

409 - CONTRACTOR OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS

EFFECTIVE DATE: 04/30/24, 10/01/25

APPROVAL DATE: 02/08/24, 05/23/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy outlines the Contractor requirements to establish and maintain a distinct Office of Individual and Family Affairs (OIFA) department.

II. DEFINITIONS

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

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

MEMBER ADVOCACY COUNCIL (MAC)

A council which provides opportunities for members and family members served by an AHCCCS health plan and other stakeholders to participate in driving positive change. The members of the Member Advocacy Council (MAC) shall reflect the population and communities served by an AHCCCS health plan. The Council members gather and discuss issues and barriers, identify challenges, problem-solve, share information, and strategize ways to strengthen service delivery.

III. POLICY

The Contractor shall establish and maintain an OIFA department to support and fulfill the AHCCCS OIFA mission and strategic plan, and work in collaboration with the statewide OIFA Alliance initiatives. The OIFA department shall promote recovery, resiliency, empowerment, and wellness. For additional information, refer to the AHCCCS Office of Individual and Family Affairs web page posted on the AHCCCS website - AHCCCS Info – Healthcare Advocacy.

A. CONTRACTOR RESPONSIBILITIES

1. Establish and maintain an OIFA department to enhance and ensure the voices of those with lived experience are promoted, heard, and considered in policy planning and practice development.

2. Name an OIFA Administrator to lead the Contractor's OIFA department as specified in Contract. The Contractor shall ensure:
 - a. The OIFA Administrator is located in Arizona and has lived experience receiving behavioral health services and/or lived experience as a family member who is a primary caregiver or natural support and experienced in navigating a public behavioral health system, and
 - b. The OIFA Administrator takes an overarching approach to incorporate the perspective of lived experience with behavioral health challenges in all programs, policies, and procedures.

B. OIFA ADMINISTRATOR RESPONSIBILITIES

1. The OIFA Administrator, and sufficient staff under this position, shall:
 - a. Direct and educate on the vision for the OIFA department ensuring its mission is integrated into the programs, policies, and practices of the Contractor,
 - b. Cultivate new relationships and nurture existing relationships to build partnerships with individuals, families, youth, and community members to promote recovery, resiliency, and wellness,
 - c. Assemble and facilitate a Member Advocacy Council (MAC). At a minimum a MAC shall include:
 - i. Individuals enrolled with the Contractor and are receiving and/or have received behavioral health services,
 - ii. Family members of individuals who are receiving and/or have received behavioral health services,
 - iii. Professionals, and
 - iv. Advocates.
 - d. Assist and participate in the Contractor's governance committee as specified in Contract,
 - e. Advocate for service delivery and environments that are supportive, welcoming, person-centered, trauma-informed, and recovery-focused,
 - f. Develop a strategic plan in alignment with the AHCCCS OIFA strategic plan as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables,
 - g. Oversee the compiling and submission of OIFA deliverables as specified in Contract,
 - h. Collect and analyze required and ad hoc data on the provision of peer support services and family support services in the Contractor's network on a regular or ad hoc basis, and
 - i. Have access to complete data for sufficient use in, at a minimum:
 - i. Identifying gaps in the network and barriers to care for members accessing peer support services and family support services,
 - ii. Assessing needs for expansion of peer support services and family support services into other areas,
 - iii. Collaborating with the Contractor's Workforce Development Operation (WFDO) to identify potential challenges and threats to the viability of the Peer Recovery Support Specialists (PRSS) and Credentialed Family Support Partners (CFSP) workforce, and
 - iv. Elevating any identified concerns to AHCCCS as appropriate.

C. OIFA ALLIANCE INVOLVEMENT

In recognition of the interconnected relationships providers have with multiple health plans, the OIFA Alliance was created to reduce duplication and streamline communication between providers, health plans, and AHCCCS. The OIFA Alliance comprises all the Offices of Individual and Family Affairs (OIFA) in Arizona, including AHCCCS OIFA. These efforts fall under the purview of the OIFA Alliance when all Contractor OIFAs participate with AHCCCS OIFA in shared initiatives and projects. The Contractor's OIFA department shall participate in all OIFA Alliance-initiated activities. These activities may include but are not limited to:

1. Improving and expanding oversight of the training and credentialing of PRSSs and CFSPs by:
 - a. Establishing rapport with recognized Peer Support Employment Training Programs (PSETP)s and CFSP training programs,
 - b. Adhering to shared criteria, processes, and procedures for selection and recognition of new PSETPs, and CFSP training programs, and
 - c. Reviewing curricula and monitoring activities of recognized PSETPS and CFSP training programs to ensure quality and availability of training programs for the credentialed peer support and credentialed family support workforce, by:
 - i. Requesting and receiving copies of AMPM Policy 963, Attachment C and AMPM Policy 964, Attachment B from recognized PSETPs and CFSP training programs upon completion of every class, and
 - ii. Tracking employment placement for graduates of PSETPs and CFSP training programs.
2. Guide the development, implementation, and monitoring of Peer-Run Organizations (PROs) and Family-Run Organizations (FROs).
3. Other statewide initiatives undertaken by the OIFA Alliance as a whole.

All OIFA Alliance correspondence shall be directed to and communicated from AHCCCS OIFA OIFAAlliance@azahcccs.gov.

D. PEER AND FAMILY MEMBER INVOLVEMENT

The peer and the family member involvement is a dynamic set of activities and requires the Contractor, individuals and families served by the Contractor, to be open to creating trusting relationships based on shared goals. Providing opportunities for meaningful partnerships with individuals and families requires a commitment from the Contractor. The Contractor shall implement strategies so that the input and perspectives of peers and families are sought out, listened to, and acted upon. The Contractor shall measure the outcomes of peer and family member engagement initiatives.

These activities shall include but are not limited to:

1. Embedding the following principles of peer and family involvement in the design, and implementation of an integrated health care service delivery system:
 - a. Sharing the same mission to place the member's whole health needs above all else,
 - b. Embedding member and family voice at all levels of the service delivery system,
 - c. Ensuring members and family members have access to peer support and family support services delivered by individuals with lived experience as specified in AMPM Policy 963 and AMPM Policy 964, and
 - d. Maximizing the use of PROs and FROs.
2. The Contractor shall submit a Roster of Peer and Family Committee Members, utilizing Attachment B, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables.
3. Ensuring meaningful peer and family member participation on all the Contractor committees, except for those that pertain to issues of member and/or provider confidentiality. Every effort shall be made to ensure the composition of the committees is diverse and representative of the Contractor's current membership throughout the region with respect to the members' race, ethnic background, primary language, age, and Medicaid eligibility.
4. Meeting, at least every six months with a broad spectrum of peers, family members, and providers including PROs and FROs, advocacy organizations, and any other individuals that have an interest in creating system enhancements. These meetings will be utilized to gather input, identify challenges and barriers, share information, and strategize on ways to strengthen the service delivery system. The Contractor shall invite AHCCCS OIFA to participate in these meetings.
5. Identify and create other opportunities for member and family member participation including boards, workgroups and recurring and/or ad hoc meetings to ensure representation of the peer and family perspective in programs and services.
6. Communicate and collaborate with members and families to identify concerns and remove barriers impacting service delivery or member satisfaction, by:
 - a. Tracking and trending issues, barriers, suggestions, concerns, and
 - b. Reporting back to the members and families who provided feedback which led to changes made, as a result of their participation.

E. PEER SUPPORT SERVICES AND FAMILY SUPPORT SERVICES

The Contractor's OIFA department shall have oversight of the provision of peer support services and family support services within their contracted Geographic Service Areas (GSAs). The OIFA shall work with the Contractor's network management, quality management, Workforce Development (WFD), and cultural competency departments to ensure:

1. A PRSS delivering peer support services fulfills all requirements in AMPM Policy 963.

2. A CFSP delivering family support services fulfills all requirements in AMPM Policy 964.
3. The peer support services, and the family support services meet the needs of the diverse populations served by the Contractor, including but not limited to specialized programs for ALTCS DDD and ALTCS E/PD members.

The Contractor OIFA Administrator shall have access to utilization reports and other necessary means to monitor, track, and trend network sufficiency for peer support services and family support services.

F. PEER-RUN ORGANIZATIONS AND FAMILY-RUN ORGANIZATIONS

1. The Contractor shall contract with PROs and FROs, as specified in Contract. The Contractor shall ensure that providers are educated on the role of the PROs and FROs and inform members on the availability of peer support and family support services within the PROs and FROs.
2. The Contractor shall ensure members have access to services available at the PROs and FROs. These services assist with understanding how to effectively utilize the service delivery system to access the covered benefits.
3. If the Contractor desires to Contract with an organization not currently recognized as a PRO or FRO by AHCCCS OIFA, and the Contractor believes the organization meets the definition and criteria, the Contractor shall submit a New PRO and/or FRO Request Form, utilizing Attachment A, as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables. The OIFA Alliance will evaluate the submitted attachment.