

## 963 – PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22, 10/01/23, 12/05/23, 10/01/24, 10/01/25, [10/01/26](#)

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### I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Providers serving: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes Medicaid reimbursement requirements for peer support services delivered within the AHCCCS programs. These requirements include the qualifications, supervision, continuing education, and credentialing processes of Peer and Recovery Support Specialists (PRSS). A PRSS credential from an AHCCCS-recognized Peer Support Employment Training Program (PSETP) is necessary for provision of Medicaid-reimbursed peer support services delivered by the holder of the credential and under the supervision of a Behavioral Health Technician (BHT) or Behavioral Health Professional (BHP). Peer support services shall be determined medically necessary prior to their provision [and added to the member’s service plan](#)<sup>1</sup>.

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

### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy ACOM and AMPM Dictionary](#)<sup>2</sup> for common terms found in this Policy.

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

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

A nonclinical behavioral health worker who is qualified, trained, and credentialed to practice and provide peer/recovery support services within the AHCCCS Programs.

**~~PEER~~**

~~An individual with lived experience of mental health and/or substance use conditions resulting in emotional distress and significant life disruption, for which they have sought help or care, and has an experience of recovery to share.~~<sup>3</sup>

<sup>1</sup> Revised to give clarity on where this would be added.

<sup>2</sup> Revised to update dictionary name change.

<sup>3</sup> Removed “Peer” as a term referring to an individual is not used in this policy.

**PEER AND RECOVERY  
SUPPORT SPECIALIST  
(PRSS) - CONTINUING  
EDUCATION AND ONGOING  
LEARNING**

Activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities may involve, but are not limited to, acquiring traditional Continuing Education Units (CEUs).

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

A written and/or electronic document issued to a qualified individual by operators of an AHCCCS-recognized Peer Support Employment Training Program (PSETP). A Peer and Recovery Support Specialist (PRSS) credential is necessary for provision of Medicaid-reimbursed peer support services when delivered by the holder of the credential to eligible recipients and, under supervision by a Behavioral Health Technician (BHT) or a Behavioral Health Professional (BHP). The PRSS credential does not expire.

**OFFICE OF INDIVIDUAL  
AND FAMILY AFFAIRS (OIFA)  
ALLIANCE**

A collaborative of all Offices of Individual Family Affairs (OIFAs) in Arizona, including AHCCCS OIFA. The OIFA Alliance oversees the compliance determination and recognition process for Arizona's Peer Support Employment Training Programs (PSETPs).

**III. POLICY**

**A. OVERVIEW**

In the State Medicaid Director Letter dated August 15, 2007, (SMDL #07-011), the Centers for Medicare and Medicaid Services (CMS) granted State Medicaid programs the authority to define the scope of peer support services, to define set training program requirements, and to determine the oversight and qualification requirements for individuals providing Medicaid-reimbursable<sup>4</sup> peer support services.

To comply with CMS requirements for reimbursement of peer support services, the AHCCCS Office of Individual and Family Affairs (OIFA) has established credentialing program standards, supervision requirements, and the credentialing process for PRSS when providing peer support services within the AHCCCS programs.

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

<sup>4</sup> Revised for language consistency throughout the policy.

The peer support services include the provision of assistance to utilize the service delivery system more effectively (e.g., assistance with developing plans of care, identifying needs, accessing supports, partnering with other practitioners, overcoming service barriers); or to understanding and coping with the stressors of the individual’s disability (e.g., support groups, coaching, role modeling, and mentoring). The peer support services covered by this Policy shall be billed utilizing national coding standards, including the use of applicable modifier(s), and using the appropriate Health Care Common Procedure Coding System (HCPCS) code, as specified on the AHCCCS [Medical Coding and Resources webpage](#).

In addition to peer support services, a PRSS may deliver any other services for which they are authorized.

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

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

1. All PSETP operators shall only permit individuals to their program who:
  - a. Are at least 18 years of age,
  - b. Consent to their PRSS credential being shared with the Contractor and AHCCCS-registered providers for verifying an individual’s compliance with this Policy, and
  - c. Self-identify as an individual who:
    - i. Has their own lived experience of behavioral health conditions, for which they have sought support,
    - ii. Can attest to self-managing and maintaining their own recovery and/or wellness for a minimum of one year, and
    - iii. Has an experience of their own recovery to share.
2. The individuals facilitating training shall be employed by the credentialing program operator and<sup>5</sup> hold a PRSS credential from an AHCCCS-recognized PSETP.
3. The Contractor shall ensure PSETP operators utilize Attachment B to:
  - a. Permit only individuals holding a PRSS credential to facilitate training,
  - b. Determine if applicants are qualified for admission, and
  - c. Obtain consent from trainees to share their PRSS credential with the Contractor and AHCCCS registered providers for verifying an individual’s compliance with this Policy.
4. All PSETP operators shall only permit individuals fulfilling all requirements of this Policy to undergo credentialing. If a PSETP has admission requirements not covered by this Ppolicy, final admission and credentialing rests with the PSETP -operator.
5. The PSETP operators shall maintain copies of all issued PRSS credentials and provide an electronic copy of the credential to a graduate of their program upon request.

<sup>5</sup> Added for clarity of who the individual will be employed by.

6. AHCCCS recognizes PRSS credentials issued by PSETPs in compliance with this Policy. The Contractor and all AHCCCS registered providers shall recognize credentialing from any AHCCCS-recognized PSETP. If there are additional regional, agency, or culturally-specific training requirements exclusive to the Contractor, service provider, or Tribal community, those additional requirements shall not prevent recognition of a PRSS credential issued in compliance with this Policy.
7. The training may be conducted virtually and/or in person. All trainings with a virtual component shall be conducted using a live-feed video conferencing platform and may not be conducted via telephone.
8. The PRSS credentialing process, as described in this Policy, is not a behavioral health service. Compliance with this Policy does not grant permission for a PSETP operator to deliver any behavioral health services.
9. The costs associated with credentialing a provider agency's own employees as PRSS are not reimbursable.
10. A criminal background check, a high school diploma, or General Education Development (GED) are not required for credentialing.
11. A PRSS credential may not be revoked. Misconduct by a PRSS shall be addressed in accordance with an employer's and/or Contractor's internal policies and procedures for non-licensed employees.
12. Further information on the PRSS credentialing process can be found in the AHCCCS OIFA [Peer and Recovery Support Specialists and Peer Support Employment Training Programs Frequently Asked Questions \(FAQs\)](#).

### C. COMPETENCY EXAM

Upon completion of the required training, each participant shall individually demonstrate their ability to support the recovery of others by passing a competency exam with a minimum score of 80%. Each PSETP operator has the authority to develop a unique competency exam. All exams shall include questions related to each of the curriculum core elements as specified in this Policy. If an individual does not pass the competency exam, the PSETP operator may allow the individual to retake the exam or complete additional training prior to retaking the competency exam.

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

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

The provider agencies, including ~~FFS~~ providers servicing FFS members<sup>6</sup>, delivering peer support services are required to maintain current and ongoing documentation verifying all individuals delivering Medicaid-reimbursed peer support services are in compliance with this Policy. The provider agencies contracted with an AHCCCS MCO shall use the AHCCCS Quality Management (QM) Portal Form 963A, located on the AHCCCS website <https://qmportal.azahcccs.gov/> to enter information documenting the qualifications and credentials of PRSS. The Contractor shall provide AHCCCS QM Portal training on a regular and ongoing basis to provider agencies reporting PRSS involvement in service delivery.

1. The Contractor shall ensure:
  - a. The provider agencies delivering Medicaid-reimbursed peer support services have policies and procedures in place regarding all requirements for PRSS covered by this Policy,
  - b. The provider agencies submit all information as required under AHCCCS QM Portal Form 963A, in the AHCCCS QM Portal,
  - c. All AHCCCS-registered providers operating a PSETP submit all required information on AHCCCS QM Portal Form 963C via the AHCCCS QM Portal upon completion of each class. These reports shall contain no other identifying information apart from what is required,
  - d. The PSETPs retain completed copies of Attachment C of this Policy and maintain records of issued PRSS credentials,
  - e. All individuals delivering Medicaid-reimbursed peer support services meet the required qualifications, necessary trainings<sup>7</sup> and credentialing for the delivery of peer support services, and
  - f. The credentialing documentation ~~of peer support services~~ includes the first and last name of the servicing PRSS, credentialing PSETP, and date of credentialing for the PRSS delivering the service.

AHCCCS OIFA will be available to provide training and/or assistance for PSETP operators reporting graduates via the AHCCCS QM Portal.

2. The Contractor shall:
  - a. Conduct quarterly quality checks within the AHCCCS QM Portal to monitor the accuracy of the AHCCCS QM Portal Form 963A submission,
  - b. Ensure providers maintain documentation of required qualifications and credentials for PRSS,
  - c. Ensure copies of credentials are made available upon request, and
  - d. Regularly report monitoring efforts outlined in this section to AHCCCS ~~on monitoring efforts outlined in this section~~.

<sup>6</sup> Updated to be more specific as all providers are FFS providers.

<sup>7</sup> Referring to legislatively required trainings.

3. All ~~providers serving FFS members~~<sup>8</sup> ~~Providers~~ delivering Medicaid-reimburs~~ed~~<sup>able</sup> peer support services shall maintain Attachment A of this Policy, documenting all individuals delivering Medicaid-reimburs~~ed~~<sup>able</sup> peer support services have the necessary qualifications and credentialing required by this Policy. Attachment A of this Policy shall be made available to AHCCCS DFSM upon request.
4. The Tribal Nations and/or Tribal Regional Behavioral Health Authorities ~~operating a PSETP~~ are encouraged but not required to submit lists of graduates to AHCCCS OIFA using Attachment C of this Policy. Voluntary submission of graduates will help ensure timely payments for peer support services.

#### E. RECIPROCITY

For purposes of Medicaid reimbursement, AHCCCS OIFA recognizes peer support credentials issued:

1. In States which receive Medicaid reimbursement for peer support services by a State-recognized credentialing program, board, or agency~~.~~
2. ~~By another~~In agreement with another<sup>9</sup> Arizona State agency or a United States Federal administration~~.~~
3. As determined by Tribal Nation and/or Tribal Regional Behavioral Health Authorities similar to state requirements for qualifications, training and certification in alignment with SMDL #07-011, or<sup>10</sup>
4. By a nationally recognized peer support organization or program.

AHCCCS OIFA does not issue reciprocal or replacement credentials. Individuals seeking reciprocity shall submit their credential to AHCCCS OIFA via email at oifa@azahcccs.gov. AHCCCS OIFA will determine if the credential is eligible for reciprocity. If accepted, AHCCCS OIFA will provide confirmation of credentialed status via email. This email confirmation may be used for all inquiries regarding an individual's credentialed status in the State of Arizona.

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

~~Like other practitioners, requirements shall be established by the Contractor for individuals employed as PRSS to obtain continuing education and ongoing learning relevant to peer support, including physical health and wellness.~~<sup>11</sup>

<sup>8</sup> Revised language as all providers are FFS providers, changed throughout the policy.

<sup>9</sup> Added for clarity reflecting historical establishment of reciprocity with Arizona Department of Corrections, Rehabilitation and Reentry ( ADCRR).

<sup>10</sup> Added to specify what needs to be determined in order for reciprocity to be established.

<sup>11</sup> Removing duplicative language that is found below.

The Contractor shall ensure all individuals delivering Medicaid-reimbursable peer support services have access to and obtain a minimum of eight hours per year of continuing education and ongoing learning relevant to peer support, including physical health and wellness,<sup>12</sup> ~~per year~~. At least one hour of the yearly requirement shall cover ethics and boundaries related to the practice of peer support.

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

To receive Medicaid reimbursement for peer support services, the individual providing the service shall possess ~~a PRSS credential from~~ an AHCCCS-recognized PRSS credential PSETP and receive supervision as specified in the AHCCCS Covered Behavioral Health Services Guide (CBHSG). Refer to AMPM Policy 310-B and the AHCCCS Fee-For-Service Provider Billing Manual for further details on billing limitations.

1. The Contractor and providers serving FFS members ~~providers~~ shall ensure:
  - a. The providers have policies and procedures to establish the minimum professional, educational, and/or experiential qualifications for Behavioral Health Paraprofessionals (BHPPs) and BHTs,
  - b. The provider policies and procedures establish the minimum required amount and duration of supervision for PRSS qualifying as BHPPs and BHTs,
  - c. The supervision is documented and inclusive of both clinical and administrative supervision,
  - d. The supervisors of PRSS have access to training and ongoing learning relevant to the supervision of PRSSs and the delivery of peer support services, and
  - e. Supervisors of PRSSs report any misconduct by PRSS through appropriate and applicable channels.

#### H. PEER AND RECOVERY SUPPORT SPECIALIST CREDENTIALING PROGRAM CURRICULUM STANDARDS

The purpose of a PSETP is to prepare qualified individuals to provide quality peer support services within the AHCCCS programs. This includes necessary skills and knowledge to support the recovery of others and to adhering to the fidelity of peer support as a practice.<sup>13</sup>

1. A PSETP curriculum shall include the following core elements:
  - a. Concepts of hope and recovery, including but not limited to:
    - i. Instilling the belief that recovery is real and possible,
    - ii. The history of social empowerment movements, and their connection to peer and recovery support, including but not limited to, the following movements:
      - 1) Self-help,
      - 2) Consumer/survivor/ex-patient,
      - 3) Neurodiversity,
      - 4) Disability Rights, and
      - 5) Civil Rights.

<sup>12</sup> Incorporating non-duplicated language.

<sup>13</sup> Added section intro for clarity.

- iii. Varied ways that behavioral health has been viewed and treated over time and ~~presently in the present~~,
  - iv. Appreciating diverse paradigms and perspectives of recovery and other ways of thinking about behavioral health (e.g., [Self-Management and Recovery Training \(SMART\) Recovery](#)~~harm reduction~~<sup>14</sup>, 12-Step recovery, ~~n~~Neurodiversity),
  - v. Knowing and sharing one’s story of a recovery journey and how one’s story can assist others in many ways,
  - vi. A ~~Holistic~~-[holistic](#) approach to recovery addressing behavioral, emotional, and physical health, and
  - vii. ~~M~~The member-driven/person-centered service planning.
- b. Advocacy and systems perspective, including but not limited to:
- i. State and national health systems’ infrastructure – the history of Arizona’s health systems,
  - ii. Confronting and countering discrimination, prejudice, bias, negative stereotypes, and other social injustices against those with behavioral health and substance use disorders – combating internalized stigma and oppression,
  - iii. Organizational change – how to utilize person-first and identity-first language to educate provider staff on recovery principles and the role and value of peer support,
  - iv. Healthcare accessibility for underserved populations and under-represented communities,
  - v. Creating a sense of community in a safe and supportive environment,
  - vi. Forms of advocacy and effective strategies – consumer rights and navigating health systems,
  - vii. The Americans with Disabilities Act (ADA),
  - viii. Environmental factors influencing health,
  - ix. Grievance and appeals processes,
  - ~~ix~~-x. [Informed consent as specified in AMPM Policy 320-Q](#)<sup>15</sup> and
  - ~~x~~-xi. The Arizona System Values and Guiding Principles:
    - 1) Adult System of Care - Nine Guiding Principles, and
    - 2) Children’s System of Care – Arizona Vision<sup>7</sup> and Twelve Guiding Principles.
- c. Psychiatric rehabilitation skills and service delivery, including but not limited to:
- i. Strengths-based approach, identifying one’s own strengths, and helping others identify theirs,
  - ii. Building resiliency,
  - iii. Trauma-informed care,
  - iv. Distinguishing between sympathy and empathy,
  - v. Emotional intelligence,
  - vi. Motivational interviewing, communication skills<sub>2</sub> and active listening,
  - vii. Healing relationships – building trust and creating mutual responsibility,
  - viii. Combating negative self-talk – noticing patterns<sub>2</sub> ~~and~~ replacing negative statements about oneself, [and](#) using mindfulness to gain self-confidence and relieve stress,
  - ix. Group facilitation skills,

<sup>14</sup> [Changing to align with current language and incorporating Self-Management and Recovery Training \(SMART\) Recovery as an example.](#)

<sup>15</sup> [Relocated from below.](#)

- x. Culturally & Linguistically Appropriate Services (CLAS) standards, and the role of culture in recovery, and
  - xi. Understanding and supporting individuals with Intellectual and Developmental Disabilities (I/DD).
- d. The Professional Responsibilities of the PRSS and self-care in the workplace, including but not limited to:
- i. Professional boundaries and codes of ethics unique to the role of a PRSS,
  - ii. Confidentiality laws and information sharing – understanding the Health Insurance Portability and Accountability Act (HIPAA),
  - iii. Responsibilities of a mandatory reporter ([refer to ARS 46-454 and ARS 13-3620](#))<sup>16</sup>, ~~what to report and when,~~<sup>17</sup>
  - iv. Understanding common signs and experiences of:
    - 1) Mental health disorders,
    - 2) Substance Use Disorders (SUD),
    - 3) Opioid Use Disorders (OUD),
    - 4) Addiction,
    - 5) Dissociation,
    - 6) Trauma,
    - 7) ~~Intellectual and Developmental Disabilities (I/DD)~~, and
    - 8) Abuse/exploitation and neglect.
  - v. ~~How to talk to a prescriber about medications and potential side effects, and what is~~
  - ~~v.vi. informed consent as specified in AMPM Policy 320-Q~~<sup>18</sup>,
  - ~~vi.vii. Guidance on proper service documentation, billing, and using recovery language throughout documentation, and~~
  - ~~vii.viii. Self-care skills:~~
    - 1) Coping practices for helping professionals,
    - 2) The importance of ongoing ~~supports~~[support](#) for overcoming stress in the workplace,
    - 3) Using boundaries to promote personal and professional resilience, and
    - 4) Using self-awareness to prevent compassion fatigue, secondary traumatic stress, and burnout.
2. ~~The Contractor shall ensure that, in addition to the above, all PSETP\_s incorporate into their curriculum AHCCCS-provided training materials specific to psychosis, including anosognosia, as specified in (ARS 36-2903.15).~~
- 2.3. The Contractor shall ensure all ~~presently~~ employed PRSS credentialed prior to October 1, 2026~~5~~, [have completed](#) AHCCCS-provided training materials through the statewide learning management system no later than [90 days after date of hire](#)~~October 1, 2026~~<sup>19</sup>.

<sup>16</sup> [Added references for reporting requirements.](#)

<sup>17</sup> [Removed for clarity.](#)

<sup>18</sup> [Relocated above.](#)

<sup>19</sup> [Language added for ongoing monitoring and implementation.](#)

~~3.4.~~ The PSETPs shall not duplicate training required ~~of~~ for individuals employed by a licensed agency or Community Service Agencies (CSA).- All PRSS shall complete all other required trainings not covered in this ~~policy~~ Policy.

~~4.5.~~ The Contractor shall develop and make available policies and procedures as well as additional resources for development and improvement of PSETP curriculum, including the Contractor staff contacts for questions or assistance.

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

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

The OIFA Alliance oversees the PSETP compliance determination and recognition process, including the setting of requirements, terms, and conditions for determination.

The members of the OIFA Alliance will determine all PSETP applications and evaluate all submitted training materials prior to determining a PSETPs compliance status.

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

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

2. Upon receipt of the application, the OIFA Alliance will perform the application determination.
3. If the application is denied, the applicant may submit a new application no earlier than six months after date of the initial denial. A second denial will result in disqualification for recognition.
4. If the application is accepted, the applicant shall follow the OIFA Alliance instructions for submitting its program materials for further compliance determination.
5. The program curriculum materials to be submitted shall include, but are not limited to:
  - a. Student and trainer manuals,
  - b. Handouts,
  - c. Homework,
  - d. Final exam,
  - e. Credentialing certificate,
  - f. Any other classroom materials, and

- g. Descriptions of reasonable accommodations and alternative formats for the accessibility of program materials by all audiences.
6. The OIFA Alliance determines a PSETPs compliance status with the required curriculum Core Elements specified in Section H of this Policy. ~~An~~AHCCCS recognition of an OIFA Alliance compliance determination is necessary for PRSS credentials issued by the PSETP to be valid for Medicaid reimbursement of peer support services.
7. The OIFA Alliance may provide guidance and/or require program improvements to be carried out by PSETPs as conditions of initial or continued recognition.
8. If a program makes substantial changes to its curriculum (e.g., changes to content) or if there is an addition to required elements, the program shall submit the updated content to OIFAAlliance@azahcccs.gov for review.
- ~~9. If there are regional, agency, or culturally specific training requirements exclusive to the Contractor, service provider, or tribal community, the additional training requirements shall not prevent employment or transfer of a PRSS credential based on the additional elements or standards.<sup>20</sup>~~
- ~~10.~~<sup>9.</sup> All AHCCCS-recognized PSETPs shall make curriculum materials available to members of the OIFA Alliance and/or AHCCCS DFSM upon request. PSETPs shall comply with all required curriculum revisions or improvements to their training materials deemed necessary by the OIFA Alliance.
- ~~11.~~<sup>10.</sup> The ~~m~~Members of the OIFA Alliance may audit PSETP classes while in session both virtually and/or in-person. OIFA Alliance members will provide PSETP operators with advance notice of the audit and the PSETP operator shall provide a schedule of upcoming trainings within 24 hours of notification<sup>21</sup>.
- ~~12.~~<sup>11.</sup> At its discretion, AHCCCS reserves the right to suspend or revoke recognition of a PSETP.
- ~~13.~~<sup>12.</sup> The PRSS credentialing process, as described in this Policy, is not a behavioral health service. Compliance with this Policy does not grant nor imply permission by AHCCCS OIFA to deliver any behavioral health services.

<sup>20</sup> Removed Redundant since Peer/Recovery Support System (PRSS) credential are applicable statewide.

<sup>21</sup> Added for clarity.