

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

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20

### **I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes requirements for the provision of Peer Support services within the AHCCCS programs, including qualifications, supervision, continuing education, and training/credentialing of Peer and Recovery Support Specialists (PRSS).

### **II. DEFINITIONS**

**BEHAVIORAL HEALTH  
PARAPROFESSIONAL  
(BHPP)**

As specified in A.A.C. R9-10-101(28), an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

- a. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S, Title 32, Chapter 33; and
- b. Are provided under supervision by a behavioral health professional.

**BEHAVIORAL HEALTH  
PROFESSIONAL  
(BHP)**

As specified in A.A.C. R9-10-101(29), an individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

1. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101.
2. A psychiatrist as defined in A.R.S. § 36-501.
3. A psychologist as defined in A.R.S. § 32-2061.
4. A physician.
5. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse.
6. A behavior analyst as defined in A.R.S. §32-2091, or
7. A registered nurse with:
  - a. A psychiatric mental health nursing certification, or
  - b. One year of experience providing behavioral health services.

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**CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE  
IMPROVEMENT PROGRAM**

**BEHAVIORAL HEALTH  
TECHNICIAN  
(BHT)**

An individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral health professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health professional.

**CONTINUING  
EDUCATION AND  
ONGOING LEARNING**

Activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities are not limited to acquiring traditional Continuing Education Units.

**CREDENTIAL**

For purposes of this Policy, a written document issued by a Peer Support Employment Training Program (PSETP), or by a state, demonstrating compliance with all qualifications and training requirements in this Policy.

**PEER-AND-RECOVERY  
SUPPORT**

A distinct health care practice involving intentional partnerships to provide social and personal support, based on shared experiences of living with mental health disorders, substance use disorders, and/or other traumas associated with significant life disruption. This support is coupled with specific, skill-based training, coaching, or assistance to bring about social or personal change at the individual, family or community level. These services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.

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

An individual trained, credentialed, and qualified to provide peer/recovery support services within the AHCCCS Programs.

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

A Training Program in compliance with requirements in this Policy through which qualified individuals are credentialed as PRSS by completing training and passing a competency exam.

**SELF-HELP/PEER  
SERVICES  
(PEER SUPPORT)**

Supports intended for enrolled members and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups.

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

To comply with Centers for Medicare and Medicaid Services (CMS) requirements for delivery of Peer Support services as specified in the State Medicaid Director Letter, (SMDL) #07-011, the AHCCCS/DCAIR, Office of Individual and Family Affairs (OIFA), has established training requirements and credentialing standards for PRSS providing Peer Support within the AHCCCS programs. CMS grants State Medicaid programs the authority to define the scope of Peer Support services, and to determine the oversight and qualification requirements for individuals providing Peer Support services.

Individuals with lived experiences of recovery are an integral part of the behavioral health work force. Credentialing as specified in this Policy is required for reimbursement of Peer Support services.

Peer Support services include the provision of assistance to more effectively utilize the service delivery system (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). These services may be provided to an individual, group, or family, and are aimed at assisting in the creation of skills to promote long-term, sustainable recovery. The Contractor shall ensure the provision of quality Peer Support services.

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

1. Trainers of PRSS, or individuals seeking credentialing and employment as a PRSS, shall:
  - a. Qualify as a Behavioral Health Paraprofessional, Behavioral Health Technician, Or Behavioral Health Professional, and
  - b. Self-identify as an individual who:
    - i. Is or has been a recipient of behavioral health treatment for mental health disorders, substance use disorders, and/or other traumas associated with significant life disruption, and
    - ii. Has an experience of recovery to share.

2. Individuals meeting the above criteria may be credentialed as a PRSS by completing training through a PSETP, in compliance with this Policy, and passing a competency exam. Individuals are credentialed by the agency operating the PSETP. Contractors and providers shall recognize credentialing from any PSETP in compliance with this Policy.

### **C. COMPETENCY EXAM**

Upon completion of required training, individuals seeking credentialing and employment as a PRSS shall demonstrate their ability to support the recovery of others by passing a competency exam with a minimum score of 80%. Each PSETP has the authority to develop a unique competency exam. All exams shall include at least one question 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.

Upon completion of each class, all AHCCCS registered providers operating a PSETP shall utilize Attachment C to submit the names of trainees and dates of graduation to AHCCCS/DCAIR, OIFA, via email at [oifa@azahcccs.gov](mailto:oifa@azahcccs.gov). These reports shall contain no other information apart from what is required.

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

1. Provider agencies rendering peer support services to any AHCCCS member shall maintain current documentation evidencing that all employees providing peer support services hold a PRSS credential.
2. Contractors shall:
  - a. Ensure provider agencies maintain current documentation evidencing all actively employed PRSS have met the required qualifications and credentialing for the delivery of peer support services, utilizing Attachment A,
  - b. Develop and make available to providers policies and procedures which describe monitoring and auditing/oversight activities where records specific to supervision, training, continuing education, and/or ongoing learning of PRSS are reviewed and maintained, and
  - c. Submit information noting Peer/Recovery Support Specialist Involvement in Service Delivery as specified in Contract utilizing Attachments A.,

### **E. INTER-STATE RECIPROCITY**

AHCCCS/DCAIR, OIFA, recognizes credentials issued by states and/or training programs which are 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](mailto:oifa@azahcccs.gov).

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

Similar to other practitioners, requirements shall be established for individuals employed as PRSS to obtain Continuing Education and Ongoing Learning relevant to Peer Support.

1. Contractors shall develop and make available to providers policies and procedures describing requirements for individuals employed as PRSS to obtain a minimum of two hours of Continuing Education and Ongoing Learning relevant to Peer Support, per year.
2. Contractors shall ensure providers and individuals employed as a PRSS have access to a minimum of two hours of Continuing Education and Ongoing Learning, relevant to Peer Support, per year.

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

Supervision shall be provided by a Behavioral Health Technician or Behavioral Health Professional.

Contractors shall establish amount and duration of supervision for PRSS. Supervision shall be documented and inclusive of both clinical and administrative supervision.

Contractors shall develop and make available to the providers policies and procedures to ensure supervisors of PRSS receive have access to training and have access to ongoing learning relevant to the provision of Peer Support Services and the supervision of PRSSs.

**H. PEER SUPPORT EMPLOYMENT TRAINING CURRICULUM STANDARDS**

1. A PSETP 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:
      - 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. Creating a sense of community in a safe and supportive environment,
  - v. Forms of advocacy and effective strategies – consumer rights and navigating health systems, and
  - vi. The Americans with Disabilities Act, (ADA).
- c. Psychiatric Rehabilitation Skills and Service Delivery:
  - i. Strengths based approach, identifying one’s own strengths and helping others identify theirs, building resilience,
  - ii. Trauma-Informed Care
  - iii. Distinguishing between sympathy and empathy emotional intelligence,
  - iv. Understanding learned helplessness, how it is taught and how to assist others in overcoming it’s effects,
  - v. Motivational interviewing, communication skills and active listening,
  - vi. Healing relationships – building trust and creating mutual responsibility,
  - vii. Combating negative self-talk – noticing patterns and replacing negative statements about one’s self, using mindfulness to gain self-confidence and relieve stress,
  - viii. Group facilitation skills, and
  - ix. Culturally & Linguistically Appropriate Services (CLAS) standards, and the role of culture in recovery.
- 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) responsibilities of a mandatory reporter, what to report and when,
  - iii. Understanding common signs and experiences of:
    - 1) Mental health disorders,
    - 2) Substance Use Disorders (SUD),
    - 3) Opioid Use Disorder (OUD),
    - 4) Addiction,
    - 5) Dissociation,
    - 6) Trauma, and
    - 7) Abuse/exploitation and neglect.

- iv. Familiarity with commonly used medications and potential side effects  
Informed Consent (Refer to AMPM Policy 320-Q)
  - v. Guidance on proper service documentation, billing and using recovery language throughout documentation.
  - vi. 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
  - vii. Preventing burnout using self-awareness to prevent compassion fatigue, vicarious trauma, and secondary traumatic stress.
2. PRSS employed in Community Service Agencies, (CSA) shall complete additional trainings as specified in AMPM Policy 965. Peer support employment training programs shall not duplicate training required of individuals employed by a licensed agency or CSA.
3. Contractors shall develop and make available policies and procedures as well as additional resources for development of curriculum, including Contractor staff contacts for questions or assistance.
4. For a list of references to assist in developing a curriculum, refer to Attachment B.

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

AHCCCS/DCAIR, OIFA, oversees the approval of all credentialing materials including curriculum and testing tools. AHCCCS/DCAIR, OIFA, bases approval solely on a program's compliance with all requirements as specified in this Policy. Peer Support employment training is not a billable service for costs associated with training an agency's own employees.

PSETP providers shall follow the review process as specified below:

- 1. A PSETP provider shall submit its training curriculum to AHCCCS/DCAIR, OIFA. Training curriculum materials shall include but are not limited to:
  - a. Student and trainer manuals,
  - b. Handouts,
  - c. Homework,
  - d. Final exam,
  - e. Any other classroom materials, and
  - f. Descriptions of reasonable accommodations and alternative formats for the accessibility of program materials by all audiences.

2. If a program makes substantial changes (e.g. change to content, classroom time) to its curriculum or if there is an addition to required elements the program shall submit the updated content to AHCCCS/DCAIR, OIFA, for review and approval.
  
3. 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.