual responsibility,~~
- ~~xiv. Combating negative self talk— noticing patterns and replacing negative statements about one's self, using mindfulness to gain self confidence and relieve stress,~~
- ~~xv. Group facilitation skills, and~~
- ~~xvi. Introduction to Culturally & Linguistically Appropriate Services (CLAS) Standards, is the role of culture in recovery.~~

~~h. Professional Responsibilities of the PRSS and Self Care in the Workplace~~

- ~~vi. Professional boundaries and codes of ethics unique to the role of a PRSS,~~
- ~~vii. Confidentiality laws and information sharing— understanding the Health Insurance Portability and Accountability Act (HIPAA) Responsibilities of a mandatory reporter, what to report and when,~~
- ~~viii. Understanding common signs and experiences of mental illness, substance use, addiction, Opioid Use Disorder (OUD), and trauma,~~
- ~~ix. Overview of commonly used medications and potential side effects,~~
- ~~x. Guidance on proper service documentation, billing and using recovery language throughout documentation,~~
- ~~xi. Self care skills and coping practices for helping professionals, the importance of ongoing supports for overcoming stress in the workplace, resources to promote personal resilience, and~~



~~xii. Understanding burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.~~

~~6. PRSS employed in Community Service Agencies shall complete additional trainings as required in AMPM Policy 965. Peer support employment training programs shall not duplicate training required of individuals for employment with a licensed agency or Community Service Agency.~~

~~7. 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.~~

#### ~~E. COMPETENCY EXAM~~

~~Individuals seeking credentialing and employment as a PRSS shall complete and pass a competency exam with a minimum score of 80% upon completion of required training. 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 listed in Subsection D. If an individual does not pass the competency exam, the PSETP may allow the individual to retake or complete additional training prior to taking the competency exam again.~~

#### ~~F. INTER-STATE RECIPROCITY~~

~~Individuals credentialed in another state shall submit their credential to AHCCCS/OIFA through the Contractor or employing provider. The individual shall demonstrate the other state's credentialing standards meet those of AHCCCS/OIFA prior to recognition of their credentials.~~

#### ~~G. SUPERVISION OF PEER/RECOVERY SUPPORT SPECIALISTS~~

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

~~4. Agencies employing PRSS shall provide supervision by individuals qualified as Behavioral Health Technicians or Behavioral Health Professionals. Supervision shall be documented and inclusive of both clinical and administrative supervision.~~

- ~~5. Contractors shall ensure supervisors of PRSS have adequate access to continuing education relevant to Peer Support.~~
  
- ~~6. 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.~~

**~~H. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING~~**

- ~~1. Contractors shall ensure provider agencies maintain documentation of required qualifications and credentialing for PRSS.~~
  
- ~~2. Contractors shall develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities where personnel files of PRSS are reviewed.~~
  
- ~~3. Contractors shall submit information noting PRSS involvement in service delivery, as specified in contract.~~
  
- ~~4.~~