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963 PEER AND RECOVERY SUPPORT SERVICE PROVISION

REQUIREMENTS

REVISION DATES: (~~XX/XX/XXXX~~), 12/21/2022, 06/08/2022, ~~10/01/2020~~

REVIEW DATE:

EFFECTIVE DATE: October 01, 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.

22 **DEFINITIONS**

23 1. "Behavioral Health Paraprofessional" or ("BHPP") means an
24 individual who is not a behavioral health professional who provides
25 behavioral health services at or for a health care institution
26 according to the health care institution's policies and procedures,
27 as specified in A.A.C. R9-10-101(28).

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

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

35 2. "Behavioral Health Professional" or ("BHP") means

36 a. An individual licensed under A.R.S. § 32, Chapter 33, whose
37 scope of practice allows the individual to:

38 i. Independently engage in the practice of behavioral
39 health as specified in A.R.S. § 32-3251, or

40 ii. Except for a licensed substance abuse technician,

41 engage in the practice of behavioral health as specified
42 in A.R.S. § 32-3251 under direct supervision as
43 specified in A.A.C. R4-6-101.

- 44 b. A psychiatrist as specified in A.R.S. § 36-501.
- 45 c. A psychologist as specified in A.R.S. § 32-2061.
- 46 d. A physician.
- 47 e. A behavior analyst as specified in A.R.S. § 32-2091.
- 48 f. A registered nurse practitioner licensed as an adult
49 psychiatric and mental health nurse; or
- 50 g. A registered nurse:
 - 51 i. A psychiatric-mental health nursing certification, or
 - 52 ii. One year of experience providing behavioral health
53 services.

54 3. "Behavioral Health Technician" or ("BHT") means an individual who
55 is not a behavioral health professional who provides behavioral
56 health services to a patient to address the patient's behavioral
57 health issue:

- 58 a. With clinical oversight by a BHP, services that, if provided in
59 a setting other than a health care institution, would be
60 required to be provided by an individual licensed as specified

- 61 in A.R.S. § 32, Chapter 33; and
- 62 b. Health-related services.
- 63 4. “Credential” for purposes of this policy, means a written document
64 issued by a Peer Support Employment Training Program or
65 (“PSETP”), or by a state, demonstrating compliance with all
66 qualifications and training requirements in this policy.
- 67 5. “Health Insurance Portability and Accountability Act” or “HIPPA”
68 means the Federal Regulation that establishes national standards
69 to protect individuals' medical records and other individual health
70 information that applies to health plans, health care
71 clearinghouses, and those health care providers that conduct
72 certain health care transactions electronically. The Rule requires
73 appropriate safeguards to protect the privacy of individual health
74 information and sets limits and conditions on the Uses and
75 Disclosures that may be made of such information without
76 authorization from the Responsible Person. The Rule also gives
77 Members rights over their health information, including rights to
78 examine and obtain a copy of their health records, and to request
79 corrections.
- 80 6. “Member” means the same as “Client” as defined in A.R.S. § 36-

- 81 551.
- 82 7. “Office of Individual and Family Affairs (OIFA) Alliance” means a
- 83 collaborative of all OIFAs in Arizona, including AHCCCS OIFA.
- 84 8. “Peer-And-Recovery Support” means a distinct health care practice
- 85 involving intentional partnerships to provide social and emotional
- 86 support, based on shared experiences of living with behavioral
- 87 health disorders, Substance Use Disorders, and/or other traumas
- 88 associated with significant life disruption. This support is coupled
- 89 with specific, skill-based training, coaching, or assistance to bring
- 90 about social or personal change at the individual, family, or
- 91 community level. These services can include a variety of
- 92 individualized and personal goals, including living preferences,
- 93 employment or educational goals and development of social
- 94 networks and interests.
- 95 9. “Peer-And-Recovery Support Specialist” or “PRSS” means an
- 96 individual trained, credentialed, and qualified to provide
- 97 peer/recovery support services within the AHCCCS programs.
- 98 10. “Peer-and-Recovery Support Specialist” or “PRSS” Continuing
- 99 Education and Ongoing Learning” means activities of professional
- 100 development intended to enhance relevant knowledge and build

101 skills within a given practice. These activities may involve, but are
102 not limited to, acquiring traditional Continuing Education Units
103 (CEUs).

104 11. "Peer-and-Recovery Support Specialist" or "PRSS" Credential"
105 means a written document issued to a qualified individual by
106 operators of an AHCCCS-recognized PRSS credentialing program, a
107 PRSS Credential which is necessary for provision of Medicaid-
108 reimbursed Peer Support services delivered by the holder of the
109 Credential under supervision by a Behavioral Health Technician of
110 Behavioral Health Professional.

111 12. "Peer Support Employment Training Program" or ("PSETP") means
112 a training program that is in compliance with requirements in this
113 policy through which qualified individuals are credentialed as PRSS
114 by completing training and passing a competency exam.

115 13. "Self-Help/Peer Services" or ("Peer Support") means supports
116 intended for enrolled Members ~~and~~/or their families who require
117 greater structure and intensity of services than those available
118 through community-based recovery fellowship groups and who are
119 not yet ready for independent access to community-based
120 recovery groups.

121 14. “Substance Use Disorder” or “SUD” means a range of conditions
122 that vary in severity over time, from problematic, short-term
123 use/abuse of substances to severe and chronic disorders requiring
124 long-term and sustained treatment and recovery management.

125 **POLICY**

126 **A. PEER SUPPORT SERVICES**

127 1. The AdSS shall comply with Centers for Medicare and Medicaid
128 Services (CMS) requirements for delivery of Peer Support services
129 as specified in the State Medicaid Director Letter, (SMDL) #07-
130 011, the AHCCCS/Division of Community Advocacy and
131 Intergovernmental Relations (DCAIR), Office of Individual and
132 Family Affairs (OIFA), that has ~~has~~ established training
133 requirements and credentialing standards for Peer and Recovery
134 Support Specialist (PRSS) providing Peer Support within the
135 AHCCCS programs. ~~CMS grants State Medicaid programs the~~
136 ~~authority to define the scope of Peer Support services, and to~~
137 ~~determine the oversight and qualification requirements for~~
138 ~~individuals providing Peer Support services.~~

139 ~~Individuals with lived experiences of recovery are an integral part of the~~

140 behavioral health workforce. Credentialing as specified in this policy is
141 required for reimbursement of Peer Support services.

142 The intent of Peer Support services is the provision of assistance to
143 utilize the service delivery system more effectively. Peer and Recovery
144 Support also assists with the understanding and coping with stressors of
145 the individual's disability (support groups, coaching, role modeling, and
146 mentoring).

147 2. The AdSS shall provide These services shall be provided to an
148 individual, group, or family, that and are aimed at assisting in the
149 creation of skills to promote long-term, sustainable recovery. The
150 AdSS shall ensure the provision of quality Peer Support services.

151 **B. PEER AND RECOVERY SUPPORT SPECIALIST AND TRAINER**
152 **QUALIFICATIONS**

153 1. The AdSS shall require PSETP operators to ensure individuals
154 training PRSS, or individuals seeking credentialing and employment
155 as a PRSS meet the following criteria:
156 a. Qualify as a BHPP, BHT, or BHP; and
157 b. Consent to sharing their PRSS Credential with the Contractor
158 and AHCCCS registered providers for verifying compliance
159 with this Policy; and

- 160 c. Self-identify as an individual who:
- 161 i. Has their own lived experience of mental health
- 162 conditions, ~~and/or~~ substance use, for which they have
- 163 sought support; and
- 164 ii. Has an experience of sustained recovery to share.
- 165 2. The AdSS shall require individuals facilitating training hold a PRSS
- 166 Credential from an AHCCCS-recognized PSETP.
- 167 3. The AdSS ~~PSETPPRSS~~ credentialing program operators shall:
- 168 a. Permit only individuals holding a PRSS Credential to facilitate
- 169 training;
- 170 b. Utilize Attachment B to determine if applicants are qualified
- 171 for admission;
- 172 c. Admit only individuals completing and fulfilling all
- 173 requirements of Attachment B; and
- 174 ~~d. Maintain a record of issued credentials,~~
- 175 d. Obtain consent from trainees to share their PRSS Credential.
- 176 with the Contractor and AHCCCS registered providers for
- 177 verifying compliance with this Policy.
- 178 4. The AdSS shall require the PSETP~~credentialing~~ program operator
- 179 ~~shall~~ to only admit individuals completing and fulfilling all

- 180 requirements of AMPM policy 963 Attachment B.
- 181 5. The AdSS shall require the PSETP operator to:
- 182 a. Make the final determination for admission; ~~u. PSETP operators~~
- 183 ~~shall~~ b. Maintain copies of all issued PRSS Credentials; and
- 184 c. Provide replacement Credentials to graduates upon request.
- 185 6. The AdSS and providers shall recognize credentialing from any
- 186 PSETP in compliance with this Policy. If there are regional, agency
- 187 or culturally specific training requirements exclusive to the AdSS,
- 188 service provider or tribal community, the additional requirements
- 189 shall not prevent recognition of a PRSS Credential issued in
- 190 compliance with this policy.
- 191 7. The PRSS credentialing process is not a behavioral health service.

192 **C. COMPETENCY EXAM**

- 193 1. The AdSS shall require, upon completion of required training,
- 194 ~~individuals seeking credentialing and employment as a PRSS shall~~
- 195 demonstrate their ability to support the recovery of others by
- 196 passing a competency exam with a minimum score of 80%.
- 197 percent.
- 198 2. Each PSETP PRSS credentialing program operator may develop ~~has~~
- 199 ~~the authority to develop~~ a unique competency exam at the

- 200 discretion of the PSETP.
- 201 3. The AdSS shall require all exams shall include questions related to
202 each of the curriculum core elements as specified in this Policy.
- 203 ~~4. All PRSS exams shall include at least one question related to each~~
204 ~~of the curriculum core elements as specified in this policy.~~
- 205 4. The AdSS shall require individuals who do not pass the exam to
206 complete additional training at the discretion of the PSETP operator
207 prior to taking the exam again. the following for individuals who do
208 not pass the competency exam: If an individual does not pass the
209 competency exam, the AdSS shall require:
- 210 a. ~~The provider of the exam may allow the individual to retake~~
211 ~~the exam, or~~
- 212 b. ~~Complete additional training prior to taking the competency~~
213 ~~exam again.~~
- 214 5. The AdSS shall permit the provider of the exam to make a retake
215 exam available to individuals who do not pass the competency
216 exam.
- 217 6. The AdSS shall require agencies employing PRSS and delivering
218 Peer Support services are required to ensure staff receive training
219 focused on working with the populations served.

- 220 7. The AdSS shall ensure all AHCCCS registered providers operating a
221 PSETPPRSS credentialing program shall submit, upon completion of
222 each class, Attachment C to the AHCCCS/DCAIR, OIFA, via email at
223 oifa@azahcccs.gov. These reports shall contain no other identifying
224 information apart from what is required.
- 225 8. The AdSS shall require PSETPs PRSS credentialing program
226 operators retain copies of Attachment C and make copies available
227 to the Division upon request.

228 **D. ~~PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING~~**

- 229 1. The AdSS shall require contractors to ~~shall~~ ensure provider
230 agencies contracted to deliver Peer Support services utilize
231 Attachment A to maintain current and ongoing documentation
232 verifying ~~providing~~ all individuals delivering Medicaid-reimbursed
233 Peer Support services are in compliance with this policy,
- 234 2. The AdSS shall ensure employers of PRSS have defined
235 qualifications for BHPPs and BHTs,
- 236 3. The AdSS Contractors shall develop and make available to
237 providers policies and procedures describing how the AdSS is
238 monitoring and auditing/oversight activities where records specific
239 to supervision, training, continuing education, ~~and/or~~ ongoing

240 learning of PRSS are reviewed and maintained, and

241 4. The AdSS Contractors shall submit Attachment A documenting all
242 actively employed PRSS meet the required qualifications and
243 credentialing for the delivery of Peer Support services as
244 specified in the contract.

245 **E. INTER-STATE RECIPROCITY**

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

248 **F. CONTINUING EDUCATION AND ONGOING LEARNING**
249 **REQUIREMENTS**

250 1. ~~The AdSS Similar to other practitioners, shall establish~~
251 ~~requirements shall be established~~ for individuals employed as PRSS
252 to obtain continuing education and ongoing learning relevant to
253 Peer Support, including physical health and wellness.

254 2. The AdSS shall develop and make available to providers policies
255 and procedures describing requirements for individuals employed
256 as PRSS have access to and obtain a minimum of four hours of
257 continuing education and ongoing learning relevant to Peer
258 Support, per year, with at least one hour covering. ~~At least one~~
259 ~~hour shall cover~~ ethics and boundaries related to the practice of

260 Peer Support.

261 ~~3. The AdSS shall ensure providers and individuals employed as a~~
262 ~~PRSS have access to and obtain a minimum of four hours of~~
263 ~~continuing education and ongoing learning, relevant to Peer~~
264 ~~Support, per year.~~

265 **G. SUPERVISION OF PEER AND RECOVERY SUPPORT SPECIALISTS**

266 1. The AdSS shall require ensure the individual providing the service
267 has a PRSS Credential from an AHCCCS-recognized PSETP and
268 receive supervision as specified in the Arizona Administrative Code
269 in order to receive Medicaid reimbursement for Peer Support
270 services. Supervision shall be provided by a BHT or BHP.

271 2. The AdSS and FFS providers shall ensure:

272 a. Providers have policies and procedures to establish the
273 minimum professional, educational or experiential
274 qualifications for BHPPs and BHTs;

275 b. Provider policies and procedures establish the amount and
276 duration of supervision for PRSS qualifying as BHPPs and
277 BHTs; and

278 c. Ensure sSupervision is documented and inclusive of both
279 clinical and administrative supervision; and

280 d. Ensure Supervisors of PRSS have access to training and
281 ongoing learning relevant to the supervision of PRSSs and
282 the delivery of Peer Support services.

283 **H. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM**
284 **STANDARDS**

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

- 288 a. Concepts of Hope and Recovery:
- 289 i. Instilling the belief that recovery is real and possible;
 - 290 ii. The history of social empowerment movements and
291 their connection to Peer and Recovery Support,
292 including but not limited to the following movements:
 - 293 a) Self-Help;
 - 294 b) Consumer/Survivor/Ex-Patient;
 - 295 c) Neurodiversity;
 - 296 d) Disability Rights; and
 - 297 e) Civil Rights.
 - 298 iii. Varied ways that behavioral health has been viewed
299 and treated over time and in the present;

- 300 iv. Appreciating diverse paradigms and perspectives of
- 301 recovery and other ways of thinking about behavioral
- 302 health, including ~~(e.g.,~~ Harm Reduction, 12-Step
- 303 Recovery, and Neurodiversity and other approaches);
- 304 v. Knowing and sharing one’s story of a recovery
- 305 journey and how one’s story can assist others in
- 306 many ways;
- 307 vi. Holistic approach to recovery addressing behavioral,
- 308 emotional, and physical health; and
- 309 vii. Member driven/person centered service planning.
- 310 b. Advocacy and Systems Perspective:
- 311 i. State and national health systems’ infrastructure
- 312 including the history of Arizona’s health systems;
- 313 ii. Confronting and countering discrimination, prejudice,
- 314 bias, negative stereotypes, and other social injustices
- 315 against those with behavioral health and Substance
- 316 Use Disorders – combating internalized stigma and
- 317 oppression;
- 318 iii. Organizational change - how to utilize person-first
- 319 language and identity-first language to educate

- 320 provider staff on recovery principles and the role and
321 the value of Peer Support;
- 322 iv. Diversity, Equity, Inclusion and Accessibility (DEIA) for
323 underserved and underrepresented communities,
324 including communities based on race, ethnicity,
325 nationality, sexual orientation, gender identity and/or
326 health status;
- 327 v. Creating a sense of community in a safe and
328 supportive environment;
- 329 vi. Forms of advocacy and effective strategies –
330 consumer rights and navigating the health
331 systems;
- 332 vii. The Americans with Disabilities Act (ADA); and
333 viii. Social Determinants of Health (SDOH).
- 334 c. Psychiatric Rehabilitation Skills and Service Delivery;
- 335 i. Strengths based approach, identifying one’s own
336 strengths, and helping others identify theirs, building
337 resilience;
- 338 ii. Trauma-Informed Care;
- 339 iii. Distinguishing between sympathy and empathy, and

- 340 emotional intelligence;
- 341 iv. Understanding learned helplessness, how it is taught
- 342 and how to assist others in overcoming its effects;
- 343 v. Non-violent communication, conflict resolution skills,
- 344 and de-escalation methods to prevent harm, and the
- 345 ability to apply these techniques in various levels of
- 346 crisis;
- 347 ~~e. Motivational interviewing, communication skills and active~~
- 348 ~~listening,~~
- 349 vi. Healing relationships – building trust and creating
- 350 mutual responsibility;
- 351 vii. Combating negative self-talk - noticing patterns and
- 352 replacing negative statements about oneself, using
- 353 mindfulness to gain self-confidence and relieve stress;
- 354 viii. Group facilitation skills;
- 355 ix. Culturally & Linguistically Appropriate Services (CLAS)
- 356 standards, and the role of culture in recovery; and
- 357 x. Understanding and supporting individuals with
- 358 Intellectual and Developmental Disabilities (I/DD).
- 359 d. Professional Responsibilities of the PRSS and Self Care in the

Quality Management and Performance Improvement Program

- 360 Workplace;
- 361 i. Professional boundaries and codes of ethics unique to
- 362 the role of a PRSS;
- 363 ii. Confidentiality laws and information sharing –
- 364 understanding the Health Insurance Portability and
- 365 Accountability Act (HIPAA).
- 366 iii. Responsibilities of a mandated reporter; what to report
- 367 and when to report.
- 368 iv. Understanding common signs and experiences of:
- 369 a) Mental health disorders;
- 370 b) Substance Use Disorders (SUD);
- 371 c) Opioid Use Disorder (OUD);
- 372 d) Addiction;
- 373 e) Dissociation;
- 374 f) Trauma;
- 375 g) I/DD; and
- 376 h) Abuse/exploitation and neglect.
- 377 v. Familiarity with commonly used medications and
- 378 potential side effects; informed consent (as specified in
- 379 AMPM Policy 320-Q, General and Informed Consent).

Quality Management and Performance Improvement Program

- 380 vi. Guidance on proper service documentation, billing and
381 using recovery language throughout documentation.
- 382 vii. Self-care skills:
- 383 a) Coping practices for helping professionals;
- 384 b) The importance of ongoing supports for
385 overcoming stress in the workplace;
- 386 c) Using boundaries to promote personal and
387 professional resilience; and
- 388 d) Using self-awareness to prevent compassion
389 fatigue, secondary traumatic stress, and
390 burnout.
- 391 e. PSETPs shall not duplicate training requirements of
392 individuals employed by a licensed agency or Community
393 Service Agencies (CSA).
- 394 f. A PRSS employed in CSA shall complete additional training
395 as specified in AMPM Policy 965.
- 396 g. The AdSS shall develop and make available policies and
397 procedures as well as additional resources for development
398 and improvement of PSETP curriculum, including the AdSS
399 staff contacts for questions or assistance available to PSETP

400 operators.

401 **I. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL**

402 **PROCESS**

403 ~~AHCCCS/DCAIR, OIFA The OIFA Alliance oversees the PSETP review~~
404 ~~process including the setting of requirements, terms and conditions for~~
405 ~~recognition. Members of the OIFA Alliance will determine all PSETP~~
406 ~~applications and evaluate all submitted training materials prior to issuing~~
407 ~~or withholding approval. approval of all credentialing materials including~~
408 ~~curriculum and testing tools. AHCCCS/DCAIR, OIFA bases approval~~
409 ~~solely on a program's compliance with all requirements as specified in~~
410 ~~this policy.~~

411 ~~Peer Support employment training is not a billable service for costs~~
412 ~~associated with training the agency's own employees. PSETP providers~~
413 ~~shall follow the review process as specified below.~~

- 414 1. The AdSS shall require AHCCCS registered providers intending to
415 operate a PSETPs A PRSS credentialing program shall to submit a
416 completed PSETP application to OIFAAlliance@azahcccs.gov in
417 order to be considered for review: its program curriculum to
418 AHCCCS/DCAIR, OIFA.

- 419 a. If the application is denied the applicant may submit a new
420 application, no earlier than six months after initial denial.
- 421 b. If the application is accepted, the applicant shall follow OIFA
422 Alliance instruction for submitting their program materials for
423 further compliance review^{3%}
- 424 2. The AdSS shall require training curriculum materials toshall
425 contain: but are not limited to:
- 426 a. Student and trainer manuals,
427 b. Handouts,
428 c. Homework,
429 d. Final exam,
430 e. Credentialing certificate,
431 f. Any other classroom materials, and
432 g. Description of reasonable accommodations and alternative
433 formats for the accessibility of program materials by all
434 audiences.
- 435 3. The AdSS shall require a program that makes substantial changes
436 (~~e.g.,~~ including change to content, classroom time) to its
437 curriculum, or if there is an addition to required elements the
438 program, to submit the updated content to

439 OIFAAlliance@azahcccs.gov AHCCCS/DCAIR, OIFA for review and
440 approval.

441 4. The AdSS shall ensure, if there are regional or culturally specific
442 training requirements exclusive to the AdSS or tribal community,
443 the additional training requirements shall not prevent
444 employment or transfer of a PRSS Credential based on the
445 additional elements or standards.

446 5. The AdSS shall require all AHCCCS-recognized PSETPs to make
447 curriculum materials available to Members of the OIFA Alliance
448 and/or AHCCCS DFMS upon request.

449 ~~J. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL~~
450 ~~PROCESS~~

451 6. The AdSS shall have policies, procedures, and additional resources
452 for curriculum development of Peer Support Employment Training
453 Programs (PSETP). and

454 7. The AdSS shall designate staff for to respond to questions, or
455 requests for assistance.

456 8. The AdSS shall identify a point of contact within the AdSS'
457 Office of Individual and Family Affairs (OIFA) who is authorized

458 to assist and advise PRSS operators in further developing and
459 enhancing their PSTEPs curricula.

460 9. The AdSS shall~~must~~ establish a process through which PSTEPs
461 curricula of PRSS operators are made available to the point of
462 contact for review upon request.

463 10. The AdSS OIFA point of contact shall provide feedback to PRSS
464 operators to ~~further~~ develop and enhance their PSTEP curricula.

465 11. The AdSS OIFA shall have a process in which the curriculum
466 development of Peer Support Employment Training Programs
467 (PSETP),~~7~~ are made available to the Division for review as specified
468 in Section F, Attachment F3, Contractor Chart of Deliverables.

469 12. The AdSS shall require the PSETP curriculum shall be emailed to be
470 emailed to the ~~DDD point of contact,~~ the DDD OIFA Behavioral
471 Health Advocate Supervisor at OIFABHAdvocate@azdes.gov.

472 **K. SUPPLEMENTAL INFORMATION**

473 1. The OIFA Alliance oversees the PSETP review process including the
474 setting of requirements, terms and conditions for recognition.

475 Members of the OIFA Alliance will determine all PSETP applications
476 and evaluate all submitted training materials prior to issuing or
477 withholding approval. AHCCCS/DCAIR OIFA bases approval solely

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

498 6. A PRSS credential from an AHCCCS-recognized PSETP is necessary
499 for provision of Medicaid-reimbursed peer support services
500 delivered by the holder of the credential under supervision by a
501 Behavioral Health Technician (BHT) or Behavioral Health
502 Professional (BHP).

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

508 8. AHCCCS/DCAIR, OIFA oversees the approval of all credentialing
509 materials including curriculum and testing tools. AHCCCS/DCAIR,
510 OIFA bases approval solely on a program's compliance with all
511 requirements as specified in this policy.

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514 Signature of Chief Medical Officer: