

963 PEER AND RECOVERY SUPPORT SERVICE PROVISION

REQUIREMENTS

REVISION DATES: 4/10/2024, 12/21/2022, 6/8/2022

REVIEW DATE: 8/15/2023

EFFECTIVE DATE: October 1, 2020

REFERENCES: A.R.S. § 32- 3251, A.R.S. Title 32, Chapter 33, A.R.S. § 36-501, A.R.S. § 32-2061, A.R.S. § 32-2091, A.A.C. R4-6-101, A.A.C. R9-10-101, AMPM 320-Q, AMPM 963; Attachment A-C, AMPM 965

PURPOSE

This policy establishes requirements for the provision of Peer Support services within the Administrative Services Subcontractors (AdSS) programs, including qualifications, supervision, continuing education, and training/credentialing of Peer and Recovery Support Specialists (PRSS). The requirements in this policy are delegated to the AdSS and the Division of Developmental Disabilities (Division) does not perform these functions. The Division oversees the AdSS and ensures implementation and compliance of all requirements in this policy, including reserving the right to assess compliance with these requirements during the Division's annual operational review of each AdSS.

DEFINITIONS

1. "Behavioral Health Paraprofessional" or "BHPP" means 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, as specified in A.A.C. R9-10-101(28).
 - 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.
2. "Behavioral Health Professional" or "BHP" means
 - a. An individual licensed under A.R.S. § 32, Chapter 33, whose scope of practice allows the individual to:
 - i. Independently engage in the practice of behavioral health as specified in A.R.S. § 32-3251, or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as specified

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in A.R.S. § 32-3251 under direct supervision as

specified in A.A.C. R4-6-101.

- b. A psychiatrist as specified in A.R.S. § 36-501.
 - c. A psychologist as specified in A.R.S. § 32-2061.
 - d. A physician.
 - e. A behavior analyst as specified in A.R.S. § 32-2091.
 - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
 - g. A registered nurse:
 - i. A psychiatric-mental health nursing certification, or
 - ii. One year of experience providing behavioral health services.
3. "Behavioral Health Technician" or "BHT" means an individual who is not a behavioral health professional who provides behavioral health services to a patient to address the patient's behavioral health issue:
- a. With clinical oversight by a BHP, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed as specified in A.R.S. § 32, Chapter 33; and

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- b. Health-related services.
4. "Credential" for purposes of this policy, means 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.
 5. "Health Insurance Portability and Accountability Act" or "HIPPA" means the Federal Regulation that establishes national standards to protect individuals' medical records and other individual health information that applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of individual health information and sets limits and conditions on the Uses and Disclosures that may be made of such information without authorization from the Responsible Person. The Rule also gives Members rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.
 6. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

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7. "Office of Individual and Family Affairs (OIFA) Alliance" means a collaborative of all OIFAs in Arizona, including AHCCCS OIFA.
8. "Peer-And-Recovery Support" means a distinct health care practice involving intentional partnerships to provide social and emotional support, based on shared experiences of living with behavioral health disorders, Substance Use Disorders, or other traumas associated with significant life disruption. 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.
9. "Peer-And-Recovery Support Specialist" or "PRSS" means an individual trained, credentialed, and qualified to provide peer/recovery support services within the AHCCCS programs.
10. "Peer-and-Recovery Support Specialist" or "PRSS" "Continuing Education and Ongoing Learning" means activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities may involve, but are

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not limited to, acquiring traditional Continuing Education Units (CEUs).

11. "Peer-and-Recovery Support Specialist" or "PRSS" Credential"

means a written document issued to a qualified individual by operators of an AHCCCS-recognized PRSS credentialing program, a PRSS Credential which is necessary for provision of Medicaid-reimbursed Peer Support services delivered by the holder of the Credential under supervision by a Behavioral Health Technician of Behavioral Health Professional.

12. "Peer Support Employment Training Program" or "PSETP" means a

training program that is in compliance with requirements in this policy through which qualified individuals are credentialed as PRSS by completing training and passing a competency exam.

13. "Self-Help/Peer Services" or "Peer Support" means supports

intended for enrolled Members 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.

14. "Substance Use Disorder" or "SUD" means a range of conditions

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that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.

POLICY

A. PEER SUPPORT SERVICES

1. The AdSS shall 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/Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office of Individual and Family Affairs (OIFA), that has established training requirements and credentialing standards for Peer and Recovery Support Specialist (PRSS) providing Peer Support within the AHCCCS programs.
2. The AdSS shall provide services to an individual, group, or family, that are aimed at assisting in the creation of skills to promote long-term, sustainable recovery.

B. PEER AND RECOVERY SUPPORT SPECIALIST AND TRAINER QUALIFICATIONS

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1. The AdSS shall require PSETP operators to ensure individuals seeking credentialing and employment as a PRSS meet the following criteria:
 - a. Qualify as a BHPP, BHT, or BHP;
 - b. Consent to sharing their PRSS Credential with the Contractor and AHCCCS registered providers for verifying compliance with this Policy; and
 - c. Self-identify as an individual who:
 - i. Has their own lived experience of mental health conditions, or substance use, for which they have sought support; and
 - ii. Has an experience of sustained recovery to share.
2. The AdSS shall require individuals facilitating training hold a PRSS Credential from an AHCCCS-recognized PSETP.
3. The AdSS PSETP operators shall:
 - a. Permit only individuals holding a PRSS Credential to facilitate training;
 - b. Utilize Attachment B to determine if applicants are qualified for admission;
 - c. Admit only individuals completing and fulfilling all

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- requirements of Attachment B; and
- d. Obtain consent from trainees to share their PRSS Credentials with the Contractor and AHCCCS registered providers for verifying compliance with this Policy.
4. The AdSS shall require the operator to only admit individuals completing and fulfilling all requirements of AMPM policy 963 Attachment B.
 5. The AdSS shall require the PSETP operator to:
 - a. Make the final determination for admission;
 - b. Maintain copies of all issued PRSS Credentials; and
 - c. Provide replacement Credentials to graduates upon request.
 6. The AdSS and providers shall recognize credentialing from any PSETP in compliance with this Policy. If there are regional, agency or culturally specific training requirements exclusive to the AdSS, service provider or tribal community, the additional requirements shall not prevent recognition of a PRSS Credential issued in compliance with this policy.
 7. The PRSS credentialing process is not a behavioral health service.

C. COMPETENCY EXAM

1. The AdSS shall require, upon completion of required training,

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individuals demonstrate their ability to support the recovery of others by passing a competency exam with a minimum score of 80%.

2. Each PSETP operator may develop a unique competency exam at the discretion of the PSETP.
3. The AdSS shall require all exams include questions related to each of the curriculum core elements as specified in this Policy.
4. The AdSS shall require individuals who do not pass the exam to complete additional training at the discretion of the PSETP operator prior to taking the exam again.
5. The AdSS shall permit the provider of the exam to make a retake exam available to individuals who do not pass the competency exam.
6. The AdSS shall require agencies employing PRSS and delivering Peer Support services to ensure staff receive training focused on working with the populations served.
7. The AdSS shall ensure all AHCCCS registered providers operating a PSETP submit, upon completion of each class, Attachment C to the AHCCCS/DCAIR OIFA, via email at oifa@azahcccs.gov. These reports shall contain no other identifying information apart from

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what is required.

8. The AdSS shall require PSETPs retain copies of Attachment C and make copies available to the Division upon request.

D. SUBMITTING EVIDENCE OF CREDENTIALING

1. The AdSS shall require contractors to ensure provider agencies contracted to deliver Peer Support services utilize Attachment A to maintain current and ongoing documentation verifying all individuals delivering Medicaid-reimbursed Peer Support services are in compliance with this policy;
2. The AdSS shall ensure employers of PRSS have defined qualifications for BHPPs and BHTs;
3. The AdSS Contractors shall develop and make available to providers policies and procedures describing how the AdSS is monitoring and auditing/oversight activities where records specific to supervision, training, continuing education, or ongoing learning of PRSS are reviewed and maintained; and
4. The AdSS Contractors shall submit Attachment A documenting all actively employed PRSS meet the required qualifications and credentialing for the delivery of Peer Support services as specified in the contract.

E. INTER-STATE RECIPROcity

Individuals credentialed in another state shall submit their Credentials to AHCCCS/DCAIR OIFA, via email at oifa@azahcccs.gov.

F. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS

1. The AdSS shall establish requirements for individuals employed as PRSS to obtain continuing education and ongoing learning relevant to Peer Support, including physical health and wellness.
2. The AdSS shall develop and make available to providers policies and procedures describing requirements for individuals employed as PRSS have access to and obtain a minimum of four hours of continuing education and ongoing learning relevant to Peer Support, per year, with at least one hour covering ethics and boundaries related to the practice of Peer Support.

G. SUPERVISION OF PEER AND RECOVERY SUPPORT SPECIALISTS

1. The AdSS shall require the individual providing the service has a PRSS Credential from an AHCCCS-recognized PSETP and receive supervision as specified in the Arizona Administrative Code in order to receive Medicaid reimbursement for Peer Support services.

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2. The AdSS and FFS providers shall ensure:
 - a. Providers have policies and procedures to establish the minimum professional, educational or experiential qualifications for BHPPs and BHTs;
 - b. Provider policies and procedures establish the amount and duration of supervision for PRSS qualifying as BHPPs and BHTs;
 - c. Supervision is documented and inclusive of both clinical and administrative supervision; and
 - d. Supervisors of PRSS have access to training and ongoing learning relevant to the supervision of PRSSs and the delivery of Peer Support services.

H. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM STANDARDS

The AdSS shall require a PSETP to include the following core elements in the credentialing program curriculum:

- a. Concepts of Hope and Recovery:
 - i. Instilling the belief that recovery is real and possible;
 - ii. The history of social empowerment movements and

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their connection to Peer and Recovery Support,

including but not limited to the following movements:

- a) Self-Help;
 - b) Consumer/Survivor/Ex-Patient;
 - c) Neurodiversity;
 - d) Disability Rights; and
 - e) 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, including Harm Reduction, 12-Step Recovery, and Neurodiversity and other approaches;
 - 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:

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- i. State and national health systems' infrastructure including 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 language and identity-first language to educate provider staff on recovery principles and the role and the value of Peer Support;
- iv. Diversity, Equity, Inclusion and Accessibility (DEIA) for underserved and underrepresented communities;
- v. Creating a sense of community in a safe and supportive environment;
- vi. Forms of advocacy and effective strategies – consumer rights and navigating the health systems;
- vii. The Americans with Disabilities Act (ADA); and
- viii. Social Determinants of Health (SDOH).

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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;
 - ii. Building resilience;
 - iii. Trauma-Informed Care;
 - iv. Distinguishing between sympathy and empathy, and emotional intelligence;
 - v. Understanding learned helplessness, how it is taught and how to assist others in overcoming its effects;
 - vi. Motivational interviewing, communication skills and active listening;
 - vii. Healing relationships – building trust and creating mutual responsibility;
 - viii. Combating negative self-talk - noticing patterns and replacing negative statements about oneself, using mindfulness to gain self-confidence and relieve stress;
 - ix. Group facilitation skills;
 - x. Culturally & Linguistically Appropriate Services (CLAS) standards, and the role of culture in recovery; and
 - xi. Understanding and supporting individuals with

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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 mandated reporter; what to report and when to report.
 - iv. Understanding common signs and experiences of:
 - a) Mental health disorders;
 - b) Substance Use Disorders (SUD);
 - c) Opioid Use Disorder (OUD);
 - d) Addiction;
 - e) Dissociation;
 - f) Trauma;
 - g) I/DD; and
 - h) Abuse/exploitation and neglect.
 - v. Familiarity with commonly used medications and

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- potential side effects; informed consent as specified in
AMPM Policy 320-Q, General and Informed Consent.
- vi. Guidance on proper service documentation, billing and
using recovery language throughout documentation.
 - vii. Self-care skills:
 - a) Coping practices for helping professionals;
 - b) The importance of ongoing supports for
overcoming stress in the workplace;
 - c) Using boundaries to promote personal and
professional resilience; and
 - d) Using self-awareness to prevent compassion
fatigue, secondary traumatic stress, and
burnout.
 - e. PSETPs shall not duplicate training requirements of
individuals employed by a licensed agency or Community
Service Agencies (CSA).
 - f. A PRSS employed in CSA shall complete additional training as
specified in AMPM Policy 965.
 - g. The AdSS shall develop and make available policies and
procedures as well as additional resources for development

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and improvement of PSETP curriculum, including the AdSS staff contacts for questions or assistance to PSETP operators.

I. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL

1. The AdSS shall require AHCCCS registered providers intending to operate a PSETPs to submit a completed PSETP application to OIFAAlliance@azahcccs.gov in order to be considered for review:
 - a. If the application is denied the applicant may submit a new application, no earlier than six months after initial denial.
 - b. If the application is accepted, the applicant shall follow OIFA Alliance instructions for submitting their program materials for further compliance review.
2. The AdSS shall require training curriculum materials to contain:
 - a. Student and trainer manuals,
 - b. Handouts,
 - c. Homework,
 - d. Final exam,
 - e. Credentialing certificate,
 - f. Any other classroom materials, and
 - g. Description of reasonable accommodations and alternative formats for the accessibility of program materials by all

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audiences.

3. The AdSS shall require a program that makes substantial changes including change to content, classroom time to its curriculum, or if there is an addition to required elements of the program, to submit the updated content to OIFAAlliance@azahcccs.gov for review and approval.
4. The AdSS shall ensure, if there are regional or culturally specific training requirements exclusive to the AdSS or tribal community, the additional training requirements shall not prevent employment or transfer of a PRSS Credential based on the additional elements or standards.
5. The AdSS shall require all AHCCCS-recognized PSETPs to make curriculum materials available to Members of the OIFA Alliance and/or AHCCCS DFSM upon request.
6. The AdSS shall have policies, procedures, and additional resources for curriculum development of PSETP.
7. The AdSS shall designate staff to respond to questions.
8. The AdSS shall identify a point of contact within the AdSS' OIFA who is authorized to assist and advise PRSS operators in further

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developing and enhancing their PSTEPs curricula.

9. The AdSS shall establish a process through which PSTEPs curricula of PRSS operators are made available to the point of contact for review upon request.
10. The AdSS OIFA point of contact shall provide feedback to PRSS operators to develop and enhance their PSTEP curricula.
11. The AdSS OIFA shall have a process in which the curriculum development of PSETP are made available to the Division for review as specified in Section F, Attachment F3, Contractor Chart of Deliverables.
12. The AdSS shall require the PSETP curriculum to be emailed to the DDD OIFA Behavioral Health Advocate Supervisor at OIFABHAdvocate@azdes.gov.

SUPPLEMENTAL INFORMATION

1. The OIFA Alliance oversees the PSETP review process including the setting of requirements, terms and conditions for recognition. Members of the OIFA Alliance will determine all PSETP applications and evaluate all submitted training materials prior to issuing or withholding approval. AHCCCS/DCAIR OIFA bases approval solely on a program's compliance


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- with all requirements as specified in this policy.
2. Peer Support employment training is not a billable service for costs associated with training the agency's own employees. PSETP providers shall follow the review process as specified below.
 3. The OIFA Alliance determines approval of a PSETP based on the program's compliance with the curriculum Core Elements specified in Section H of this Policy. An AHCCCS recognition of an OIFA Alliance approval is necessary for PRSS Credentials issued by the PSETP to be in compliance with CMS SMDL #07-011.
 4. The PRSS credentialing process, as described in this Policy, is not a behavioral health service. Compliance with this Policy is not permission to deliver any behavioral health services PSETP operators may associate with the PRSS credentialing process.
 5. Peer support services are specified as Healthcare Common Procedure Coding System (HCPCS) H0038 and H2016 in the Behavioral Health Services Matrix on the AHCCCS website. These are further defined in AMPM Policy 310-B and the AHCCCS Contract and Policy Dictionary and are subject to billing limitations in the Fee-for-Service Provider Billing Manual.
 6. A PRSS credential from an AHCCCS-recognized PSETP is necessary for

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provision of Medicaid-reimbursed peer support services delivered by the holder of the credential under supervision by a Behavioral Health Technician (BHT) or Behavioral Health Professional (BHP).

7. The intent of Peer Support services is the provision of assistance to utilize the service delivery system more effectively. Peer and Recovery Support also assists with the understanding and coping with stressors of the individual's disability through support groups, coaching, role modeling, and mentoring.
8. 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.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Apr 9, 2024 13:49 PDT\)](#)
Anthony Dekker, D.O.