Peer Support Employment Training Program (PSETP) Application for Review and Recognition by the OIFA Alliance

The OIFA Alliance oversees the review and recognition process for Arizona's Peer Support Employment Training Programs (PSETPs).

Providers seeking review and recognition shall submit a completed application to OIFA@azahcccs.gov with "Attn: PSETP Application'' in the subject line. Upon receipt of the application, the OIFA Alliance will jointly determine a Lead Contractor to perform program reviews and approvals on behalf of all the Contractors who intend to contract or are contracted with the applicant. Once the application review has been completed, the applicant will be notified by the Lead Contractor..

Once approved by the OIFA Alliance, the PSETP will be recognized by AHCCCS as compliant with AMPM Policy 963. The Peer/Recovery Support Specialist (PRSS) credentials issued thereafter by the PSETP are valid for Medicaid reimbursement of peer support services delivered under supervision to eligible individuals.

AGENCY INFORMATION:

Name of the organization:

Date of Submission:

Applicant Point of Contact:

Email: Phone Number:

Provider Administrative Address:

AHCCCS ID: Date registered as an AHCCCS Provider:

Are you contracted with any of the following health plans? (Check all that apply)

     Arizona Complete Health

     Banner University Family Care

     Health Choice Arizona

     Care1st of Arizona

     Mercy Care

     Molina Healthcare

     UnitedHealthcare Community Plan

     AHCCCS Division of Fee-for-Service Management

What Medicaid services do you provide?

How many PRSS are currently employed with your agency?

Describe the role of PRSS in your agency?

Age groups your organization serves:

Please list any special populations or specific focus areas your agency has: (This may include, but is not limited to, individuals with Intellectual Disabilities (IDD), Autism Spectrum Disorder, Substance Use Disorders, Serious Mental Illnesses, Tribal Members)

AGENCY CULTURE AND HISTORY:
Please share your agency's mission and vision:

What is your interest and objectives in becoming a PSETP?

Will you be training only your internal staff?   Yes   No

Will you be training individuals interested in being employed at other agencies?   Yes   No

SUPPORTING A COMPETENT PRSS WORKFORCE:

How will your agency set itself apart from other recognized PSETPs?

Describe the ideal candidate for your training program:

What disqualifies a person from entering your program?

What if any tuition or fees will you be collecting from individuals interested in attending your program?

Will you have additional criteria or requirements for applicants beyond what is listed in AMPM 963, Attachment B?

How will you be an effective peer support training program?

How do you incorporate the highest standards of conduct within your organization and infuse these standards within your training program?

How are the principals, ideals and values of peer support woven throughout your organization and your training program?

What is your agency's involvement in the peer support movement, including membership or association with national or local organizations?

Do you intend to include job shadowing or internship component as part of your training program, if so please describe:

The OIFA Alliance expects all training programs to adhere to nationally-recognized guidelines and standards of practice for peer support.

Describe how your program will follow the essence of peer support as described in nationally-recognized practice guidelines and the Arizona guiding principles:

How will your program follow up with graduates in their career development?

What are the unique features of your program that sets you apart from other recognized PSETPs?

AMPM Policy 963 requires PSETPs to utilize a standard application form (AMPM 963 Attachment B) to interview and admit potential trainees, and report graduates to AHCCCS using a standard form (AMPM 963 Attachment C)

Please attest your program will utilize these documents as required per AMPM Policy 963:   Yes

Recognized programs will notify the OIFA Alliance of any changes to the following:

Agency name, address or telephone number

Point(s) of contact for the PSETP

Trainers for the PSETP

Training locations

Curriculum to include updates

Please attest your program will notify the OIFA Alliance of any changes listed above: Yes

Recognized programs are required to share all program curriculum materials with members of the OIFA Alliance upon request. Please attest your program will comply with this requirement: Yes   No

Trainer Credentials

Please provide the following information for the PSETP trainers

Last Name: First Name:

Program: Date of graduation:

Experienced delivering peer support services: YES   NO

Last Name: First Name:

Program: Date of graduation:

Experienced delivering peer support services: YES   NO

Last Name: First Name:

Program: Date of graduation:

Experienced delivering peer support services: YES   NO

Training Locations

Please provide the following information for locations at which trainings will be held:

Address:

Phone: Provider Type (if applicable):

Address:

Phone: Provider Type (if applicable):

Address:

Phone: Provider Type (if applicable):