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, 10/01/24

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20, 05/11/21, 05/24/22, 08/03/23, 12/01/23, 07/15/24

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 Program (FESP). (For FESP, 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 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 and under the supervision of a Behavioral Health Technician (BHT) or Behavioral Health Professional (BHP). Peer support services shall be determined medically necessary prior to their provision.

This Policy does not cover any other services provided by a PRSS, nor does this Policy cover any other services provided by a PSETP operator.

II.   DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

BEHAVIORAL HEALTH	BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)	BEHAVIORAL HEALTH PROFESSIONAL (BHP)
BEHAVIORAL HEALTH TECHNICIAN (BHT)	MEMBER	PEER AND RECOVERY SUPPORT SPECIALIST (PRSS)
PEER SUPPORT EMPLOYMENT TRAINING PROGRAM (PSETP)	SUBSTANCE USE DISORDER (SUD)	

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

PEER	An individual with lived experience of mental health and/or substance use conditions resulting in emotional distress and significant life disruption, for which they have sought help or care, and has an experience of recovery to share.
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) -CREDENTIAL	A written and/or electronic 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 when delivered by the holder of the credential to eligible recipients and, under supervision by a BHT or BHP. The PRSS credential does not expire.
OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS (OIFA) ALLIANCE	A collaborative of all OIFAs in Arizona, including AHCCCS OIFA. The OIFA Alliance oversees the compliance determination 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, Office of Individual and Family Affairs (OIFA) has established credentialing program standards, supervision requirements, and the credentialing process for Peer-and-Recovery Support Specialists (PRSS) when providing peer support services within the AHCCCS programs.

All Individuals with lived experience(s) of recovery are an integral part of the behavioral health workforce. Behavioral Health encompasses both mental health and substance use. Self-identifying as an individual with personal lived experience(s) of their own behavioral health recovery is a prerequisite to obtaining a PRSS credential from an AHCCCS-recognized PSETP. A PRSS credential does not constitute Protected Health Information (PHI) and is required for Medicaid reimbursement of peer support services within the AHCCCS programs.

The peer support services include the provision of assistance to utilize the service delivery system more effectively (e.g., assistance with 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). The peer support services are billed using the appropriate Health Care Common Procedure Coding System (HCPCS) code as specified in the AHCCCS Medical Coding Page. In addition to peer support services, a PRSS may deliver any other services for which they are qualified and that are within their scope of practice.

B. **PEER AND RECOVERY SUPPORT SPECIALIST CREDENTIALING PROGRAM OPERATING PROCEDURES**

AHCCCS-recognized PSETPs shall operate their credentialing programs within the following parameters:

1. All PSETP operators shall only permit individuals to their program who:
   a. Are at least 18 years of age,
   b. Consent to their PRSS credential being shared 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 behavioral health conditions, for which they have sought support,
      ii. Can attest to managing and maintaining their own recovery and/or wellness, and
      iii. Has an experience of their own recovery to share.

2. The 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. Determine if applicants are qualified for admission, and   allow individuals into the program who fulfill all requirements of Attachment B, and
   c. Obtain consent from trainees to share their PRSS credential with the Contractor and AHCCCS registered providers for verifying compliance with this Policy.

4. All PSETP operators shall only permit individuals fulfilling all requirements of this Policy to undergo credentialing. For any other requirements or exclusions not covered by this Policy, the final admission and credentialing 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 the graduate upon request.

5. AHCCCS recognizes PRSS credentials issued by PSETPs in compliance with this Policy. The Contractor and all AHCCCS registered providers shall recognize credentialing from any AHCCCS-recognized PSETP. If there are additional regional, agency, or culturally specific training requirements exclusive to the Contractor, service provider, or tribal community, those additional requirements shall not prevent recognition of a PRSS credential issued in compliance with this Policy.

6. The training may be conducted virtually and/or in person. All trainings with a virtual component shall be conducted using a live-feed video conferencing platform.

7. The PRSS credentialing process, as described in this Policy, is not a behavioral health service. Compliance with this Policy does not grant permission for a PSETP operator to deliver any behavioral health services.

8. The costs associated with credentialing a provider agency's own employees as PRSS are not reimbursable.

9. Employment as a PRSS may require a criminal background check. A criminal background check is not required for credentialing.

C. COMPETENCY EXAM

Upon completion of required training, each participant shall individually 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 PSETP operator may allow the individual to retake the exam or complete additional training prior to retaking the competency exam.

The agencies employing PRSS and delivering peer support services are required to ensure PRSS are competently trained to work with the populations served.

D. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING

The providers are required to maintain current and ongoing documentation verifying all individuals delivering Medicaid-reimbursed peer support services are in compliance with this Policy. Providers shall use the AHCCCS Quality Management (QM) Portal Form 963A, located on the AHCCCS website https://qmportal.azahcccs.gov/ to enter information documenting the qualifications and credentials of PRSS. The Contractor shall provide AHCCCS QM Portal training on a regular and ongoing basis to provider agencies reporting PRSS involvement in service delivery.

1. The Contractor shall ensure:
   a. The provider agencies delivering Medicaid-reimbursed peer support services:
      i. Submit all information as required under Form 963A, in the AHCCCS QM Portal,
      ii. All AHCCCS registered providers operating a PSETP submit all required information on Form 963C via the AHCCCS QM Portal upon completion of each class. These reports shall contain no other identifying information apart from what is required, and
      iii. The PSETPs retain completed copies of Attachment C and maintain records of issued PRSS credentials.
   b. All individuals delivering Medicaid-reimbursed peer support services meet the required qualifications and credentialing for the delivery of peer support services,
   c. All FFS Providers delivering Medicaid-reimbursable peer support services shall maintain Attachment A documenting all individuals delivering Medicaid-reimbursable peer support services have the necessary qualifications and credentialing required by this Policy, and
   d. Attachment A shall be made available to AHCCCS DFSM upon request.
      AHCCCS OIFA will provide training on a regular and ongoing basis for PSETP operators reporting graduates via the AHCCCS QM Portal.
2. The Contractor shall:
   a. Conduct quarterly quality checks within the QM Portal to monitor the accuracy of the Form 963 submission, and
   b. Ensure providers maintain documentation of required qualifications and credentials for PRSS and shall ensure copies of credentials are made available upon request. FFS providers shall maintain documentation of required qualifications and credentials for PRSS and ensure copies of credentials are available upon request.

E. INTER-STATE RECIPROCITY

AHCCCS 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 OIFA via email at oifa@azahcccs.gov. If accepted, AHCCCS OIFA will provide confirmation of credentialed status via email. This email confirmation may be used for all inquiries regarding an individual's credentialed status in the state of Arizona.

F. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS

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

The Contractor shall ensure all individuals delivering Medicaid-reimbursable peer support services have access to and obtain a minimum of eight 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 shall possess a PRSS credential from an AHCCCS-recognized PSETP and receive supervision as specified in the AHCCCS Covered Behavioral Health Services Guide (CBHSG).   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. The providers have policies and procedures to establish the minimum professional, educational and/or experiential qualifications for BHPPs and BHTs,
   b. The provider policies and procedures establish the minimum required amount and duration of supervision for PRSS qualifying as BHPPs and BHTs,
   c. The supervision is documented and inclusive of both clinical and administrative supervision, and
   d. The 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 AND RECOVERY SUPPORT SPECIALIST CREDENTIALING PROGRAMCURRICULUM STANDARDS

1. A PSETP curriculum shall include the following core elements:
   a. Concepts of hope and recovery, including but not limited to:
      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, including but not limited to:
      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),

    viii. Social Determinants of Health (SDOH),

    ix. Grievance and appeals processes, and

    x. Arizona System Values and Guiding Principles:
        1) Adult System of Care - Nine Guiding Principles, and
        2) Children's System of Care – Arizona Vision, and Twelve Guiding Principles.

c. Psychiatric rehabilitation skills and service delivery, including but not limited to:

    i. Strengths based approach, identifying one's own strengths, and helping others identify theirs,

    ii. Building resiliency,

    iii. Trauma-informed care,

    iv. Distinguishing between sympathy and empathy,

    v. Emotional intelligence,

    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, including but not limited to:

    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) Intellectual and Developmental Disabilities (I/DD), and

8) Abuse/exploitation and neglect.
v. Familiarity with commonly used medications and potential side effects, informed consent as specified in 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. The PSETPs shall not duplicate training required of individuals employed by a licensed agency or Community Service Agencies (CSA). PRSS employed in CSAs 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.

All AHCCCS-recognized PSETPs shall participate in an annual revision cycle when changes to this Policy require programmatic changes and/or the inclusion of additional content to the training curriculum.

I. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM COMPLIANCE DETERMINATION AND RECOGNITION PROCESS

The OIFA Alliance oversees the PSETP compliance determination and recognition process including the setting of requirements, terms, and conditions for determination Members of the OIFA Alliance will determine all PSETP applications and evaluate all submitted training materials prior to determining a PSETP's compliance status.

1. To be considered for AHCCCS recognition, organizations intending to operate a PSETP shall:
   a. Be AHCCCS-registered providers,
   b. Deliver peer support services within the AHCCCS programs for a minimum of one year, and
   c. Submit a completed PSETP application to OIFAAlliance@azahcccs.gov.

   The PSETP applications for review and recognition by the OIFA Alliance may be found on the AHCCCS OIFA Peer Support web page.

2. Upon receipt of the application, the OIFA Alliance will jointly designate a lead Contractor to perform the program compliance determination and process future renewals on behalf of all the Contractors who intend to contract or are contracted with the PSETP operator.

3. If the application is denied the applicant may submit a new application no earlier than six months after initial denial. A second denial will result in disqualification for recognition.

4. If the application is accepted, the applicant shall follow OIFA Alliance instruction for submitting its program materials for further compliance determination.

5. The program curriculum materials to be submitted 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.

6. The OIFA Alliance determines a PSETP's compliance status with the required curriculum Core Elements specified in Section H of this Policy. An AHCCCS recognition of an OIFA Alliance compliance determination is necessary for PRSS credentials issued by the PSETP to be valid for Medicaid reimbursement of peer support services.

7. The OIFA Alliance may provide guidance and/or require program improvements to be carried out by PSETPs as conditions of initial or continued recognition.

8. If a program makes substantial changes to its curriculum (e.g., changes to content) or if there is an addition to required elements, the program shall submit the updated content to OIFAAlliance@azahcccs.gov for review.

9. If there are regional, agency or culturally specific training requirements exclusive to the Contractor, service provider, or tribal community, the additional training requirements shall not prevent employment or transfer of a PRSS credential based on the additional elements or standards.

10. All AHCCCS-recognized PSETPs shall make curriculum materials available to members of the OIFA Alliance and/or AHCCCS DFSM upon request. PSETPs shall comply with all required curriculum revisions or improvements to their training materials deemed necessary by the OIFA Alliance.

11. The Members of the OIFA Alliance may audit PSETP classes while in session both virtually and/or in-person. OIFA Alliance members will provide PSETP operators with advance notice of the audit and the PSETP operator shall provide a schedule of upcoming trainings.

12. At its discretion, AHCCCS reserves the right to suspend or revoke recognition of a PSETP.

13. The PRSS credentialing process, as described in this Policy, is not a behavioral health service. Compliance with this Policy does not grant nor imply permission by AHCCCS OIFA to deliver any behavioral health services.