

964 - CREDENTIALLED FAMILY SUPPORT PARTNER REQUIREMENTS

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20, 10/01/22, 10/01/23

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20, 05/24/22, 07/11/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors and 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 (FES). For FES, refer to AMPM Chapter 1100. This Policy establishes requirements for training and credentialing standards for individuals seeking employment as a Credentialed Family Support Partner (CFSP) in the AHCCCS programs. Services outlined in this Policy are monitored by AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR), Office of Individual and Family Affairs (OIFA).

II. DEFINITIONS

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

ADULT RECOVERY TEAM (ART)	AMERICANS WITH DISABILITIES ACT (ADA)	BEHAVIORAL HEALTH PROFESSIONAL (BHP)
BEHAVIORAL HEALTH PARAPROFESSIONAL (BHPP)	BEHAVIORAL HEALTH TECHNICIAN (BHT)	CHILD AND FAMILY TEAM (CFT)
COURT ORDERED EVALUATION (COE)	COURT ORDERED TREATMENT (COT)	FAMILY MEMBER (ADULT SYSTEM)
FAMILY MEMBER (CHILDREN’S SYSTEM)	GEOGRAPHIC SERVICE AREA (GSA)	MEMBER
OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS (OIFA) ALLIANCE	OFFICE OF HUMAN RIGHTS (OHR)	SERIOUS EMOTIONAL DISTURBANCES (SED)
SERIOUS MENTAL ILLNESS (SMI)	SUBSTANCE USE DISORDER (SUD)	

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

CREDENTIALLED FAMILY SUPPORT PARTNER (CFSP)	An individual who is qualified under this policy and has passed an AHCCCS/DCAIR, OIFA approved CFSP Training Program to deliver Family Support Services as a Credentialed Family Support Partner (CFSP).
CREDENTIALLED FAMILY SUPPORT PARTNER TRAINING PROGRAM (CFSTP)	AHCCCS/DCAIR OIFA Approved credentialing program in compliance with competencies and requirements as specified in this Policy.
CREDENTIALLED TRAINER	An individual who identifies as having lived experience as specified in this Policy and provides training to individuals seeking employment as a CFSP.
FAMILY SUPPORT SERVICES	Home care training (family support) with family member(s) directed toward restoration, enhancement, or maintenance of the family functions to increase the family’s ability to effectively interact and care for the individual in the home and community.

III. POLICY

A. OVERVIEW

AHCCCS/DCAIR, OIFA recognizes the importance of the peer-to-peer relationship of family members. Contractors and FFS providers shall ensure support for these roles. The Contractors and FFS providers shall ensure the provisions of quality Family Support Services promote integrated care within the AHCCCS Children System of Care (CSOC) and Adult System of Care (ASOC).

Family members are an integral part of the behavioral health workforce. Family members shall meet criteria for obtaining a Credentialed Family Support Partner (CFSP) credential from an AHCCCS-recognized Credentialed Family Support Training Program (CFSTP) as a prerequisite for credentialing in compliance with this Policy. Credentialing as specified in this Policy is required for reimbursement of Family Support Services delivered by a CFSP. Reimbursement of Family Support Services within the AHCCCS programs utilize the Healthcare Common Procedure Coding System (HCPCS) codes S5110 and applicable modifier code (CG) as specified in the behavioral health services matrix on the AHCCCS website.

More than one provider may render Family Support Services provided to a member at the same time if indicated by the member’s clinical needs as identified through their service plan.

1. The peer-to-peer support relationship is available to primary caregivers of Medicaid-eligible children and natural supports of Medicaid-eligible adults as:
 - a. A parent or primary caregiver with lived experience who has raised or is currently raising a child with emotional, behavioral health, and/or Substance Use Disorders (SUD), or
 - b. An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health, and/or SUD.

2. AHCCCS/DCAIR, OIFA has established training requirements and credentialing standards for providing Family Support Services within the AHCCCS programs.
3. Family Support Services are defined and not limited to:
 - a. Assisting the family to adjust to the member’s needs,
 - b. Developing skills to effectively interact, and/or guide the member,
 - c. Understanding of the causes and treatment of behavioral health challenges,
 - d. Understanding and effective utilization of the system, and
 - e. Planning for ongoing and future support(s) for the member and the family.

B. CREDENTIALLED FAMILY SUPPORT PARTNER AND TRAINER QUALIFICATIONS

All individuals employed as a CFSP or as a trainer in the ASOC or CSOC shall meet the definition of a family member. To be eligible to train individuals as CFSP you must have lived experience as an adult who is the primary supporter of a child or the primary supporter of an adult, a minimum of one year experience in the role of a family support partner and who has experience navigating the ASOC and/or CSOC.

C. COMPETENCY EXAM

Individuals seeking employment as a CFSP shall complete and pass a competency exam with a minimum score of 80% upon completion of required training. Each CFSP has the authority to develop a unique competency exam. However, all exams shall include questions related to each of the curriculum core elements as specified in this Policy.

Providers employing CFSP who provide Family Support Services are required to ensure that its employees are competently trained to work with the populations served.

Upon completion of certification, all AHCCCS registered providers operating a CFSP shall utilize Attachment B to submit the names of trainees and dates of graduation to AHCCCS/DCAIR, OIFA, via email at oifa@azahcccs.gov. These reports shall contain no other information apart from what is required. Attachment B shall be submitted within 30 days of the graduation/credential date.

D. PROCESS FOR SUBMITTING EVIDENCE OF CREDENTIALING

1. Contractors shall develop and make available to providers policies and procedures that describe monitoring and auditing/oversight activities and where records specific to supervision and training of CFSP are reviewed and maintained.
2. Contractors shall submit information noting CFSP involvement in service delivery as specified in Contract and utilizing Attachment A.

Contractors shall ensure providers maintain documentation of required qualifications and credentialing for CFSP and shall ensure copies of credentialing are made available upon request. FFS providers shall maintain documentation of required qualifications and credentials for CFSP and ensure copies of credentials are available upon request.

E. INTER STATE RECIPROCITY

AHCCCS/DCAIR, OIFA, recognizes credentials issued by other states and/or training programs. Individuals credentialed in another state shall submit their credential to AHCCCS/DCAIR, OIFA, via email at oifa@azahcccs.gov.

F. CONTINUING EDUCATION AND ONGOING LEARNING REQUIREMENTS

Ongoing training requirements of current best practices, like other practitioners, shall be established for individuals employed as CFSP to obtain continuing education and ongoing learning relevant to family support.

The Contractor shall develop and make available to providers the policies and procedures describing requirements for individuals employed as CFSP to obtain a minimum of eight hours of continuing education and ongoing learning relevant to family support, per year. At least one hour shall cover ethics and boundaries related to the practice of family support.

G. SUPERVISION OF CREDENTIALLED FAMILY SUPPORT PARTNER

Contractors shall establish amount and duration of supervision of CFSP and follow the requirements outlined below:

1. Providers employing CFSP shall provide supervision by individuals qualified as BHT or BHP. Supervision shall be appropriate to the services being delivered and the qualifications of the CFSP as a BHP, BHPP, or BHT. Supervision shall be documented and inclusive of both clinical and administrative supervision.
2. Individuals providing supervision shall receive training and guidance to ensure current knowledge of best practices in providing supervision to CFSP.
3. Contractors shall develop and make available to the providers policies, procedures, and resources for establishing supervision requirements and any expectations for providers related to Contractor monitoring/oversight activities.

H. CREDENTIALLED FAMILY SUPPORT PARTNER EMPLOYMENT TRAINING CURRICULUM STANDARDS

1. A CFSPTP curriculum shall include the minimum following core elements:
 - a. Overview of system history and knowledge of the Arizona behavioral health system that resulted in system transformation:
 - i. Arizona Vision (Jason K. Lawsuit),
 - ii. Jacobs Law,
 - iii. Arnold v. Sarn,
 - iv. Adult System of Care (ASOC) - Nine Guiding Principles,
 - v. Adult Recovery Team (ART),
 - vi. Children’s System of Care (CSOC) – Twelve Guiding Principles,
 - vii. Child and Family Team (CFT),

- viii. CSOC levels of care,
- ix. Medicaid covered services, and
- x. Rights of the caregivers and individual rights of members.
- b. Lifecycle Transitions
 - i. Transition aged youth, and
 - ii. Guardianship.
 - 1) Type(s) – (e.g., Power of Attorney, Advance Directives), and
 - 2) Process of applying (rules and requirements).
 - iii. Timelines of transition to adulthood into the ASOC, and
 - iv. Role changes when bridging the CSOC and ASOC at transition for the individual, family, and CFT.
- c. System Partner Overview
 - i. Understanding of DDD three categories of eligibility and process, covered services, knowledge of the DDD health plans,
 - ii. Refer to AMPM Behavioral Health Practice Tool 260 for CHP system overview, involvement, and collaboration, understanding the CFSP and member/family role(s) for children in the Department of Child Safety (DCS) care, education, navigation, support, and advocacy with members and families involved in DCS care,
 - iii. Office of Human Rights and Special Assistance (OHR),
 - iv. Office of Individual and Family Affairs (OIFA),
 - v. Introduction to the Americans with Disabilities Act (ADA),
 - vi. Introduction to Social Security Income (SSI)/Social Security Disability Insurance (SSDI).
 - 1) Payee services, and
 - 2) Vocational rehabilitation services and available training (e.g., DB101).
 - vii. Introduction to the criteria and processes (application, timelines, services, rights, and benefits) for a Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) designation,
 - viii. Introduction to the criteria and processes (application, timelines, services, and rights) for Court Ordered Evaluation (COE) and Court Ordered Treatment (COT), and
 - ix. Crisis Services:
 - 1) Crisis planning and prevention,
 - 2) Crisis centers,
 - 3) Crisis Mobile Teams, and
 - 4) Crisis Intervention Training.
- d. Advocacy and Empowerment
 - i. Family and peer movements and the role of advocacy in systems transformation,
 - ii. Building collaborative partnerships and relationships:
 - 1) Engagement, identification, and utilization of strengths, and
 - 2) Utilization and modeling of conflict resolution skills and problem-solving skills.
 - iii. Understanding of:
 - 1) Individual and family culture, biases, stigma, and systems' cultures, and
 - 2) Trauma informed care approaches.
 - iv. Natural/Informal supports – identifying, building, and connecting individuals and families, including families of choice, to community and natural supports,
 - v. Diversity, equity, inclusion, and accessibility in healthcare, and

- vi. Empowerment:
 - 1) Empowerment of family members and other supports to identify their needs, promote self-reliance,
 - 2) Identification of understanding of the stages of change, and unmet needs, and
 - 3) Identification of barriers; family, system, social, emotional, physical, and using effective advocacy skills to overcome barriers.
- e. Practice of Support
 - i. Communication techniques:
 - 1) Individuals first, strengths-based language, using respectful communication, demonstrating care and commitment,
 - 2) Active listening skills, demonstrating empathy, provide empathic responses, differentiation between sympathy and empathy, listening non-judgmentally, and
 - 3) Use of self-disclosure effectively and sharing one’s own story for the benefit of the member.
 - ii. Wellness – Understanding of:
 - 1) The stages of grief and loss,
 - 2) Self-care and stress management,
 - 3) Compassion fatigue, burnout, and secondary traumatic stress,
 - 4) Resiliency and recovery, and
 - 5) Healthy personal and professional boundaries.
- 2. CFSTP shall not duplicate training required of individuals for employment with a licensed agency or Community Service Agency, (CSA). Training elements in this Policy are specific to the CFSP role in the AHCCCS programs and instructional for CFSP interactions.
- 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.

I. CREDENTIALLED FAMILY SUPPORT PARTNER TRAINING PROGRAM APPROVAL PROCESS

- 1. A CFSTP shall 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/DCAIR, OIFA, at OIFA@azahcccs.gov. AHCCCS/DCAIR, OIFA shall issue feedback or approval of the curriculum, competency exam, and exam-scoring methodology as specified in this Policy.
- 2. A CFSTP curriculum shall not be combined with any other training and shall be recognized as a stand-alone program. A CFSTP curriculum shall be specific to the delivery of Family Support Services.
- 3. If a CFSTP makes substantial changes including changes to content, curriculum hours, competency exam/exam scoring, or if there are additional required elements, the training program shall submit the updated content to AHCCCS/DCAIR, OIFA, at OIFA@azahcccs.gov for review and approval before the changed or updated curriculum is to be utilized.

4. Approval of the curriculum, competency exam, and exam-scoring methodology is based on the elements required in this Policy. If a CFSPTP requires regional or culturally specific training exclusive to a Geographic Service Area, (GSA) or specific population, the specific training cannot prevent employment or transfer of CFSP credentials based on the additional elements or standards.

5. A CFSP Training Program operator shall ensure that the curriculum is maintained and revised as substantial changes in the Integrated System of Care (ISOC) occur and the curriculum is revised. The program shall submit the updated content to AHCCCS/DCAIR, OIFA, at OIFA@azahcccs.gov for review and approval before the changed or updated curriculum is to be utilized.