The Contractor shall contract with Peer-Run Organizations (PROs) and Family-Run Organizations (FROs), as specified in Contract, in each of the Contractor’s’ awarded service areas. The Contractor shall offer members the option to receive medically necessary behavioral health services from a PRO and/or FRO.

When the Contractor contracts with an AHCCCS provider not currently recognized by AHCCCS OIFA as a PRO or FRO, and whom the Contractor believes meets the criteria of a PRO or FRO as specified in Contract, the Contractor shall submit this completed request form, including any listed documentation to AHCCCS OIFA at OIFA@azahcccs.gov.

All applicants (PRO and FRO), please complete the following General Information:

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | | |
|  |  |  |
| *Contractor Name* |  | *Submitted By* |
|  |  |  |
| *Line(s) of Business* |  | *Service Area(s)* |
|  |  |  |
| *Provider Name* |  | *Provider ID* |
|  |  |  |
| *Provider Point of Contact* |  | *Phone* |
|  |  |  |
| *Email* |  | *Website* |
|  |  |  |
| *Programs and Services Offered* |  | *Populations Served* |

|  |  |  |
| --- | --- | --- |
| If contracted with other AHCCCS Health Plans, please list: |  | |
|  | | |
| All applicants (PRO and FRO), please complete the following Statement of Interest: | |  |
|  | | |

|  |
| --- |
| **STATEMENT OF INTEREST FOR RECOGNITION AS PEER-RUN ORGANIZATION OR FAMILY-RUN ORGANIZATION BY**  **CONTRACTOR OR PROVIDER** |
|  |

**PEER RUN ORGANIZATION APPLICANTS PLEASE COMPLETE THE FOLLOWING SECTION**

|  |  |  |
| --- | --- | --- |
| **PEER RUN ORGANIZATION DOCUMENTATION** | | |
| **GENERAL REQUIREMENTS** | **DOCUMENTS SUBMITTED**  **DEMONSTRATING GENERAL REQUIREMENT** | **AHCCCS USE ONLY** |
| **INDEPENDENT:**  Owned, administratively controlled and operated by peers (individuals who are peers to the members and populations they serve) and emphasize self-help as an operational approach. |  |  |
| **AUTONOMOUS:**  Decisions about governance related to fiscal and financial, personnel, policy, contracting, training, program, advocacy, cultural competence and services and operational management are made by the peer-run program. |  |  |

|  |  |  |
| --- | --- | --- |
| **PEER RUN ORGANIZATION DOCUMENTATION** | | |
| **GENERAL REQUIREMENTS** | **DOCUMENTS SUBMITTED DEMONSTRATING GENERAL REQUIREMENT** | **AHCCCS USE ONLY** |
| **ACCOUNTABLE:**  Responsibility for decisions rests with the peer-run program. |  |  |
| **PEER CONTROLLED**:  The governance board composition is at least 51% peers. |  |  |
| **PEER WORKERS:**  Staff, management and board of directors (governance) are individuals who share the lived experiences of the members and populations they serve. |  |  |

Family Run Organization applicants please complete the following section:

|  |  |  |
| --- | --- | --- |
| **FAMILY RUN ORGANIZATION DOCUMENTATION** | | |
| **GENERAL REQUIREMENTS** | **DOCUMENTS SUBMITTED DEMONSTRATING GENERAL REQUIREMENT** | **AHCCCS USE ONLY** |
| **INDEPENDENT AND AUTONOMOUS:** Governed by a board of directors of which 51% or more are family members who:   1. Have or had primary responsibility for the raising of a child, youth, adolescent or young adult with an emotional, behavioral, mental health or substance use need, 2. Have they lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance use need, *or* 3. An adult who had lived experience of being a child with emotional, behavioral, mental health or substance use needs. |  |  |
| **PEER WORKERS:**  Employ credentialed parent/family support providers whose primary responsibility is to provide parent/ family support as specified in AMPM Policy 964. |  |  |