

964 CREDENTIALLED FAMILY SUPPORT PARTNER REQUIREMENTS

REVISION DATES: 2/7/2024, 12/21/2022, 6/8/2022, 10/1/2020

REVIEW DATE: 7/20/2023

EFFECTIVE DATE: October 1, 2020

REFERENCES: 42 U.S.C. 126; 47 U.S.C. 5; A.A.C. R9-10-101;

A.R.S. §32-3274; AMPM Policy 964; Attachment A-B; AdSS Medical Policy 963.

PURPOSE

This policy applies to Division of Developmental Disabilities (Division) Administrative Services Subcontractors (AdSS). This policy establishes requirements expected of each AdSS for training and credentialing standards for individuals seeking employment as a Credentialed Family Support Provider (CFSP) in AHCCCS programs.

DEFINITIONS

1. "Adult Recovery Team" or "ART" means a group of individuals that, following the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a Member's

assessment, service planning, and service delivery. At a minimum, the team consists of the Member, Member's Health Care Decision Maker (HCDM) if applicable, advocates if assigned, and a qualified behavioral health representative. The team may also include the Member's family, physical health, behavioral health or social service providers, other agencies serving the Member, professionals representing various areas of expertise related to the Member's needs, or other individuals identified by the Member.

2. "Americans With Disabilities Act" or "ADA" means the law passed by the Congress of the United States that prohibits discrimination on the basis of disability and ensures equal opportunity for individuals with disabilities in employment, State and local government services, public accommodations, commercial facilities transportation, and telecommunications as specified in the Americans with Disabilities Act of 1990, as amended, in 42 U.S.C. 126 and 47 U.S.C. 5.
3. "Behavioral Health Paraprofessional" or "BHPP" means as specified in A.A.C. R9-10-101.

4. "Behavioral Health Professional" or "BHP" means the same as specified in A.A.C. R9-10-101.
5. "Behavioral Health Technician" or "BHT" means an individual who is not a BHP who provides the following 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. § 32-3274; and
 - b. Health-related services.
6. "Child and Family Team" or "CFT" means a group of individuals that includes, at a minimum, the child and their family, or Health Care Decision Maker (HCDM). A behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. This may include teachers, extended family Members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship or faith, agents

Quality Management and Performance Improvement Program

from other service systems like the Arizona Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD).

The size, scope, and intensity of involvement of the team

Members are determined by the objectives established for the child, the needs of the family in providing for the child, and by

who is needed to develop an effective service plan, and can

therefore, expand and contract as necessary to be successful on behalf of the child.

7. "Comprehensive Health Plan" or "CHP" means a Contractor that is responsible for the provision of covered, medically necessary AHCCCS services for foster children in Arizona. Previous to April 1, 2021, CHP was the Comprehensive Medical and Dental Program (CMDP) (A.R.S. § 8-512).
8. "Court Ordered Evaluation" or "COE" means the evaluation ordered by the court as specified in A.A.C. R9-21-101.
9. "Court Ordered Treatment" or "COT" means the treatment ordered by the court as specified in A.A.C. R9-21-101.
10. "Credentialed Family Support Provider" or "CFSP" – means an individual who is qualified under this policy and has passed an

Quality Management and Performance Improvement Program

AHCCCS/DCAIR OIFA approved CFSP Training Program to deliver Family Support Services as a Credentialed Family Support Partner.

11. “Credentialed Family Support Partner Training Program” or “CFSTP” means an AHCCCS/DCAIR OIFA approved credentialing program in compliance with competencies and requirements as specified in this policy.
12. “Credentialed Trainer” means an individual who identifies as having lived experience as specified in this Policy and provides training to individuals seeking employment as a CFSP.
13. “Family Member” means:
 - a. for the adult system, an individual who has lived experience as a primary natural support for an adult with emotional, behavioral health and/or Substance Use Disorders (SUD); and
 - b. for the children’s system, a parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health or a SUD.
14. “Family Support Service” means home care training with Family

Quality Management and Performance Improvement Program

Member(s) directed toward restoration, enhancement, or maintenance of the family functions to increase the family's ability to effectively interact and care for the individual in the home and community.

15. "Geographic Service Area" or "GSA" means an area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care services to a Member enrolled with that Contractor of record, as specified in A.A.C. R9-28-101.
16. "Integrated System of Care" or "ISOC" means integrated physical and behavioral health care within the AHCCCS health care delivery system focused on ensuring appropriate, adequate, and timely services for all persons across the lifespan, with a primary focus on improving quality of life throughout all system intersections and service interactions that individuals may encounter.
17. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
18. "Office of Human Rights" or "OHR" means established within

AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of Members determined to have an SMI with Service Planning, Inpatient Discharge Planning, and resolving appeals and grievances.

19. "Office of Individual and Family Affairs Alliance" means a collaborative of all Offices of Individual and Family Affairs (OIFA) in Arizona, including AHCCCS OIFA.
20. "Serious Emotional Disturbance" or "SED" means designation for individuals from birth until the age of 18 who currently meet or at any time during the past year have had a diagnosable mental or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of the Diagnostic and Statistical Manual of Mental Disorders that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
21. "Serious Mental Illness" or "SMI" means a designation as specified in A.R.S. § 36-550 and determined in an individual 18

years of age or older.

22. "Substance Use Disorder" or "SUD" means a range of conditions 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. PARENT/FAMILY SUPPORT

1. The AdSSs shall support the peer-to-peer relationship of Family Members as a viable component in the delivery of integrated services through provision of quality Family services in support of integrated care in the AHCCCS Children System of Care (CSOC) and Adult System of Care (ASOC).
2. The AdSS shall require:
 - a. Credentialing as specified in this policy for reimbursement of Credentialed Family Support Providers (CFSP); and
 - b. All Family Support Services provided by a Credentialed Family Support Partner (CFSP) are indicated as credentialed Family Support Services in documentation.

3. The AdSSs shall support the peer-to-peer support relationship available to primary caregivers of Medicaid-eligible children and natural supports of Medicaid-eligible adults who are:
 - a. A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health, or SUD; or
 - b. An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health, or SUD.

4. The Division's OIFA, in coordination with AHCCCS/DCAIR OIFA shall establish and maintain ongoing training requirements and credentialing standards for providing Credentialed Family Support Services within the AHCCCS programs, Support Services are defined and not limited to:
 - a. Assisting the family to adjust to the individual's needs,
 - b. Developing skills to effectively interact, and
 - c. Guide the individual's:
 - i. Understanding of the causes and treatment of behavioral health challenges;

Quality Management and Performance Improvement Program

- ii. Understanding and effective utilization of the system; or
- iii. Planning for ongoing and future supports for the individual and the family.

B. CREDENTIALLED FAMILY SUPPORT PARTNER AND TRAINER QUALIFICATIONS

The AdSS shall require all individuals employed as a CFSP or as a trainer in the children system or adult system to:

- a. Meet the definition of a Family Member, and
- b. Have lived experience navigating the adult and or child systems of care as:
 - i. an adult who is the primary supporter of a child, or
 - ii. the primary supporter of an adult.

C. CREDENTIALLED FAMILY SUPPORT PARTNER TRAINING PROGRAM APPROVAL

- 1. The AdSS shall submit its CFSPTP curriculum, competency exam, and exam-scoring methodology, including an explanation of

Quality Management and Performance Improvement Program

accommodations or alternative formats of program materials

available to individuals who have special needs, to

AHCCCS/DCAIR OIFA at OIFA@azahcccs.gov, and the Division's

OIFA at DDDOIFA@azdes.gov.

2. The AdSS shall obtain approval of the curriculum, competency exam, and exam-scoring methodology as specified in this policy from the Division's OIFA and AHCCCS/DCAIR OIFA shall issue feedback.
3. The AdSS shall seek assistance from the Division's identified point of contact within the OIFA who is authorized to assist and advise AdSS for CFSP operators to further develop and enhance their curricula.
 - a. The Division's OIFA point of contact provides feedback through the AdSS to CFSP operators to further develop and enhance their curricula with a focus on I/DD.
 - b. The OIFA Behavioral Health Team in collaboration with other Division Function Areas reviews content of the curriculum ensuring all components and best practices are addressed.

Quality Management and Performance Improvement Program

- c. In the event that the Division has comments or recommended changes, the OIFA point of contact will provide the information, tracked changes or redlined, to the DDD Health Plan Contract Unit to then disseminate to AdSS and share with CPFSP operators.
4. The AdSSs CFSPTP shall submit updated content to AHCCCS/DCAIR OIFA at OIFA@azahcccs.gov and the Division's OIFA at DDDOIFA@azdes.gov for review and approval before the changed or updated curriculum is to be utilized, if a program makes substantial changes to its curriculum or if there is an addition to required elements.
5. The AdSS shall require approval of the curriculum, competency exam, and exam-scoring methodology based on the elements required in this policy, if a CFSPTP requires regional or culturally specific training exclusive to an AdSS or specific population, the specific training cannot prevent employment or transfer of Family Support credentials based on the additional elements or standards.
6. The AdSS training shall include skills pertinent to the Family

Quality Management and Performance Improvement Program

Support of Members with intellectual or developmental disabilities.

7. The AdSS shall not combine a CFSP Training Curriculum with any other training and shall be recognized as a stand-alone program.
8. The AdSS shall ensure the curriculum is maintained and as substantial changes in the ISOC occur, the curriculum is revised.
9. The AdSS shall submit the updated content to AHCCCS/DCAIR OIFA, at OIFA@azahcccs.gov, and the Division's OIFA at DDDOIFA@azdes.gov for review and approval before the changed or updated curriculum is to be utilized.

D. COMPETENCY EXAM

1. The AdSS shall require individuals seeking employment as a CFSP to complete a competency exam as described in section E.3 of this policy, with a minimum score of 80 percent, upon completion of required training to become a CFSP.
2. The AdSS shall require all exams created by the CFSPTPs to include at a minimum, questions related to each of the curriculum core elements as specified in this policy.
3. The AdSS shall require agencies employing CFSP who are

Quality Management and Performance Improvement Program

providing Family Support Services to ensure that its employees are trained to work with the populations served.

4. The AdSS shall require upon completion of each class, all AHCCCS registered providers operating a CFSP program to utilize AMPM Policy 964, Attachment B, Credentialed Family Support Provider Graduates, to submit the names of trainees and dates of graduation to the Division, OIFA, via email at dddahcccsdeliverables@azdes.gov.
5. The AdSS shall require AMPM Policy 964, Attachment B to contain no other information apart from what is required.

**E. CREDENTIALLED FAMILY SUPPORT PARTNER EMPLOYMENT
TRAINING CURRICULUM STANDARDS**

1. The AdSS shall not duplicate training in the CFSPTP curriculum required of individuals for employment with a licensed agency or Community Service Agency (CSA), training elements in this policy are specific to the CFSP role in the AHCCCS programs and instructional for CFSP interactions.
2. The AdSS shall develop and make available policies and

Quality Management and Performance Improvement Program

procedures as well as additional resources for development of curriculum, including AdSS staff contacts for questions or assistance related to training or curriculum.

3. The AdSS shall include in their CFSPTP curriculum the following core elements:
 - a. Overview of system history and knowledge of the Arizona behavioral health system that resulted in system transformation:
 - i. Arizona Vision (Jason K. lawsuit);
 - ii. Jacob's Law;
 - iii. Arnold vs. Sarn;
 - iv. Adult System of Care (ASOC)- Nine Guiding Principles;
 - v. ART;
 - vi. Children's System of Care (CSOC)-Twelve Guiding Principles;
 - vii. CFT;
 - viii. CSOC levels of care
 - ix. Medicaid covered services; and

Quality Management and Performance Improvement Program

- x. Rights of the caregivers and individual rights of Members.
- b. Lifecycle Transitions
 - i. Transition aged youth, and
 - ii. Guardianship.
 - a) Types and Alternatives – (e.g., Power of Attorney, Advance Directives), and
 - b) Process of applying (rules and requirements).
 - iii. Timelines of transition to adulthood into the ASOC; and
 - iv. Role changes when bridging the CSOC and ASOC at transition for the individual, family, and CFT.
- c. System Partner Overview
 - i. The Division’s three categories of eligibility and eligibility process, covered services, knowledge of the Division’s health plans,
 - ii. CHP program overview, involvement, and collaboration, understanding the CFSP and Member or family role(s) for children in the Department of

Quality Management and Performance Improvement Program

- Child Safety (DCS) care, education, navigation, support, and advocacy with Members and families involved in DCS care, as described in AMPM 260.
- iii. Office of Human Rights and Special Assistance (OHR);
 - iv. OIFA;
 - v. Introduction to the Americans with Disabilities Act (ADA);
 - vi. Introduction to Social Security Income (SSI)/Social Security Disability Insurance (SSDI):
 - a) Payee services, and
 - b) Vocational rehabilitation services and available trainings.
 - vii. Introduction to the criteria and processes for a SED SMI designation;
 - viii. Introduction to the criteria and processes for COE and COT;
 - ix. Crisis Services:
 - a) Crisis planning and prevention;

Quality Management and Performance Improvement Program

- b) Crisis centers;
 - c) Crisis Mobile Teams; and
 - d) Crisis Intervention Training.
- d. Advocacy and Empowerment
- i. Family and Peer movements and the role of advocacy in systems transformation; and
 - ii. Building collaborative partnerships and relationships:
 - a) Engagement, identification, and utilization of strengths; and
 - b) Utilization and modeling of conflict resolution skills and problem-solving skills.
 - iii. Understanding of:
 - a) Individual and family culture, biases, stigma, and systems' cultures; and
 - b) Trauma informed care approaches.
 - iv. Natural or Informal supports – identifying, building, and connecting individuals and families, including families of choice, to community and natural supports;

Quality Management and Performance Improvement Program

- v. Diversity, equity, inclusion, and accessibility in healthcare;
- vi. Empowerment:
 - a) Empowerment of Family Members and other supports to identify their needs, promote self-reliance;
 - b) Identification of understanding of the stages of change, and unmet needs; and
 - c) Identification of barriers; family, system, social, emotional, physical, and using effective advocacy skills to overcome barriers.
- e. Practice of Support
 - i. Communication techniques:
 - a) Individuals first, strengths-based language, using respectful communication, demonstrating care and commitment;
 - b) Active listening skills, demonstrating empathy, provide empathic responses, differentiation between sympathy and empathy, listening

Quality Management and Performance Improvement Program

- non-judgmentally; and
- c) Use of self-disclosure effectively and sharing one's own story for the benefit of the Member.
- ii. Wellness, in terms of understanding:
 - a) The stages of grief and loss;
 - b) Self-care and stress management;
 - c) Compassion fatigue, burnout, and secondary traumatic stress;
 - d) Resiliency and recovery; and
 - e) Healthy personal and professional boundaries.

F. SUPERVISION OF CREDENTIALLED FAMILY SUPPORT PARTNER

1. The AdSS shall establish the amount of hours and duration of supervision period of CFSP.
2. The AdSS shall require the criteria outlined below:
 - a. Providers employing CFSP provide supervision by individuals qualified as BHT or BHP.
 - i. Supervision shall be appropriate to the services being delivered and the qualifications of the CFSP as a BHT, BHP, or BHPP.

Quality Management and Performance Improvement Program

- ii. Supervision shall be documented and inclusive of both clinical and administrative supervision.
 - b. Individuals providing supervision receive training and guidance to ensure current knowledge of best practices in providing supervision to CFSP.
3. The AdSS shall develop and make available to the providers:
 - a. Policies, procedures, and resources for establishing supervision requirements of service provision; and
 - b. Any expectations for providers related to AdSS monitoring or ~~o~~oversight activities.

G. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING

1. The AdSS shall ensure provider agencies:
 - a. Maintain documentation of required qualifications and credentialing for CFSP; and
 - b. Make copies of credentials available upon request by the AdSS or the Division.
2. The AdSS shall develop and make available to providers policies and procedures that describe monitoring, auditing, and oversight activities and where records specific to supervision and training

Quality Management and Performance Improvement Program

of CFSP are reviewed and maintained.

3. The AdSS shall submit information noting CFSP involvement in service delivery as specified in the AdSS contract with the Division and utilizing AMPM Policy 964 Attachment A, Credentialed Family Support Specialists Involvement in Service Delivery Report.

H. INTERSTATE RECIPROCITY

1. The AdSS shall recognize credentials issued by other states or training programs.
2. The AdSS shall require individuals credentialed in another state to submit their credential to AHCCCS/DCAIR OIFA, via email to AHCCCS OIFA.

I. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS

1. The AdSS shall establish ongoing training requirements of current best practices, for individuals employed as CFSP to obtain continuing education and ongoing learning relevant to family support.
2. The AdSS shall develop and make available to providers the

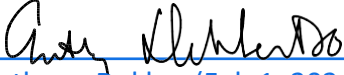
Quality Management and Performance Improvement Program

policies and procedures describing requirements for individuals employed as CFSP to obtain a minimum of eight hours of continuing education and ongoing learning relevant to family support, per year.

3. The AdSS shall require at least one hour of CFSP continuing education to cover ethics and boundaries related to the practice of family support.

SUPPLEMENTAL INFORMATION

The Division's OIFA shall monitor the AdSS' OIFA to ensure that all behavioral health provider sites serving multiple Members shall have regular and ongoing opportunities for Members or Family Members to participate in decision making, quality improvement and enhancement at the provider site.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Feb 1, 2024 10:00 MST\)](#)
Anthony Dekker, D.O.