

1 **964 CREDENTIALLED PARENT/FAMILY SUPPORT PARTNER**

2 **REQUIREMENTS**

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

4 REVIEW DATE:

5 EFFECTIVE DATE: October 01, 2020

6 REFERENCES: 42 U.S.C. 126; 47 U.S.C. 5; A.A.C. R9-10-101; A.R.S. §32-
7 3274; AMPM Policy 964; Attachment A-B; AdSS Medical Policy 963.

8 **PURPOSE**

9 This policy applies to Division of Developmental Disabilities (Division)
10 Administrative Services Subcontractors (AdSS). This policy establishes
11 requirements expected of each AdSS for training and credentialing
12 standards for individuals seeking employment as a Credentialed Parent
13 Peer/Family Support Provider (CPPFSP) in AHCCCS programs. ~~The Division~~
14 ~~delegates all Parent/Family Support Provider credentialing and training to~~
15 ~~the AdSS and does not perform this function. The Division may include~~
16 ~~review of this function during the annual operational review of each AdSS.~~
17 ~~The Division shall monitor common activities of member and family~~
18 ~~participation at identified provider sites based on the AdSS Chart of~~
19 ~~Deliverables. Services outlined in this Policy are monitored by AHCCCS~~

20 ~~AHCCCS/DCAIR) and Office of Individual and Family Affairs (OIFA).~~

21 **DEFINITIONS**

22 1. “Adult Recovery Team” or “ART” means a group of individuals
23 that, following the Nine Guiding Principles for Recovery-Oriented
24 Adult Behavioral Health Services and Systems, work in
25 collaboration and are actively involved in a Member's
26 assessment, service planning, and service delivery. At a
27 minimum, the team consists of the Member, Member’s Health
28 Care Decision Maker (HCDM) if applicable, advocates if assigned,
29 and a qualified behavioral health representative. The team may
30 also include the Member's family, physical health, behavioral
31 health or social service providers, other agencies serving the
32 Member, professionals representing various areas of expertise
33 related to the Member's needs, or other individuals identified by
34 the Member.

35 2. “Americans With Disabilities Act” or “ADA” means the law passed
36 by the Congress of the United States that prohibits discrimination
37 on the basis of disability and ensures equal opportunity for
38 individuals with disabilities in employment, State and local

- 39 government services, public accommodations, commercial
40 facilities transportation, and telecommunications as specified in
41 the Americans with Disabilities Act of 1990, as amended, in 42
42 U.S.C. 126 and 47 U.S.C. 5.
- 43 3. Behavioral Health Paraprofessional” or “BHPP” means as specified
44 in A.A.C. R9-10-101.
- 45 4. “Behavioral Health Professional” or “BHP” means the same as
46 specified in A.A.C. R9-10-101.
- 47 5. “Behavioral Health Technician” or “BHT” means an individual who
48 is not a Behavioral Health Professional (BHP) who provides the
49 following services to a patient to address the patient's behavioral
50 health issue:
- 51 a. With clinical oversight by a BHP, services that, if provided
52 in a setting other than a health care institution, would be
53 required to be provided by an individual licensed as
54 specified in A.R.S. § 32-3274; and
- 55 b. Health-related services.
- 56 6. “Child and Family Team” or “CFT” means a group of individuals
57 that includes, at a minimum, the child and their family, or Health

58 Care Decision Maker (HCDM). A behavioral health representative,
59 and any individuals important in the child’s life that are identified
60 and invited to participate by the child and family. This may
61 include teachers, extended family Members, friends, family
62 support partners, healthcare providers, coaches, and community
63 resource providers, representatives from churches, temples,
64 synagogues, mosques, or other places of worship or faith, agents
65 from other service systems like the Arizona Department of Child
66 Safety (DCS) or the Division of Developmental Disabilities (DDD).
67 The size, scope, and intensity of involvement of the team
68 Members are determined by the objectives established for the
69 child, the needs of the family in providing for the child, and by
70 who is needed to develop an effective service plan, and can
71 therefore, expand and contract as necessary to be successful on
72 behalf of the child.

73 7. “Comprehensive Health Plan” or “CHP” means a Contractor that
74 is responsible for the provision of covered, medically necessary
75 AHCCCS services for foster children in Arizona. Previous to April
76 1, 2021, CHP was the Comprehensive Medical and Dental

- 77 Program (CMDP) (A.R.S. § 8-512).
- 78 8. “Court Ordered Evaluation” or “COE” means the evaluation
- 79 ordered by the court as specified in A.A.C. R9-21-101.
- 80 9. “Court Ordered Treatment” or “COT” means the treatment
- 81 ordered by the court as specified in A.A.C. R9-21-101.
- 82 10. “Credentialed Parent/Peer/Family Support Provider” or
- 83 (“CPPFSP”) – means an individual who is qualified under this
- 84 policy and has passed an AHCCCS/DCAIR, OIFA approved
- 85 CPPFSP Training Program to deliver Credentialed Family Support
- 86 Services as a Credentialed Family Support Partner.
- 87 11.2. “Credentialed Parent/PEER/Family Support Partner (CPPFSP)
- 88 Training Program” or “CFSTP” means an AHCCCS/DCAIR, OIFA
- 89 approved credentialing program in compliance with competencies
- 90 and requirements as specified in this policy.
- 91 12. 3. “Credentialed Trainer” means an individual who identifies as
- 92 having lived experience as specified in this Policy and provides
- 93 training to individuals seeking employment as a CFSP. Certified
- 94 Parent Peer/Family Support Partner (CPPFSP).
- 95 13.4. “Family Member” (Adult System)” – means:

- 96 a. for the adult system, an individual who has lived
97 experience as a primary natural support for an adult with
98 emotional, behavioral health and/or Substance Use
99 Disorders (SUD); and
100 b. for the children’s system,~~13.~~ “Family Member (Children’s
101 System)” — means a parent or primary caregiver with lived
102 experience who has raised or is currently raising a child
103 with emotional, behavioral health and/or a SUD. ~~substance~~
104 ~~use disorders.~~
- 105 14. “~~Parent/Peer/Family Support Service~~” means home care training
106 ~~(family support)~~ with Family Member(s) directed toward
107 restoration, enhancement, or maintenance of the family
108 functions to increase the family’s ability to effectively interact
109 and care for the individual in the home and community.
- 110 15. “Geographic Service Area” or “GSA” means an area designated
111 by AHCCCS within which a Contractor of record provides, directly
112 or through subcontract, covered health care services to a
113 Member enrolled with that Contractor of record, as specified in
114 A.A.C. R9-28-101.

115 16. Integrated System of Care” or “ISOC” means integrated physical
116 and behavioral health care within the AHCCCS health care
117 delivery system focused on ensuring appropriate, adequate, and
118 timely services for all persons across the lifespan, with a primary
119 focus on improving quality of life throughout all system
120 intersections and service interactions that individuals may
121 encounter.

122 17. “Member” means the same as “Client” as defined in A.R.S. § 36-
123 551.

124 18. “Office of Human Rights” or “OHR” means established within
125 AHCCCS and is responsible for the hiring, training, supervision,
126 and coordination of human rights advocates. Human rights
127 advocates assist and advocate on behalf of Members determined
128 to have an SMI Serious Mental Illness with Service Planning,
129 Inpatient Discharge Planning, and resolving appeals and
130 grievances.

131 19. “Office of Individual and Family Affairs (OIFA) Alliance” means a
132 collaborative of all Offices of Individual and Family Affairs (OIFA)
133 in Arizona, including AHCCCS OIFA.

134 20. "Serious Emotional Disturbance" or "SED" means designation for
135 individuals from birth until the age of 18 who currently meet or
136 at any time during the past year have had a diagnosable mental
137 or emotional disorder of sufficient duration to meet diagnostic
138 criteria specified within the current version of the Diagnostic and
139 Statistical Manual of Mental Disorders that resulted in functional
140 impairment, which substantially interferes with or limits the
141 child's role or functioning in family, school, or community
142 activities.

143 21. "Serious Mental Illness" or "SMI" means a designation as
144 specified in A.R.S. § 36-550 and determined in an individual 18
145 years of age or older.

146 22. "Substance Use Disorder" or "SUD" means a range of conditions
147 that vary in severity over time, from problematic, short-term
148 use/abuse of substances to severe and chronic disorders
149 requiring long-term and sustained treatment and recovery
150 management.

151 **POLICY**

152 **A. PARENT/FAMILY SUPPORT**

- 153 1. The AdSSs shall support the AHCCCS/DCAIR, OIFA recognizes
154 the importance of the peer-to-peer relationship of Family
155 Members as a viable component in the delivery of integrated
156 services through by ensuring provision of quality
157 Parent/Peer/Family services in support of integrated care in the
158 AHCCCS Children System of Care (CSOC) and Adult System of
159 Care (ASOC).
- 160 2. The AdSS shall require:
- 161 a. Credentialing as specified in this policy is required for
162 reimbursement of Credentialed Parent/Peer/Family Support
163 Providers (CPPFSP); and
- 164 b. The AdSS shall ensure aAll Family Support Services
165 provided by a Credentialed Family Support Partner
166 (CPPFSP) are indicated as credentialed Family Support
167 Services in documentation.
- 168 3. The AdSSs shall support the peer-to-peer support relationship is
169 available to primary caregivers of Medicaid-eligible children and
170 natural supports of Medicaid-eligible adults who are: and, as:
- 171 a. A parent or primary caregiver with lived experience who

Quality Management and Performance Improvement Program

- 172 has raised or is currently raising a child with emotional,
173 behavioral health, and/or ~~Substance Use Disorders (SUD)~~;
174 or
175 b. An individual who has lived experience as a primary
176 natural support for an adult with emotional, behavioral
177 health, and/or SUD.
- 178 4. The Division's OIFA, in coordination with AHCCCS/DCAIR, OIFA
179 ~~OIFA has established~~ shall establish and maintain ongoing
180 training requirements and credentialing standards for providing
181 Credentialed ~~Parent/Family Support~~ Services within the AHCCCS
182 programs, ~~Parent/Peer/Family Support Services~~ are defined and
183 not limited to:
- 184 a. Assisting the family to adjust to the individual's needs,
185 b. Developing skills to effectively interact, and
186 c. Guide the individual's:
187 i. Understanding of the causes and treatment of
188 behavioral health challenges;
189 ii. Understanding and effective utilization of the
190 system; or

- 191 iii. Planning for ongoing and future supports for the
192 individual and the family.

193 **B. CREDENTIALLED ~~PARENT/PEER/FAMILY~~ SUPPORT PARTNER**
194 **AND TRAINER QUALIFICATIONS**

195 The AdSS shall require all individuals employed as a CPPFSP or
196 as a trainer in the children system or adult system ~~to~~shall:

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

202 **C. CREDENTIALLED ~~PARENT/PEER/FAMILY~~ SUPPORT PARTNER**
203 **TRAINING PROGRAM APPROVAL ~~PROGESS~~**

- 204 1. The AdSS shall submit its CFSPTP A ~~CPPFSP Training Program~~
205 ~~shall submit its program curriculum, competency exam, and~~
206 ~~exam-scoring methodology, (including an explanation of~~
207 ~~accommodations or alternative formats of program materials~~

- 208 available to individuals who have special needs,) to
209 AHCCCS/DCAIR, OIFA at OIFA@azahcccs.gov., and the Division's
210 OIFA at DDDOIFA@azdes.gov.
- 211 2. The AdSS shall obtain the Division's OIFA and AHCCCS/DCAIR,
212 OIFA shall issue feedback or approval of the curriculum,
213 competency exam, and exam-scoring methodology as specified
214 in this policy from the Division's OIFA and AHCCCS/DCAIR, OIFA
215 shall issue feedback.
- 216 3. The AdSS shall seek assistance from the Division's shall
217 identified a point of contact within the Office of Individual and
218 Family Affairs (OIFA) who is authorized to assist and advise
219 AdSS for CFSP operators CPFSP to further develop and enhance
220 their curricula.
- 221 a. The Division's OIFA point of contact shall provide feedback
222 through the AdSS to CPFSP operators to further develop
223 and enhance their curricula with a focus on I/DD.
- 224 b. The OIFA Behavioral Health Team in collaboration with
225 other Division Function Areas (i.e., Behavioral Health
226 Administration, Support Coordination, Office of

227 ~~Professional Development, etc.)~~ will review~~s~~ content of the
228 curriculum ensuring all components and best practices are
229 addressed.

230 c. In the event that the Division has comments or
231 recommended changes, the OIFA point of contact will
232 provide the information~~z~~ (tracked changes or~~redlined~~) to
233 the DDD Health Plan Contract Unit to then disseminate to
234 AdSS and share with CPFSP operators.

235 4. The AdSSs CFSPTP shall submit updated content to
236 AHCCCS/DCAIR, OIFA at OIFA@azahcccs.gov and the Division's
237 OIFA at DDDOIFA@azdes.gov for review and approval before
238 the changed or updated curriculum is to be utilized, if a program
239 makes substantial changes (e.g., change to content, classroom
240 time) to its curriculum or if there is an addition to required
241 elements, the program shall submit the updated content to
242 AHCCCS/DCAIR, OIFA at OIFA@azahcccs.gov for review and
243 approval before the changed or updated curriculum is to be
244 utilized.

245 5. The AdSS shall require approval of the curriculum, competency

Quality Management and Performance Improvement Program

246 exam, and exam-scoring methodology is based on the elements
247 required in this policy, ~~if a CPPFSPTP Training Program requires~~
248 regional or culturally specific training exclusive to an AdSS or
249 specific population, the specific training cannot prevent
250 employment or transfer of ~~Parent/Family Support~~ credentials
251 based on the additional elements or standards.

252 6. The AdSS training shall ~~also~~ include skills pertinent to the
253 ~~Parent/Family Support of~~ Members with intellectual or
254 developmental disabilities.

255 7. The AdSS shall not combine a CPPFSP Training Curriculum with
256 any other training and shall be recognized as a stand-alone
257 program.

258 8. The AdSS shall ensure the curriculum is maintained and as
259 substantial changes in the ~~Integrated System of Care (ISOC)~~
260 occur, the curriculum is revised.

261 9. The AdSS shall submit the updated content to AHCCCS/DCAIR,
262 OIFA, at OIFA@azahcccs.gov, and the Division's OIFA at
263 DDDOIFA@azdes.gov for review and approval before the
264 changed or updated curriculum is to be utilized.

265 **D. COMPETENCY EXAM**

266 1. The AdSS shall require individuals seeking employment as a
267 CPPFSP to shall complete and pass a competency exam as
268 described in section E.3 of this policy, with a minimum score of
269 80 percent, upon completion of required training to become a
270 CFSP.

271 2. The AdSS shall require all exams created by the CFSPTPs to
272 include at a minimum, questions related to each of the
273 curriculum core elements as specified in this policy. Each
274 ~~CPPFSPTP Training Program has the authority to develop a~~
275 ~~unique competency exam.~~ However, all exams shall include
276 questions related to each of the curriculum core elements as
277 specified in this policy.

278 3. The AdSS shall require agencies employing CPPFSP who are
279 providing Parent/Peer/Family Support Services are required to
280 ensure that its employees are competently trained to work with
281 the populations served.

282 4. The AdSS shall require upon completion of each class, all
283 AHCCCS registered providers operating a CPPFSP program to
284 shall utilize AMPM Policy 964, Attachment B, Credentialed

285 Parent/Family Support Provider Graduates, to submit the names
286 of trainees and dates of graduation to the Division, OIFA, via
287 email at dddahcccsdeliverables@azdes.gov.

288 5. The AdSS shall require AMPM Policy 964, Attachment B these
289 reports to contain no other information apart from what is
290 required.

291 **E. CREDENTIALLED ~~PARENT/PEER/FAMILY SUPPORT PARTNER~~**
292 **EMPLOYMENT TRAINING CURRICULUM STANDARDS**

293 1. The AdSS's CPPFSPTP curriculum Training Programs shall not
294 duplicate training in the CFSPTP curriculum required of
295 individuals for employment with a licensed agency or Community
296 Service Agency (CSA), ~~training elements in this policy are~~
297 specific to the CPPFSP role in the AHCCCS programs and
298 instructional for CPPFSP interactions.

299 2. The AdSS shall develop and make available policies and
300 procedures as well as additional resources for development of
301 curriculum, including AdSS staff contacts for questions or
302 assistance related to training or curriculum.

- 303 3. The AdSS shall include in their CFSPTP ~~CPPFSP Training Program~~
- 304 curriculum ~~shall include~~ the following core elements:
- 305 a. Overview of system history and knowledge of the Arizona
- 306 behavioral health system that resulted in system
- 307 transformation:
- 308 i. Arizona Vision (Jason K. lawsuit);
- 309 ii. Jacob's Law;
- 310 iii. Arnold vs. Sarn;
- 311 iv. Adult System of Care (ASOC)- Nine Guiding
- 312 Principles;
- 313 v. Adult Recovery Team (ART);
- 314 vi. Children's System of Care (CSOC)-Twelve Guiding
- 315 Principles;
- 316 vii. Child and Family Team (CFT);
- 317 viii. CSOC levels of care
- 318 ix. Medicaid covered services; and
- 319 x. Rights of the caregivers and individual rights of
- 320 Members.
- 321 b. Lifecycle Transitions

Quality Management and Performance Improvement Program

- 322 i. Transition aged youth, and
- 323 ii. Guardianship.
- 324 a) Types and Alternatives – (e.g., Power of
- 325 Attorney, Advance Directives), and
- 326 b) Process of applying (rules and requirements).
- 327 iii. Timelines of transition to adulthood into the ASOC;
- 328 and
- 329 iv. Role changes when bridging the CSOC and ASOC at
- 330 transition for the individual, family, and CFT.
- 331 c. System Partner Overview
- 332 i. The Division’s three categories of eligibility and
- 333 eligibility process, covered services, knowledge of
- 334 the Division’s health plans,
- 335 ii. Comprehensive Health Plan (CHP) program overview,
- 336 involvement, and collaboration, understanding the
- 337 CFSP and Member or family role(s) for children in the
- 338 Department of Child Safety (DCS) care, education,
- 339 navigation, support, and advocacy with Members and
- 340 families involved in DCS care, as described in AMPM

Quality Management and Performance Improvement Program

- 341 260.
- 342 iii. Office of Human Rights and Special Assistance (OHR);
- 343 iv. OIFA Office of Individual and Family Affairs;
- 344 v. Introduction to the Americans with Disabilities Act
- 345 (ADA);
- 346 vi. Introduction to Social Security Income (SSI)/Social
- 347 Security Disability Insurance (SSDI):
- 348 a) Payee services, and
- 349 b) Vocational rehabilitation services and available
- 350 trainings.
- 351 vii. Introduction to the criteria and processes for a SED
- 352 SMI designation;
- 353 viii. Introduction to the criteria and processes for COE
- 354 and COT;
- 355 ix. Crisis Services:
- 356 a) Crisis planning and prevention;
- 357 b) Crisis centers;
- 358 c) Crisis Mobile Teams; and
- 359 d) Crisis Intervention Training.

Quality Management and Performance Improvement Program

- 360 d. Advocacy and Empowerment
- 361 i. Family and Peer movements and the role of
- 362 advocacy in systems transformation; and
- 363 ii. Building collaborative partnerships and relationships:
- 364 a) Engagement, identification, and utilization of
- 365 strengths; and
- 366 b) Utilization and modeling of conflict resolution
- 367 skills and problem-solving skills.
- 368 iii. Understanding of:
- 369 a) Individual and family culture, biases, stigma,
- 370 and systems' cultures; and
- 371 b) Trauma informed care approaches.
- 372 iv. Natural or/Informal supports – identifying, building,
- 373 and connecting individuals and families, including
- 374 families of choice, to community and natural
- 375 supports;
- 376 v. Diversity, equity, inclusion, and accessibility in
- 377 healthcare;
- 378 vi. Empowerment:

Quality Management and Performance Improvement Program

- 379 a) Empowerment of Family Members and other
380 supports to identify their needs, promote self-
381 reliance;
- 382 b) Identification of understanding of the stages of
383 change, and unmet needs; and
- 384 c) Identification of barriers; family, system,
385 social, emotional, physical, and using effective
386 advocacy skills to overcome barriers.
- 387 e. Practice of Support
- 388 i. Communication techniques:
- 389 a) Individuals first, strengths-based language,
390 using respectful communication, demonstrating
391 care and commitment;
- 392 b) Active listening skills, demonstrating empathy,
393 provide empathic responses, differentiation
394 between sympathy and empathy, listening
395 non-judgmentally; and
- 396 c) Use of self-disclosure effectively and sharing
397 one's own story for the benefit of the Member.

Quality Management and Performance Improvement Program

- 398 ii. Wellness, in terms of understanding:
- 399 a) The stages of grief and loss;⁷
- 400 b) Self-care and stress management;⁷
- 401 c) Compassion,⁷ fatigue, and burnout, and
- 402 secondary traumatic stress;
- 403 d) Resiliency and recovery; and
- 404 e) Healthy personal and professional boundaries.
- 405 ~~2. Twelve Principles for Children Behavioral Health Service Delivery,~~
- 406 ~~and~~
- 407 ~~3. Communication Techniques:~~
- 408 ~~a. Individuals first, strengths-based language, using~~
- 409 ~~respectful communication, demonstrating care and~~
- 410 ~~commitment;~~
- 411 ~~b. Active listening skills, by having the ability to~~
- 412 ~~demonstrate empathy, provide empathetic responses~~
- 413 ~~and differentiate between sympathy and empathy,~~
- 414 ~~listening non-judgmentally; and~~
- 415 ~~c. Use of self-disclosure effectively, sharing one's story when~~
- 416 ~~appropriate.~~

- 417 ~~4. System history overview and history of the Arizona Behavioral~~
418 ~~Health System;~~
- 419 ~~5. System transformation as a result of the Jason K lawsuit, Jacob's~~
420 ~~Law, Jake's Law;~~
- 421 ~~6. Children's System of Care (CSOC) Vision and Guiding Principles~~
422 ~~for Child and Family Team (CFT);~~
- 423 ~~7. CSOC Levels of Care, Covered Services, Referrals,~~
424 ~~8. DES/DDD, DCS/CHP;~~
- 425 ~~9. ASOC Nine Guiding Principles for Recovery-Oriented Adult~~
426 ~~Behavioral Health Services and Systems and Adult Recovery~~
427 ~~Team (ART);~~
- 428 ~~10. Arnold v. Sarn;~~
- 429 ~~11. Office of Human Rights and Special Assistance (OHR),~~
430 ~~12. Office of Individual and Family Affairs (OIFA),~~
- 431 ~~13. Family and peer movements and the role of~~
432 ~~advocacy in systems transformation;~~
- 433 ~~14. Introduction to the Americans with Disabilities Act (ADA) and~~
434 ~~funding sources for behavioral health systems;~~
- 435 ~~15. Rights of the caregivers and individual;~~

Quality Management and Performance Improvement Program

- 436 ~~16. Transition Aged Youth:~~
- 437 ~~a. Guardianship,~~
- 438 ~~b. Timeliness of transition to adulthood into the ASOC~~
- 439 ~~role changes when bridging the ASOC and CSOC at~~
- 440 ~~transition for an individual, family, and team;~~
- 441 ~~17. Building collaborative partnerships and relationships:~~
- 442 ~~a. Engagement, identification, and utilization of strengths;~~
- 443 ~~b. Utilization and modeling of conflict resolution skills, and~~
- 444 ~~problem solving skills;~~
- 445 ~~c. Understanding of:~~
- 446 ~~i. Individual and family culture, biases, stigma, and~~
- 447 ~~systems' cultures; and~~
- 448 ~~ii. Trauma informed care approaches,~~
- 449 ~~d. Identification, building and connecting individuals and~~
- 450 ~~families, including families of choice, to community and~~
- 451 ~~natural/informal supports.~~
- 452 ~~19. Wellness, in terms of understanding:~~
- 453 ~~a. The stages of grief and loss,~~
- 454 ~~b. Self care and stress management,~~

- 455 e. ~~Compassion, fatigue, and burnout,~~
456 d. ~~Resiliency and recovery; and~~
457 e. ~~Healthy personal and professional boundaries.~~

458 **F. SUPERVISION OF CREDENTIALLED ~~PARENT/PEER/FAMILY~~**
459 **SUPPORT PARTNER**

- 460 1. The AdSS shall establish amount of hours and duration of
461 supervision period of CPPFSP.
462 2. The AdSS shall require and follow the criteria requirements
463 outlined below:
464 a. Providers agencies employing CPPFSP shall provide
465 supervision by individuals qualified as BHT or BHP.
466 i. Supervision shall be appropriate to the services being
467 delivered and the qualifications of the CPPFSP as a
468 BHT, BHP, or BHPP.
469 ii. Supervision shall be documented and inclusive of
470 both clinical and administrative supervision.
471 b. Individuals providing supervision shall receive training and
472 guidance to ensure current knowledge of best practices in
473 providing supervision to CPPFSP.

- 474 3. The AdSS shall develop and make available to the providers:
- 475 a. Policies, and procedures, and regarding resources available
- 476 to agencies for establishing supervision requirements of
- 477 service provision; and
- 478 b. Any expectations for providers related to agencies
- 479 regarding AdSS monitoring or oversight activities for this
- 480 requirement.

481 **G. PROCESS FOR ~~OF~~ SUBMITTING EVIDENCE OF CREDENTIALING**

- 482 1. The AdSS shall ensure provider agencies:
- 483 a. Mmaintain documentation of required qualifications and
- 484 credentialing for CPPFSP; and
- 485 b. Make copies of credentials available upon request by the
- 486 AdSS or the Division.
- 487 2. The AdSS shall develop and make available to providers policies
- 488 and procedures that describe monitoring, ~~and~~ auditing, ~~and~~
- 489 oversight activities and where records specific to supervision and
- 490 training of ~~Credentialed Parent/Peer/Family Support Provider~~
- 491 (~~CPPFSP~~) are reviewed and maintained.
- 492 3. The AdSS shall submit information noting ~~CFSP~~ Credentialed

Quality Management and Performance Improvement Program

493 ~~Parent/Peer/Family Support Specialist (CPPFSS)~~ involvement in
494 service delivery as specified in the AdSS contract with the
495 Division contract and utilizing AMPM Policy 964 Attachment A,
496 Credentialed ~~Parent~~ Family Support Specialists Involvement in
497 Service Delivery Report.

498 **H. INTERSTATE RECIPROCITY**

499 1. The AdSS shall recognize credentials issued by other states or
500 training programs.

501 2. The AdSS shall require individuals credentialed in another state
502 to submit their credential to AHCCCS/DCAIR, OIFA, via email to
503 AHCCCS OIFA.

504 **I. CONTINUING EDUCATION AND ONGOING LEARNING**
505 **REQUIREMENTS**

506 1. The AdSS shall establish ~~Ongoing~~ training requirements of
507 current best practices, ~~similar to other practitioners, shall be~~
508 ~~established~~ for individuals employed as CPPFSP to obtain
509 continuing education and ongoing learning relevant to family
510 support.

511 2. The AdSS shall develop and make available to providers the

Quality Management and Performance Improvement Program

512 policies and procedures describing requirements for individuals
513 employed as CPPFSP to obtain a minimum of 8 eight hours of
514 continuing education and ongoing learning relevant to family
515 support, per year.

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

519 **SUPPLEMENTAL INFORMATION**

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

524

525 Signature of Chief Medical Officer: