

**Instructions for Roster of Peer and Family Committee Members**

**Overview and Contract Requirements**

The purpose of the Roster of Peer and Family Committee Members is to demonstrate the Contractor's compliance with ensuring peer and family member participation on committees and councils. Each committee shall work with the Contractor's DHA to include peers and family members enrolled with the Contractor.

**Definitions**

**Combination:** Combination is an individual who identifies as more than one category i.e. family member and peer.

**Committee:** A standing group of people designated by the contractor to oversee a specific area or areas of contractor activity.

**Council:** A council consisting of members, family members, peers, and Contractor leadership. The council will meet regularly and will identify challenges and problems and will explore ways to improve or strengthen the services and opportunities resulting from the council meetings are to be addressed by the Contractor's executive management committee or Governance Committee.

**Family Member:** A family member is a biological, adoptive, or custodial mother or father of a child, an individual who has been appointed as a legal guardian, custodian of a child by a court of competent jurisdiction, or other member representative responsible for making health care decisions on behalf of the member. Family members may encompass family of choice for adult members, which includes informal supports.

**Member:** (for the purpose of this instruction document):

1- An eligible individual who is enrolled in AHCCCS and is currently covered by the Contractor. The member may also be referred to as Title XX/XXX member or Medicaid member. The member is currently receiving services from the Contractor's health plan.

2- An eligible individual who is enrolled in AHCCCS through Non-Title XIX/XXI funding who does not meet eligibility for Medicaid (Title XX/XXI).

**Peer:** (for the purpose of this instruction document): Peers are individuals who are currently or have received behavioral services and served by the Contractor's health plan (see Members) and share the same or similar lived experiences of the members and populations served by the Contractor and who have received behavioral health services.

**Advocate:** (for the purpose of this instruction document): Someone who speaks or writes in support of a person, cause, or idea; essentially acting as a supporter or defender.

**Provider:** (for the purpose of this instruction document): A person, institution, or group engaged in the delivery of services; or ordering and referring those services; who has an agreement with AHCCCS to provide services to AHCCCS members.

**Time Frames**

The Contractor shall submit a Roster of Peer and Family Committee Members biannually as specified in Section F, Attachment F3, Contractor Chart of Deliverables.

**Lines of Business**

ACC – only members/family/peer/combination

ALCS & FPO – only members/family/peer/combination

CHP – only contractors

BBHA – only contractors

1- If a Contractor holds more than one Line of Business, the Contractor may consolidate required committees.

2- If a Contractor elects to consolidate the required committees, the Contractor shall ensure the membership of consolidated committees are representative of the Contractor's Line of Business.

**General Instructions for Completing the Committee Information Section (Roster Template)**

**Committee Section (Roster Template)**

1- Column A: The committee's name – list all committees required by Contract and include any additional committees facilitated by the Contractor.

2- Column B: The committee's purpose – A brief description of the committee's purpose, role and position in the Contractor's organization and/or community (only internal committees). Enter only once per committee.

3- Column C: The frequency of committee meetings – include the regularly occurring frequency of the meeting. Enter only once per committee.

4- Column D: The dates of committee meetings held during the reporting period in MM/DD/YYYY format.

5- Column E: The city/town in which the committee meets (if remote, enter "Virtual").

6- Column F: The Contractor's staff responsible for managing the committee – The Contractor's staff responsible for managing the committee. Name, phone number, email. Enter only one per committee.

**Committee Member Information Section (Roster Template)**

1- Column G: The committee member's name (last, first). Include all members of the committee.

2- Column H: How the committee members identify themselves: peer, family member, combo, advocate, provider. Please refer to the definitions provided above to report how a participant self-identifies.

3- Column I: The Contractor's service population the committee member represents (ACC, ALCS&FPO, CHP, BBHA).

4- Column J: If the committee member is employed by the Contractor – please use the drop-down and select yes or no.

5- Column K: If the committee member is a member of the contractor's executive leadership (yes or no).

**OVERVIEW AND CONTRACT REQUIREMENTS:**

The purpose of the Roster of Peer and Family Committee Members is to demonstrate the Contractor's compliance with ensuring peer and family member participation on the Contractor's Member Advocacy Council (MAC) and Governance Committee. Each committee shall work with the Contractor's Office of Individuals and Family Affairs (OIFA) to include peers and family members enrolled with the Contractor.

If a Contractor holds more than one Line of Business (LOB), the Contractor may consolidate required committees. If a Contractor elects to consolidate the required committees, the Contractor shall ensure the membership of consolidated committees is representative of the Contractor's LOB. The Contractor shall submit a Roster of Peer and Family Committee Members annually as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables.

**DEFINITIONS:** For purposes of Attachment B1 and Attachment B2 terms are defined as:

| TERM                         | DEFINITION   |
|------------------------------|--|
| ADVOCATE                     | An individual who supports members by providing resources and advocacy to improve wellbeing and access to care.  |
| CONTRACTOR EMPLOYEE          | An individual employed by the Contractor.  |
| FAMILY MEMBER - FOR ADULTS   | An individual who has lived experience as a primary natural support for an adult with emotional, behavioral health and/or Substance Use Disorders (SUD).                   |
| FAMILY MEMBER - FOR CHILDREN | 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). |
| MEMBER                       | An individual who is enrolled with the Contractor.   |
| PEER                         | An individual who has personal experience living with a mental health diagnosis and/or Substance Use Disorder (SUD).   |
| PEER/FAMILY MEMBER           | An individual that identifies as both a peer and family member.  |
| PROVIDER REPRESENTATIVE      | An individual employed with an AHCCCS registered provider.   |

**INSTRUCTIONS FOR COMPLETING THE ROSTER OF PEER AND FAMILY COMMITTEE MEMBERS**

1- Column A: Contractor MAC and Governance Committees as required by contract.

2- Column B: Pre-filled description of committee's purpose per contract language. No additional input needed.

3- Column C: Enter the dates each meeting occurred within the reporting period. MM/DD/YYYY.

4- Column D: Provide name and contact information for Contractor staff responsible for managing meeting.

5- Column E: Enter all committee members' names who attended the committee meeting (last, first).

6- Column F: Utilize the definitions above select each committee member's affiliation from the drop-down list – Advocate.

7- Column G: Select from the drop-down list (i.e., ACC, BBHA, ACC, ALCS & FPO, ODD, CHP) the LOB that each committee member represents.

8- Column H: The Contractor's representative fulfilling the requirement for leadership participating in committee meetings.

9- Column I: The Contractor's representative fulfilling the requirement for OIFA to facilitate and/or participate in the committee meetings.

10- Column J: Include information on identified goals for each committee and the outcomes achieved for this reporting period.

| COMMITTEE   |   |   |  |  |   | COMMITTEE MEMBER INFORMATION   |   |   |  |  | OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS (OIFA) PARTICIPATION | GOALS AND OUTCOMES   |
|---|---|---|--|--|---|--|---|---|--|--|--|--|
| CONTRACTOR COMMITTEES   | DESCRIPTION   | FREQUENCY   | FREQUENCY MEETINGS THIS QUARTER  | LOCATION   | CONTACT   | PARTICIPANT'S LAST NAME, FIRST NAME                                    | AFFILIATION   | PLAN TYPE   | EMPLOYED BY CONTRACTOR (Yes/No)            | CONTRACT EXECUTIVE CONTRACTOR LEADERSHIP PARTICIPATION   |  |  |
| <del>Contractor MAC and Governance Committees Full Name of the committee as required by Contract, plus any additional health plan committees.</del> | <del>Brief description of committee's purpose role and place of the committee in the organization and/or community. (i.e. Internal committee's) Enter only once per committee.</del>  | <del>Frequency of Meetings: Regularly occurring day and time of the meeting. Enter only once per committee.</del> | <del>Dates of meetings occurring within the reporting period. (MM/DD/YYYY)</del> | <del>Towns/Cities where the meetings took place. Virtual/Web-Based</del> | <del>Designated Point of Contact for the committee: Name, phone number, email. Enter only once per committee.</del> | <del>Include ALL members of the committee. Use formatting below.</del> | <del>Individual voluntarily self-identifies as "Combo" Member Affiliation: "Advocate", "Contractor Employee", "Family Member", "Member", "Peer", "Peer/Family Member", or "Provider Representative"</del> | <del>What plan line of business does the participant represent? IE: ACC-RBHA, ACC, ALTCS-E/PD, DDD, DCS-CHP</del> | <del>For Contractor committee's only</del> | <del>For Contractor committee's per contract requiring Executive Contractor Leadership participation, per contract requirement (Job Title)</del> | <del>OIFA participation, per contract requirement</del>      | <del>List identified goals and outcomes achieved for this reporting period</del> |
| Member Advocacy Council (MAC)   | Member Advocacy Council (MAC) consisting of adult members, including those receiving behavioral and physical health services, parent/guardian of a child who is or has been a child member with special health care needs, and an individual from the Contractor's Executive Management team. Every effort shall be made to include representation of council members that reflects the population and community served. The MAC may also include professionals and advocacy groups. Discussion of issues and opportunities resulting from the MAC meetings are to be included on the agenda and addressed by the Contractor's Executive Management Committee. Meeting minutes are to reflect the results of the discussion and any direction of interventions or activities assigned by the Committee to Contractor operational units. |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
| Governance  | The Governance Committee membership shall include peers and family members of enrolled members with the Contractor who are receiving or have received behavioral health services. The Governance Committee shall meet and interact with Contractor leadership to direct strategic planning, process improvement, and decision making for the Contractor.  |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |
|   |   |   |  |  |   |  | Select Affiliation  | Select Plan Type  | Select                                     |  |  |  |