

**963 – PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS**

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22, 10/01/23, 12/05/23

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20, 05/11/21, 05/24/22, 08/03/23, 12/01/23

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Providers serving: the American Indian Health Program (AIHP), DES/DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes Medicaid reimbursement requirements for peer support services delivered within the AHCCCS programs. These requirements include the qualifications, supervision, continuing education, and training/credentialing processes of Peer and Recovery Support Specialists (PRSS). A PRSS credential from an AHCCCS-recognized Peer Support Employment Training Program (PSETP) is necessary for 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).

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

<b>BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)</b>	<b>BEHAVIORAL HEALTH PROFESSIONAL (BHP)</b>	<b>BEHAVIORAL HEALTH TECHNICIAN (BHT)</b>
<b>HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)</b>	<b>MEMBER</b>	<b>SUBSTANCE USE DISORDER (SUD)</b>

For purposes of this Policy, the following terms are defined as:

- PEER AND RECOVERY SUPPORT SPECIALIST (PRSS) - CONTINUING EDUCATION AND ONGOING LEARNING** Activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities may involve, but are not limited to, acquiring traditional Continuing Education Units (CEUs).
- PEER AND RECOVERY SUPPORT SPECIALIST (PRSS)** An individual trained, credentialed, and qualified to provide peer and recovery support services within the AHCCCS programs.

**PEER AND RECOVERY  
SUPPORT SPECIALIST (PRSS)  
-CREDENTIAL**

A written document issued to a qualified individual by operators of an AHCCCS-recognized Peer Support Employment Training Program (PSETP). A PRSS credential is necessary for provision of Medicaid-reimbursed peer support services delivered by the holder of the credential, under supervision by a BHT or BHP.

**PEER SUPPORT  
EMPLOYMENT TRAINING  
PROGRAM (PSETP)**

A training program encompassing the Peer and Recovery Support Specialist (PRSS) credentialing process and recognized by the Office of Individual and Family Affairs (OIFA) Alliance.

**OFFICE OF INDIVIDUAL AND  
FAMILY AFFAIRS (OIFA)  
ALLIANCE**

A collaborative of all OIFAs in Arizona, including AHCCCS OIFA. The OIFA Alliance oversees the review and recognition process for Arizona’s Peer Support Employment Training Programs (PSETPs).

**III. POLICY****A. OVERVIEW**

In the State Medicaid Director Letter dated August 15, 2007, (SMDL #07-011) the Centers for Medicare and Medicaid Services (CMS) granted State Medicaid programs the authority to define the scope of peer support services, define training program requirements, and to determine the oversight and qualification requirements for individuals providing Medicaid-reimbursable peer support services. To comply with CMS requirements for reimbursement of peer support services the AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office of Individual and Family Affairs (OIFA) has established training requirements, supervision, and credentialing standards for Peer-and-Recovery Support Specialist (PRSS) when providing peer support services within the AHCCCS programs.

Individuals with lived experience(s) of recovery are an integral part of the behavioral health workforce. Self-identifying as an individual with lived experience(s) of recovery is a pre-requisite to obtaining a PRSS credential from an AHCCCS-recognized Peer Support Employment Training Program (PSETP). A PRSS credential is required for Medicaid reimbursement of peer support services within the AHCCCS programs.

Peer support services include the provision of assistance to utilize the service delivery system more effectively (e.g., assistance in developing plans of care, identifying needs, accessing supports, partnering with other practitioners, overcoming service barriers); or understanding and coping with the stressors of the individual’s disability (e.g., support groups, coaching, role modeling, and mentoring).

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.

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

1. Individuals seeking credentialing and employment as a PRSS, shall:
  - a. Qualify as a Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT), or Behavioral Health Professional (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, and/or substance use, for which they have sought support, and
    - ii. Has an experience of sustained recovery to share.
2. Individuals facilitating training shall hold a PRSS credential from an AHCCCS-recognized PSETP.
3. The Contractor shall ensure PSETP operators:
  - 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 requirements of Attachment B, and
  - d. Obtain consent from trainees to share their PRSS credential with the Contractor and AHCCCS registered providers for verifying compliance with this Policy.
4. PSETP operators shall only admit individuals completing and fulfilling all requirements of AMPM Policy 963 Attachment B. For any other requirements or exclusions not covered by this Policy, final determination rests with the PSETP operator. PSETP operators shall maintain copies of all issued PRSS credentials and provide an electronic copy of the credential to a graduate upon request.
5. AHCCCS recognizes PRSS credentials issued by PSETPs in compliance with this Policy. The Contractor and AHCCCS registered 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 Contractor, service provider or tribal community, the additional requirements shall not prevent recognition of a PRSS credential issued in compliance with this Policy.
6. The PRSS credentialing process, as described in this Policy, is not a behavioral health service.

**C. COMPETENCY EXAM**

Upon completion of required training, participants shall demonstrate their ability to support the recovery of others by passing a competency exam with a minimum score of 80%. Each PSETP operator has the authority to develop a unique competency exam. All exams shall include questions related to each of the curriculum core elements as specified in this Policy. If an individual does not pass the competency exam, the provider of the exam may allow the individual to retake the exam or complete additional training prior to taking the competency exam again. Agencies employing PRSS and delivering peer support services are required to ensure staff are competently trained to work with the populations served.

The Contractor shall ensure all AHCCCS registered providers operating a PSETP submits, upon completion of each class, Attachment C to AHCCCS/DCAIR OIFA, via email at oifa@azahcccs.gov. These reports shall contain no other identifying information apart from what is required.

The Contractor shall ensure PSETPs retain copies of Attachment C and make copies available to the Contractor upon request.

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

1. The Contractor shall:
  - a. Ensure provider agencies delivering 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,
  - b. Ensure employers of PRSS have defined qualifications for BHPPs and BHTs,
  - c. Develop and make available to providers policies and procedures describing how the Contractor is monitoring and auditing/oversight activities where records specific to supervision, training, continuing education, and/or ongoing learning of PRSS are reviewed and maintained, and
  - d. Submit Attachment A documenting all actively employed PRSS meet the required qualifications and credentialing for the delivery of peer support services as specified in Contract.
2. FFS Providers delivering peer support services shall maintain Attachment A documenting all actively employed PRSS meet the required qualifications and credentialing for the delivery of peer support services. Attachment A shall be made available to AHCCCS DFSM upon request.

**E. INTER-STATE RECIPROCITY**

AHCCCS/DCAIR, OIFA, recognizes credentials issued in states and/or by training programs in compliance with CMS's requirements, as specified in SMDL #07-011. Individuals credentialed in another state shall submit their credential to AHCCCS/DCAIR OIFA via email at oifa@azahcccs.gov.

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

Like other practitioners, requirements shall be established for individuals employed as PRSS to obtain continuing education and ongoing learning relevant to peer support, including physical health and wellness.

The Contractor 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. At least one hour shall cover ethics and boundaries related to the practice of peer support.

**G. SUPERVISION OF PEER/RECOVERY SUPPORT SPECIALISTS**

To receive Medicaid reimbursement for peer support services, the individual providing the service must have a PRSS credential from an AHCCCS-recognized PSETP and receive supervision as specified in Arizona Administrative Code (A.A.C. R9-10-101). Refer to AMPM Policy 310-B and the AHCCCS Fee-For-Service Provider Billing Manual for further details on billing limitations.

1. The Contractor and FFS providers shall ensure:
  - a. Providers have policies and procedures to establish the minimum professional, educational and/or experiential qualifications for BHPPs and BHTs,
  - b. Provider policies and procedures establish the minimum required 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**

1. A PRSS credentialing program curriculum shall include the following core elements:
  - a. Concepts of hope and recovery:
    - i. Instilling the belief that recovery is real and possible,
    - ii. The history of social empowerment movements, and their connection to peer and recovery support, including but not limited to the following movements:
      - 1) Self-help,
      - 2) Consumer/survivor/ex-patient,
      - 3) Neurodiversity,
      - 4) Disability Rights, and
      - 5) 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 (e.g., harm reduction, 12-Step recovery, neurodiversity),
    - 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:
    - i. State and national health systems' infrastructure – 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 and identity-first language to educate provider staff on recovery principles and the role and value of peer support,

- iv. Diversity, Equity, Inclusion and Accessibility (DEIA) for underserved and under-represented communities,
- v. Creating a sense of community in a safe and supportive environment,
- vi. Forms of advocacy and effective strategies – consumer rights and navigating health systems,
- vii. The Americans with Disabilities Act, (ADA), and
- viii. Social Determinants of Health (SDOH).
- 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 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 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 mandatory reporter, what to report and when,
  - iv. Understanding common signs and experiences of:
    - 1) Mental health disorders,
    - 2) Substance Use Disorders (SUD),
    - 3) Opioid Use Disorders (OUD),
    - 4) Addiction,
    - 5) Dissociation,
    - 6) Trauma,
    - 7) I/DD, and
    - 8) Abuse/exploitation and neglect.
  - v. Familiarity with commonly used medications and potential side effects, informed consent as specified in to AMPM Policy 320-Q,
  - vi. Guidance on proper service documentation, billing, and using recovery language throughout documentation, and

- vii. Self-care skills:
  - 1) Coping practices for helping professionals,
  - 2) The importance of ongoing supports for overcoming stress in the workplace,
  - 3) Using boundaries to promote personal and professional resilience, and
  - 4) Using self-awareness to prevent compassion fatigue, secondary traumatic stress, and burnout.
- 2. PSETPs shall not duplicate training required of individuals employed by a licensed agency or Community Service Agencies (CSA). PRSS employed in CSA shall complete additional training as specified in AMPM Policy 965.
- 3. The Contractor shall develop and make available policies and procedures as well as additional resources for development and improvement of PSETP curriculum, including the Contractor staff contacts for questions or assistance.

#### **I. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL PROCESS**

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.

Peer support employment training is not a billable service for costs associated with training an agency's own employees.

- 1. To be considered for review, AHCCCS registered providers intending to operate a PSETP shall submit a completed PSETP application to [OIFAAlliance@azahcccs.gov](mailto:OIFAAlliance@azahcccs.gov).
- 2. If the application is denied the applicant may submit a new application, no earlier than six months after initial denial.
- 3. If the application is accepted, the applicant shall follow OIFA Alliance instruction for submitting their program materials for further compliance review.
- 4. Program curriculum materials shall include but are not limited to:
  - a. Student and trainer manuals,
  - b. Handouts,
  - c. Homework,
  - d. Final exam,
  - e. Credentialing certificate,
  - f. Any other classroom materials, and
  - g. Descriptions of reasonable accommodations and alternative formats for the accessibility of program materials by all audiences.
- 5. 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.

6. The OIFA Alliance may provide guidance or require program improvements to be carried out by the PSETP as conditions of approval.
7. If a program makes substantial changes (e.g., change to content) to its curriculum or if there is an addition to required elements, the program shall submit the updated content to OIFAAlliance@azahcccs.gov for review and approval.
8. If there are regional or culturally specific training requirements exclusive to the Contractor, or tribal community, the additional training requirements shall not prevent employment or transfer of a PRSS credential based on the additional elements or standards.
9. All AHCCCS-recognized PSETPs shall make curriculum materials available to members of the OIFA Alliance and/or AHCCCS DFSM upon request.
10. 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.