



**961 PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT  
REQUIREMENTS**

**961-A PEER/RECOVERY SUPPORT TRAINING, CREDENTIALING AND  
SUPERVISION REQUIREMENTS**

INITIAL

EFFECTIVE DATE: 07/01/2016

**A. OVERVIEW**

The Arizona Health Care Cost Containment System/Office of Individual and Family Affairs (AHCCCS/OIFA) has established training requirements and credentialing standards for Peer /Recovery Support Specialists providing Peer Support Services, as described in the AHCCCS Covered Behavioral Health Services Guide. Persons with lived experience of recovery from mental health and/or substance abuse disorders serve an important role as behavioral health providers; and AHCCCS/OIFA expects consistency and quality in peer-delivered behavioral health services and support for peer-delivered behavioral health services statewide.

Peer-delivered services are recognized on a national level. The Centers for Medicare and Medicaid Services (CMS) issued a letter to state Medicaid directors/agencies, recognizing the importance of peer support services as a viable component in the treatment of mental health and substance abuse issues. In the letter, CMS provides guidance to state Medicaid and public health agencies on minimum requirements for establishing criteria for peer support services, including supervision, care-coordination, continuing education and training/credentialing (see SMDL #07-011 for a full copy of the letter, as well as additional clarifying guidance issued by CMS on May 1, 2013).

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

1. Individuals training or seeking credentialing and employment as Peer/Recovery Support Specialists must:
  - a. Self-identify as a “peer”, and
  - b. Meet the requirements to function as a behavioral health paraprofessional, behavioral health technician, or behavioral health professional.
2. Individuals meeting the above criteria may be credentialed as a Peer/Recovery Support Specialist by completing training and passing a competency test through an AHCCCS/OIFA approved Peer Support Employment Training Program. AHCCCS/OIFA oversees the approval of all credentialing materials including curriculum and testing tools. Credentialing through an AHCCCS/OIFA approved Peer Support Employment Training Program is applicable statewide.



3. Agencies may employ individuals prior to the completion of credentialing through a Peer Support Employment Training Program. However, other required trainings must be completed prior to delivering behavioral health services (see Subsection E of this Policy). An individual must be credentialed as a Peer/Recovery Support Specialist under the supervision of a qualified individual (see Subsection E of this Policy) prior to billing Peer Support Services.
4. Contractors must ensure that individuals employed as Peer/Recovery Support Specialists have adequate access to continuing education relevant to peer support.

**C. PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPROVAL PROCESS**

1. A Peer Support Employment Training Program must submit its program curriculum, competency exam, and exam-scoring methodology (including an explanation of accommodations or alternative formats of program materials available to individuals who have special needs) to AHCCCS/OIFA. AHCCCS/OIFA will issue feedback or approval of the curriculum, competency exam, and exam-scoring methodology in accordance with subsection E of this policy.
2. Approval of curriculum is binding for no longer than three years after AHCCCS approval. Three years after initial approval and thereafter, the program must resubmit its curriculum for review and re-approval. If a program makes substantial changes (meaning change to content, classroom time, etc.) to its curriculum or if there is an addition to required elements (see Subsection E of this policy) during this three-year period, the program must submit the updated content to AHCCCS/OIFA for review and approval.
3. AHCCCS/OIFA will base approval of the curriculum, competency exam, and exam-scoring methodology only on the elements included in this policy. If a Peer Support Employment Training Program requires regional or culturally specific training exclusive to a GSA or tribal community, the specific training cannot prevent employment or transfer of Peer /Recovery Support Specialist approval based on the additional elements or standards.

**D. COMPETENCY EXAM**

Individuals seeking credentialing and employment as a Peer/Recovery Support Specialist must complete and pass a competency exam with a minimum score of 80% upon completion of required training. Each Peer Support Employment Training Program has the authority to develop a unique competency exam. However, all exams must include at least one question related to each of the curriculum core elements listed in see Subsection E. If an individual does not pass the competency exam, the



Peer Support Employment Training Program may require that the individual repeat or complete additional training prior to taking the competency exam again. Individuals credentialed in another state must submit their credential to AHCCCS/OIFA. The individual must demonstrate their state's credentialing standards meet those of AHCCCS prior to recognition of their credential.

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

1. A Peer Support Employment Training Program curriculum must 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 the recovery movement and the varied ways that behavioral health issues have been viewed and treated over time and in the present,
    - iii. Knowing and sharing one's story of a recovery journey and how one's story can assist others in many ways,
    - iv. Mind-Body-Spirit connection and holistic approach to recovery, and
    - v. Overview of the Individual Service Plan (ISP) and its purpose.
  - b. Advocacy and Systems Perspective
    - i. Overview of state and national behavioral health system infrastructure and the history of Arizona's behavioral health system,
    - ii. Stigma and effective stigma reduction strategies: countering self-stigma; role modeling recovery and valuing the lived experience,
    - iii. Introduction to organizational change - how to utilize person-first language and energize one's agency around recovery, hope, and the value of peer support,
    - iv. Creating a sense of community; creating a safe and supportive environment.
    - v. Forms of advocacy and effective strategies – consumer rights and navigating the behavioral health system, and
    - vi. Introduction to 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. Distinguishing between sympathy and empathy, emotional intelligence,
    - iii. Understanding learned helplessness; what it is, how it is taught and how to assist others in overcoming its effects,
    - iv. Introduction to motivational interviewing; communication skills and active listening,
    - v. Healing relationships – building trust and creating mutual responsibility,
    - vi. Combating negative self-talk: noticing patterns and replacing negative statements about one's self; using mindfulness to gain self-confidence and relieve stress,
    - vii. Group facilitation skills, and



- viii. Introduction to Culturally & Linguistically Appropriate Services (CLAS) Standards. The role of culture in recovery.
- d. Professional Responsibilities of the Peer Support Employee and Self Care in the Workplace. Qualified individuals must receive training on the following elements prior to delivering any covered behavioral health services:
  - i. Professional boundaries and ethics - the varied roles of the helping professional, collaborative supervision and the unique features of the Peer/Recovery Support Specialist,
  - 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 mental illness, substance abuse, addiction and trauma, orientation to commonly used medications and potential side effects,
  - v. Guidance on proper service documentation, billing and using recovery language throughout documentation,
  - vi. Self-care skills and coping practices for helping professionals, the importance of ongoing supports for overcoming stress in the workplace, resources to promote personal resilience; and, understanding burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.
- 2. Some curriculum elements may include concepts included in required training, as described in AMPM Policy 1060, Training Requirements. Peer support employment training programs must not duplicate training required of individuals for employment with a licensed agency or Community Service Agency (CSA). Training elements in this section are specific to the Peer/Recovery Support Specialist’s role in the public behavioral health system and instructional for peer-delivered services.
- 3. For a list of references to assist in developing a curriculum that addresses the topics listed in the Curriculum Standards, see Exhibit-8.
- 4. Contractors must develop and make available policies and procedures as well as additional resources for development of curriculum, including Contractor staff contacts for questions or assistance.

#### **F. SUPERVISION OF PEER/ RECOVERY SUPPORT SPECIALISTS**

- 1. Agencies employing Peer/Recovery Support Specialists must provide supervision by individuals qualified as Behavioral Health Technicians or Behavioral Health Professionals. Supervision must be appropriate to the services being delivered and the Peer/Recovery Support Specialist’s qualifications as a Behavioral Health Technician, Behavioral Health Professional or Behavioral Health



Paraprofessional. Supervision must be documented and inclusive of both clinical and administrative supervision.

2. Individuals providing supervision must maintain current knowledge of best practices in providing supervision to Peer/Recovery Support Specialists. Contractors must ensure supervisors of Peer/Recovery Support Specialists have adequate access to continuing education relevant to peer support.
3. The Contractors must develop and make available to the providers policies and procedures regarding resources available to agencies for establishing supervision requirements and any expectations for agencies regarding Contractor monitoring/oversight activities for this requirement.

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

1. Agencies employing Peer /Recovery Support Specialists who are providing peer support services are responsible for keeping records of required qualifications and credentialing. Contractors must ensure that Peer /Recovery Support Specialists meet qualifications and have credentials, as described in this policy.
2. Contractors must develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities where personnel files of Peer Support Specialists/Recovery Support Specialists are reviewed.



**961-B PARENT/FAMILY SUPPORT PROVIDER TRAINING, CREDENTIALING, AND SUPERVISION REQUIREMENTS**

INITIAL

EFFECTIVE DATE: 07/01/2016

**A. OVERVIEW**

The Arizona Health Care Cost Containment System/Office of Individual and Family Affairs (AHCCCS/OIFA) has established training requirements and credentialing standards for Credentialed Parent/Family Support roles providing Parent/Family Support Services, as described in the Covered Behavioral Health Services Guide. AHCCCS/OIFA recognizes the importance of the Credentialed Parent/Family Support role as a viable component in the delivery of integrated services and expects statewide support for these roles. AHCCCS/OIFA expects consistency and quality in parent/family delivered support of integrated services in both the Children's and Adult Systems statewide.

**B. CREDENTIALLED PARENT/FAMILY SUPPORT PROVIDER AND TRAINER QUALIFICATIONS**

Individuals credentialed in another state must submit their credential to AHCCCS/OIFA. The individual must demonstrate their state's credentialing standards meet those of AHCCCS prior to recognition of their credential.

1. Individuals seeking employment as a Credentialed Parent/Family Support Provider or Trainer in the children's system must:
  - a. Be a parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral, mental health or substance use needs, and
  - b. Meet the requirements to function as a behavioral health professional, behavioral health technician, or behavioral health paraprofessional.
2. Individuals seeking employment as a Credentialed Parent/Family Support Provider or Trainer in the adult system must:
  - a. Have lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance abuse needs, and
  - b. Meet the requirements to function as a Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP).



**C. CREDENTIALLED PARENT/FAMILY SUPPORT PROVIDER TRAINING PROGRAM APPROVAL PROCESS**

1. A Credentialed Parent/Family Support Provider Training Program must submit its program curriculum, competency exam, and exam-scoring methodology (including an explanation of accommodations or alternative formats of program materials available to individuals who have special needs) to AHCCCS/OIFA. AHCCCS/OIFA will issue feedback or approval of the curriculum, competency exam, and exam-scoring methodology in accordance with subsection -E.
2. Approval of curriculum is binding for no longer than three years. Three years after initial approval and thereafter, the program must resubmit their curriculum for review and re-approval. If a program makes substantial changes (meaning change to content, classroom time, etc.) to its curriculum or if there is an addition to required elements (see subsection E.) during this three-year period, the program must submit the updated content to AHCCCS/OIFA for review and approval no less than 60 days before the changed or updated curriculum is to be utilized.
3. AHCCCS/OIFA will base approval of the curriculum, competency exam, and exam-scoring methodology only on the elements included in this policy. If a Credentialed Parent/Family Support Provider Training Program requires regional or culturally specific training exclusive to a GSA or specific population, the specific training cannot prevent employment or transfer of parent/family support credentials based on the additional elements or standards. Contractors must include coverage decisions by Medicare intermediaries and carriers, national Medicare coverage decisions, and Federal and State Medicaid coverage decisions.

**D. COMPETENCY EXAM**

1. Individuals seeking employment as a Credentialed Parent/Family Support Provider must complete and pass a competency exam with a minimum score of 80% upon completion of required training. Each Credentialed Parent/Family Support Provider Training Program has the authority to develop a unique competency exam. However, all exams must include questions related to each of the curriculum core elements listed in subsection E. Agencies employing Credentialed Parent/Family Support Providers who are providing parent/family support services are required to ensure that its employees are competently trained to work with its population.

Individuals certified or credentialed in another state must submit their credential to AHCCCS/OIFA. The individual must demonstrate their state's credentialing standards meet those of AHCCCS prior to recognition of their credential.



2. Individuals certified or credentialed in another state may obtain credentialing with AHCCCS after passing a competency exam. If an individual does not pass the competency exam, the Credentialed Parent/Family Support Provider Training Program shall require that the individual complete additional training prior to taking the competency exam again.

**E. CREDENTIALLED PARENT/FAMILY SUPPORT PROVIDER EMPLOYMENT TRAINING CURRICULUM STANDARDS**

1. A Credentialed Parent/Family Support Provider Employment Training Program curriculum must include the following core elements for persons working with both children and adults:
  - a. Communication Techniques:
    - i. Person first, strengths-based language; using respectful communication; demonstrating care and commitment,
    - ii. Active listening skills: The ability to demonstrate empathy, provide empathetic responses and differentiate between sympathy and empathy; listening non-judgmentally, and
    - iii. Using self-disclosure effectively; sharing one's story when appropriate.
  - b. System Knowledge:
    - i. Overview and history of the Arizona Behavioral Health (BH) System:
    - ii. Jason K., Arizona Vision and 12 Principles and the Child and Family Team (CFT) process; Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, Adult Recovery Team (ART), and Arnold v. Sarn; Introduction to the Americans with Disabilities Act (ADA); funding sources for behavioral health systems,
    - ii. Overview and history of the family and peer movements; the role of advocacy in systems transformation,
    - iii. Rights of the caregiver/enrolled member, and
    - iv. Transition Aged Youth: Role changes when bridging the Adult System of Care (ASOC) and Children's System of Care (CSOC) at transition for an enrolled member, family and team.
  - c. Building Collaborative Partnerships and Relationships:
    - i. Engagement; Identifies and utilizes strengths,
    - ii. Utilize and model conflict resolution skills, and problem solving skills,
    - iii. Understanding individual and family culture, biases, stigma, and system's cultures, and
    - iv. The ability to identify, build and connect individuals and families, including families of choice to natural, community and informal supports.
  - d. Empowerment:
    - i. Empower family members and other supports to identify their needs, and promote self-reliance,
    - ii. Identify and understand stages of change, and
    - iii. Be able to identify unmet needs.



- e. Wellness:
    - i. Understanding the stages of grief and loss,
    - ii. Understanding self-care and stress management,
    - iii. Understanding compassion fatigue, burnout, and trauma,
    - iv. Resiliency and recovery, and
    - v. Healthy personal and professional boundaries.
  - f. Some curriculum elements may include concepts that are part of the required training, as described in AMPM Policy 1060 and the Behavioral Health Practice Tool on Unique Needs of Children, Youth and Families Involved with DCS. Credentialed Parent/Family Support Provider training programs must not duplicate training required of individuals for employment with a licensed agency or Community Service Agency (CSA). Training elements in this section are specific to the Credentialed Parent/Family Support role in the public behavioral health system and instructional for parent/family support interactions.
2. Contractors must develop and make available policies and procedures as well as additional resources for development of curriculum, including Contractors staff contacts for questions or assistance.

#### **F. SUPERVISION OF CREDENTIALLED PARENT/FAMILY SUPPORT PROVIDERS**

1. Agencies employing Credentialed Parent/Family Support Providers must provide supervision by individuals qualified as Behavioral Health Technicians or Behavioral Health Professionals. Supervision must be appropriate to the services being delivered and the qualifications of the Credentialed Parent/ Family Support Provider as a BHT, BHP or BHPP. Supervision must be documented and inclusive of both clinical and administrative supervision.
2. Individuals providing supervision must receive training and guidance to ensure current knowledge of best practices in providing supervision to Credentialed Parent/Family Support Providers.
3. Contractors must develop and make available to the providers policies and procedures regarding resources available to agencies for establishing supervision requirements and any expectations for agencies regarding Contractor's monitoring/oversight activities for this requirement.

#### **G. PROCESS OF CREDENTIALING**

1. Contractors must ensure that Credentialed Parent/Family Support Providers meet qualifications and have credentials, as described in this policy. Agencies employing Credentialed Parent/Family Support Providers who are providing



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parent/family support services are responsible for keeping records of required qualifications and credentialing.

2. Contractors must develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities where personnel files of Credentialed Parent/Family Support Provider are reviewed.



## 961-C COMMUNITY SERVICE AGENCIES

INITIAL

EFFECTIVE DATE: 07/01/2016

### A. OVERVIEW

Community Service Agencies (CSAs) provide rehabilitation, support and transportation services to members. CSAs are a unique provider type that allow members to participate in programs and activities in community settings (such as agencies could include churches, after school programs or other agencies that serve the general public). CSAs provide services that enhance or supplement behavioral health services that members receive through other, licensed agencies. Agencies operating licensed programs that provide services or intend to provide services defined in this policy as Tier I or Tier II services must capture these services under their license. Licensed agencies must not submit for CSA registration. This policy provides a standardized process for reviewing and approving compliance standards as part of the AHCCCS provider registration process for CSAs. The policy describes the documentation submission and approval process conducted by Contractors and AHCCCS for CSAs, it specifies requirements for the continued registration of CSAs, and it establishes Contractor responsibilities in auditing and ongoing monitoring of CSAs.

### B. APPLICATION FOR INITIAL APPROVAL

1. The applicant must complete a Community Service Agency Application (Exhibit 961-1) in accordance with the application instructions and submit it to the Contractor with which the agency is contracted or intends to contract.
2. Notifications to AHCCCS, including requests for applications, should be directed to the:

Arizona Health Care Cost Containment System  
Attention: Compliance Program Specialist  
701 E. Jefferson, 3<sup>rd</sup> Floor, MD 6500  
Phoenix, Arizona 85034  
602-417-4286

3. If the CSA intends to contract with more than one Contractor, the CSA must also submit the Intent to Contract form (Exhibit 961-7) for each additional Contractor that will be marked on the CSA Approval Notice (see Exhibit 961-6).



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Note: In accordance with Managed Care Contracts, Contractors must ensure that applicants are not excluded from participation in Federal health care programs, pursuant to Section 1128 or Section 1128 A of the Social Security Act.

4. The direct service staff and/or contractor(s) must provide the Community Service Agency Direct Service Staff/Contractor Reference Form (see Exhibit 961-2) that includes contact information for three individuals who will be used as references (and are not family members of the direct service staff member or contractor) and who have knowledge of all of the following: employment history, education and character of the direct service staff member or contractor. It is the responsibility of the CSA applicant to contact the references and notate the required information for the Contractor's review. The Contractor may verify information by contacting references directly.
5. The Contractor must review the CSA Application for accuracy and completeness of all required documents before submitting the application to AHCCCS.
6. AHCCCS must be in receipt of a complete Community Service Agency Application before considering approval of the applicant. Incomplete application packets and packets with illegible documentation will be returned to the Contractor's CSA representative for follow up with the applicant.
7. After reviewing the application packet, AHCCCS will render an approval notice or denial decision in writing. In determining whether to award an approval notice to the applicant, AHCCCS will consider information provided in the application that reflects the applicant's ability, knowledge, and fitness to provide the service(s) and all other available information.
  - a. If approved, AHCCCS shall send a Community Service Agency Approval Notice (Exhibit 961-6) to the applicant within 30 calendar days of the AHCCCS receipt of a complete application packet.
  - b. The Contractor(s) with which the applicant intends to contract will be notified in writing of the approval decision. All Contractors will be notified in writing of a denial decision.
  - c. The applicant must receive approval from AHCCCS of the qualifications of each direct service staff member or contractor. Direct service staff members hired in the time period between submissions of applications must meet all requirements and receive all trainings before providing services.
  - d. The applicant must register with AHCCCS as a Community Service Agency provider type before billing for Title XIX/XXI reimbursable services. Applicants may obtain a registration packet by contacting AHCCCS Provider Registration.
  - e. Documentation submitted to AHCCCS Provider Registration must be consistent with information provided on the application submitted to the AHCCCS Compliance Program Specialist to avoid unnecessary delay in



obtaining a provider identification number. The CSA must include a copy of the application approval notice with the provider registration packet submitted to AHCCCS Provider Registration.

- f. Applicants that are establishing more than one CSA location must submit an application for each location.

### **C. RENEWAL APPLICATION REGISTRATION**

1. AHCCCS shall send a notice of renewal to the Contractor 90 calendar days prior to the annual expiration date of the Community Service Agency application approval.
2. When more than one Contractor contracts with a CSA, the Contractors must coordinate submission of the CSA renewal application. The Contractor that has the CSA located within its GSA is responsible for submitting the application to AHCCCS and ensuring that the other Contractors receive any necessary documentation.
3. The applicant must submit the completed Community Service Agency Application form (Exhibit 961-1) to the Contractor 60 calendar days prior to the expiration date of the current application approval. All information with an expiration date is considered current if the expiration date falls after the submittal date of the application by the CSA to the Contractor. Items/requirements that are subject to renewal are expected to be renewed/updated as required and will be verified during the Contractor audit.
4. The Contractor will review the completed Community Service Agency Application form for requirements and completeness. All documentation, such as copies of driver's licenses, must be easy to read.
5. Not less than 30 calendar days prior to the expiration date of a current Community Service Agency application approval, the Contractor must submit the completed Community Service Agency Application form to AHCCCS.
6. AHCCCS and the Contractor must follow steps B.7.a-b of this Policy, as applicable. The AHCCCS Compliance Program Specialist will, upon request, notify AHCCCS Provider Registration of the approval status of a CSA.
7. CSA's that do not submit renewal applications in a timely manner are subject to termination of the CSA's AHCCCS Provider Registration number. Approval status and AHCCCS Provider Registration status will not be impacted by delays that result from the Contractor or AHCCCS review of the application.



**D. APPLICATION AMENDMENT**

1. An applicant must request an amendment to the Community Service Agency application, using the Community Service Agency Application (Exhibit 961-1), when any of the following information or circumstances occur:
  - a. Change in agency name, address or telephone number,
  - b. Addition or removal of a rehabilitation or support service),
  - c. Addition of service provision to persons under the age of 18 (fingerprint clearance cards are required with this change),
  - d. Change in the provider's tax identification number,
  - e. Change in ownership or program director, and/or
  - f. Adding or removing a Contractor to a current Community Service Agency application approval. The Intent to Contract form (Exhibit 961-7) must be included in the application for an amendment.
2. The applicant must file a request for amendment using the Community Service Agency Application (Exhibit 961-1) at least 30 calendar days before the change, unless the request for an amendment is due to a change in address. A request for amendment, due to a change in address, must be submitted upon obtaining the Occupancy Permit and a current passing fire inspection.
3. When adding a rehabilitation and/or support service listed on the
4. Community Services Agency Application Exhibit 961-1), the applicant must submit required documentation for each direct service staff member or contractor according to the application instructions.
5. Changes must also be reported to the AHCCCS Provider Registration Office: 602-417-7670.
6. AHCCCS and the Contractor shall follow steps B.7.a-b of this Policy, as applicable.

**E. MAINTENANCE OF A COMMUNITY SERVICE AGENCY REGISTRATION**

1. During the term of the registration the Contractor shall ensure that CSAs keep the following requirements current for existing staff or contractors, as well as any individuals added in the interval between application and renewal or between subsequent renewal periods:
  - a. For direct service staff members or contractors providing services to persons under the age of 18 years, a current Department of Public Safety Fingerprint Clearance Card or an Applicant Fingerprint Clearance Card Application with a notarized Criminal History Affidavit (Exhibit 961-3),



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- b. For direct service staff members or contractors providing services to persons aged 18 and older, a completed and notarized Self Declaration of Criminal History form (Exhibit 961-4) every three years from the date of the initial Self declaration; and
  - c. Records as outlined in Policy 961, Table 2 of this Policy.
2. If a CSA no longer intends to deliver services or deliver services as a CSA, the CSA must notify the AHCCCS Compliance Program Specialist and AHCCCS Provider Registration in writing at least 30 calendar days in advance of the last date the service will be offered. If a Contractor determines that a rehabilitation and/or support service will no longer be contracted, the Contractor must notify the AHCCCS Compliance Program Specialist in writing at least 30 calendar days in advance of the contract termination date. Contractors and CSAs must coordinate the transition of members. Contractors must adhere to reporting and notification requirements established in Contractor contracts to ensure that network changes are communicated and transition plans are implemented for the continuation of services to members.





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1. Table 2: In addition to the provider information listed above, for each direct service staff member or contractor, the following information must be submitted as part of the Community Service Agency’s applications:

<b>FOR EACH DIRECT SERVICE STAFF MEMBER OR CONTRACTOR</b>			
<b>REQUIREMENT</b>	<b>INITIAL</b>	<b>RENEWAL</b>	<b>AMENDMENT</b>
1. Credible evidence of age 18 or older to provide Unskilled Respite, Personal Care, Self-help/Peer Service, Comprehensive Community Support Services, Ongoing Support to Maintain Employment, or Psychoeducational Services.*	x		x
2. Credible evidence of age 21 or older to provide Behavioral Health Prevention/ Promotion Education, Skills Training, Home Care Training Family or Supervised Behavioral Health Day Treatment or Supervised Day Program services.	x		x
3. Reference form with contact information for three individuals using the Community Service Agency Direct Service Staff/Contractor Reference Form (AMPM Exhibit 961-2).	x	x	x
4. Copy of current driver’s license if the direct service staff member, or contractor will be providing transportation services.	x	x	x
5. Copy of current vehicle registration if the direct service staff member, or contractor will be providing transportation services.	x	x	x
6. Copy of insurance card indicating current liability insurance coverage for the direct service staff member, or contractor pursuant to A.R.S. 28-4009 if the direct service staff member or contractor will be providing transportation services.	x	x	x
7. Credible evidence of one or more of the following current credentials if providing Tier I Services: Behavioral Health Professional; Behavioral Health Technician; or Behavioral Health Paraprofessional. **	x	x	x

\* Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver’s license.

\*\* Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.



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<b>For Each Direct Service Staff Member or Contractor</b>			
<b>Requirement</b>	<b>Initial</b>	<b>Renewal</b>	<b>Amendment</b>
8. Credible evidence of one or more of the following current credentials if providing Behavioral Health Prevention/Promotion Education services: Behavioral Health Professional or Behavioral Health Technician*	X	X	X
9. Credible evidence of one or more of the following current credentials with one year experience in providing rehabilitation services to persons with disabilities if providing Psychoeducational Service or Ongoing Support to Maintain Employment Services: Behavioral Health Technician or Behavioral Health Paraprofessional *	X	X	X
10. Credible evidence of completion of required, RBHA approved training prior to delivering services to clients in the content areas listed below (see also AMPM 1060, <a href="#">Training Requirements</a> ):**	X	X**	X
a. Client rights;			
b. Providing services in a manner that promotes client dignity, independence, individuality, strengths, privacy and choice;	X	X**	X
c. Recognizing common symptoms of and differences between a mental disorder, personality disorder, and/or substance abuse;	X	X**	X
d. Protecting and maintaining confidentiality of client records and information;	X	X**	X
e. Recognizing, preventing or responding to a client who may be a danger to self or a danger to others; behave in an aggressive or destructive manner; need crisis services or be experiencing a medical emergency;	X	X**	X
f. Record keeping and documentation; and	X	X**	X
g. Ethical behavior such as staff and client boundaries and the inappropriateness of receiving gratuities from a client.	X	X**	X
11. Copy of current Cardiopulmonary Resuscitation (CPR) certification (must be current as of the Title XIX CSA application submission date)***	X	X	X
12. Copy of current First Aid training verification (must be current as of the Title XIX CSA application submission date)***	X	X	X
13. Credible documentation of current freedom from infectious pulmonary tuberculosis (must be current as of the CSA application submission date)****	X	X	X



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

**POLICY 961**  
**PEER, FAMILY, AND CSA TRAINING, CREDENTIALING, AND OVERSIGHT**  
**REQUIREMENTS**

- \* Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.
- \*\* Training documentation submitted at renewal application is for direct service staff or contractors hired after the previously submitted application. Credible evidence of training must clearly indicate to reviewers of the application that direct service staff or contractors have received training in the specified content areas (i.e., training with different titles must be matched up to the trainings listed in this policy). All training documentation must be signed and dated by the trainer or individual designated to confirm training documentation.
- \*\*\* CPR and First Aid verification must include documentation signed by the instructor.
- \*\*\*\* Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation must be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.

<b>For Each Direct Service Staff Member or Contractor</b>			
<b>Requirement</b>	<b>Initial</b>	<b>Renewal</b>	<b>Amendment</b>
14. If providing direct services to persons under 18 years of age: a. Copy of dated and signed <i>Department of Public Safety Fingerprint Clearance Card</i> , <b>OR</b> b. Credible evidence of application for a fingerprint clearance card within 7 calendar days of the date of staff employment or contractor start date, e.g., copy of the completed <i>Applicant Fingerprint Clearance Card Application</i> and when received, a copy of the <i>Fingerprint Clearance Card</i> . <b>AND</b> Copy of the direct service staff member or contractor's completed and notarized <i>Criminal History Affidavit Form</i> (Policy 406, Attachment 5).	x	x* x**	x
15. If providing direct services to persons aged 18 years or older, a copy of the direct service staff members or contractor's completed and notarized <i>Self Declaration of Criminal History</i> (AMPM Exhibit 961-4).	x	x	x

\* Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff



member or contractor is medically safe to provide services. Credible documentation must be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.

\*\* If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years (Department of Public Safety: <http://www.azdps.gov>)

#### **F. DENIALS, SUSPENSION, OR REVOCATION OF A CSA REGISTRATION**

1. AHCCCS may deny, suspend, or revoke a Community Service Agency application and/or status as an AHCCCS registered provider for any one or combination of the following:
  - a. An applicant or CSA does not provide information as required in this Policy,
  - b. An applicant or CSA hires direct service staff members who do not meet the requirements in this Policy and allows these staff members to provide services,
  - c. An applicant or CSA submits falsified documents or provides other information that appears fraudulent (see ACOM Policy 103).
  - d. An applicant or CSA is suspected of abuse of Title XIX funds (see ACOM Policy 103),
  - e. The CSA changes to another provider type or the AHCCCS provider registration is terminated,
  - f. The applicant or CSA provides services that are not allowable CSA services (i.e., services that require licensure),
  - g. The Contractor terminates the contract for the provision of CSA services with the CSA,
  - h. An applicant or CSA is out of compliance with the provisions of this policy, and/or
  - i. There is an identified threat to the health, safety or welfare of members.
  
2. AHCCCS may deny or revoke a Community Service Agency application and/or status as an AHCCCS registered provider if a direct service staff member or contractor is subject to registration as a sex offender in this state or any other jurisdiction or who has been convicted of, pled no contest to, or is awaiting trial on any of the following criminal acts:
  - a. First or second degree murder,
  - b. Sexual abuse,
  - c. Incest,
  - d. A dangerous crime against children as defined in A.R.S. §13-705,
  - e. Child prostitution as prescribed in A.R.S. §13-3212,
  - f. Child abuse,
  - g. Neglect or abuse of a vulnerable adult,
  - h. Abuse of a vulnerable adult,
  - i. Sexual abuse of a vulnerable adult,
  - j. Sexual assault,
  - k. Sexual exploitation of a minor,



- l. Sexual exploitation of a vulnerable adult,
  - m. Commercial sexual exploitation of a minor,
  - n. Commercial sexual exploitation of a vulnerable adult,
  - o. Sexual conduct with a minor,
  - p. Molestation of a child,
  - q. Molestation of a vulnerable adult,
  - r. Exploitation of minors involving drug offenses,
  - s. Taking a child for the purposes of prostitution as prescribed in section A.R.S. §13-3206,
  - t. Sex trafficking,
  - u. Production, publication, sale, possession and presentation of obscene items as prescribed in section A.R.S. §13-3502,
  - v. Furnishing harmful items to minors as prescribed in section A.R.S. §13-3506,
  - w. Furnishing harmful items to minors by internet activity as prescribed in section A.R.S. §13-3506.01,
  - x. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section A.R.S. §13-3512,
  - y. Luring a minor for sexual exploitation,
  - z. Enticement of persons for purposes of prostitution,
  - aa. Procurement by false pretenses of persons for purposes of prostitution,;
  - bb. Procuring or placing persons in a house of prostitution,
  - cc. Receiving earnings of a prostitute,
  - dd. Causing one's spouse to become a prostitute,
  - ee. Detention of persons in a house of prostitution for debt,
  - ff. Keeping or residing in a house of prostitution or employment in prostitution,
  - gg. Pandering,
  - hh. Transporting persons for the purpose of prostitution, polygamy or concubinage,
  - ii. Portraying adult as a minor as prescribed in section A.R.S. §13-3555,
  - jj. Admitting minors to public displays of sexual conduct as prescribed in section A.R.S. §13-3558.
  - kk. Unlawful sale or purchase of children,
  - ll. Child bigamy,
  - mm. Trafficking of persons for forced labor or services
3. Upon notification that a direct service staff member or contractor is found to have been convicted of, pled no contest to, or is awaiting trial on any of the criminal acts listed in F.2 above, a Community Service Agency must immediately take the following actions:
- a. Remove the staff or contractor from direct contact with members,
  - b. Prohibit the individual from rendering services to members,
  - c. Prevent further authorization for services provided by the individual, and
  - d. Notify the AHCCCS Compliance Program Specialist and AHCCCS Provider Registration.



4. If the reason for denial, suspension, or revocation of a status as an AHCCCS registered provider involves a threat to the health, welfare or safety of members, the Community Service Agency must not render services to any members.
5. Denial, revocation, and suspension notice will be provided by means of a letter from AHCCCS Provider Registration to the applicant or CSA with a copy to all Contractors that hold contracts with the applicant or CSA. The Contractor(s) will take necessary steps to ensure continuity of care.
6. The bases for denying, suspending or revoking a CSA registration enumerated in this Policy are not exclusive. AHCCCS may deny, suspend or revoke a CSA registration for any reason listed in this Policy, any reason listed in the Provider Participation Agreement (PPA) between AHCCCS and the CSA, and/or for any other reason provided for by law.

**G. CORRECTIVE ACTION PLAN**

1. In lieu of a revocation or suspension, AHCCCS may, at its sole discretion, offer to allow a Community Service Agency to implement a corrective action plan to correct deficiencies when:
  - a. Allowing the agency to continue services is in the best interests of the members, and
  - b. The health, safety or welfare of members will not be jeopardized.
2. The following conditions are examples or situations which may result in a request for corrective action:
  - a. A certificate in CPR or training in first aid for a direct service staff or Contractor is not current,
  - b. Written documentation of an orientation to the specific needs of each member is not available (i.e., CSAs must have a copy of the member's service plan in the member's record),
  - c. Required training is not documented or not completed,
  - d. A passing fire inspection is not obtained every two years from the initial fire inspection, or
  - e. Failure to maintain the records in Table 2 of this policy.
3. AHCCCS must notify in writing the Community Service Agency and Contractor(s) with which the agency holds a contract of each deficiency, the corrective action to be taken, and the deadlines for all corrective actions using the Community Service Agency Notice of Deficiency form (Exhibit 961-5). Contractors may also utilize this form while conducting the Contractor review for completeness and accuracy of the CSA application.



4. The Community Service Agency must develop and submit a corrective action plans to the AHCCCS Compliance Program Specialist or the Contractor, if applicable. A copy of the corrective action plan requested by AHCCCS must be sent to the Contractor.
5. If the Community Service Agency does not provide AHCCCS with written documentation showing the completion of corrective action by the deadlines in the notice of deficiency, AHCCCS Provider Registration may revoke or suspend the agency's application or status as an AHCCCS registered provider.
6. AHCCCS' decision to require a corrective action plan is not subject to the appeal rights contained in Section H. of this Policy.
7. The Contractor may also require CSAs to implement corrective action plans based on deficiencies identified during the application process, based on results from the Contractor audit or from deficiencies identified during the Contractor's ongoing monitoring activities.

#### **H. RIGHT TO APPEAL A COMMUNITY SERVICE AGENCY REGISTRATION DECISION**

1. AHCCCS Provider Registration must provide written notice at the time of the action to the applicant or Community Service Agency of the right to appeal the decision and where such an appeal should be sent.
2. A CSA or new applicant may appeal a denial, revocation or suspension of registration pursuant to A.R.S. §36-2903.01(b)(4) and the relevant provisions of the Arizona Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

#### **I. RECORDS**

1. The contracting Contractor (s) must require that each Community Service Agency maintain records of all requirements indicated on the CSA application(s) for all direct service staff members and contractors.
2. The Contractor shall require that Community Service Agency personnel and/or clinical records conform to the following standards indicated in this Policy (see also AMPM Policy 940):
  - a. Each record entry must be:
    - i. Dated and signed with credentials noted,
    - ii. Legible,
    - iii. Typed or written in ink, and
    - iv. Factual and correct.



- b. If required records are kept in more than one location, the Community Service Agency must maintain a list indicating the location of the records, and
- c. Community Service Agencies must maintain a record of the services provided to each member. The minimum written requirement for each member's record must include:
  - i. The service provided (including the code used for billing the service and the time increment,
  - ii. The date the service was provided,
  - iii. The name and title of the person providing the service,
  - iv. The member's Contractor or CIS identification number and AHCCCS identification number. The Contractor must ensure that services provided by CSAs are reflected in members' service plans. CSAs must keep a copy of each member's service plan in the member's record.
- d. Daily documentation of the service(s) provided and monthly summary of progress toward treatment goals.
- e. Each 30 days, a summary of the information required in I.2.c. must be transmitted from the Community Service Agency to the member's case manager or other clinical team representative.

**J. COMMUNITY SERVICE AGENCY AUDIT**

- 1. The Contractor must conduct an audit of the Community Service Agency at least every contract year (i.e., July 1 through June 30), or more often, if determined necessary by the Contractor. When more than one Contractor contracts with a CSA, the Contractor that has the CSA located within its GSA is responsible for conducting the audit and sharing the results with the other Contractor(s).
- 2. Each Contractor must develop an audit tool for CSAs. The tool must contain, at a minimum, standards covering all requirements for staff qualifications and all requirements for client records, as contained in this Policy.
- 3. The Contractor must schedule the audit at least 30 calendar days in advance of the audit start date.
- 4. The Community Service Agency must cooperate with the audit by:
  - a. Making available to the Contractor personnel records that include all updated information required for the CSA registration,
  - b. Making available to the Contractor all requested clinical records,
  - c. Allowing the Contractor to interview direct service staff members and contractors, and
  - d. Participating in the audit entrance and exit conference with the Contractor's employees.