

963 - ATTACHMENT B – PROGRAM OPERATOR  
CREDENTIALING PROGRAM~~PEER SUPPORT EMPLOYMENT~~  
~~TRAINING PROGRAM~~-ADMISSION INTERVIEW TOOL

Individuals with lived experiences of recovery are an integral part of the behavioral health work force.

To comply with Centers for Medicare and Medicaid Services (CMS) requirements for provision of peer support services, as specified in the State Medicaid Director Letter, (SMDL) #07-011, the AHCCCS Office of Individual and Family Affairs (OIFA), has established training requirements and credentialing standards for Peer and Recovery Support Specialist (PRSS) providing peer support services within the AHCCCS programs. Centers for Medicare and Medicaid Services (CMS) grants State Medicaid programs the authority to define the scope of peer support services, and to determine the oversight and qualification requirements for individuals providing peer support services. Training, credentialing, and supervision as specified in AMPM Policy 963 is required for reimbursement of peer support services.

The purpose of this document is to verify that individuals ~~persons~~ admitted to a ~~Peer Support Employment Training Program (PSETP)~~ meet required qualifications as specified in AMPM Policy 963. This document is to be included as part of the ~~PSETP program operators~~<sup>1</sup> overall admission process as an interview tool and to be completed electronically by the PSETP program operator. Some questions are in a “Yes/No” format, whereas others require the PSETP program operator to document a detailed response. All PSETP program operators may include additional requirements but shall not alter or detract from the language of this document. Only individuals fulfilling all requirements, as specified in AMPM Policy 963, may be admitted to a PSETP program operator credentialing program and credentialed as a ~~Peer and Recovery Support Specialist (PRSS)~~. If the PSETP program operator includes additional requirements or potential exclusions ~~which are~~ not covered by AMPM Policy 963, final determination for admission of qualified individuals’ rests with the PSETP program operator. All PSETP program operators shall provide complete copies of this document to AHCCCS Contractors or Division of Fee-For-Service Management (DFSM) upon request.

<b>NAME OF APPLICANT:</b>	<b>DATE OF INTERVIEW:</b>
<b>APPLICANT’S EMAIL:</b>	<b>APPLICANT’S PHONE #:</b>

<b><del>PEER SUPPORT EMPLOYMENT TRAINING PROGRAM (PSETP)</del> <u>PRSS PROGRAM OPERATOR</u></b>
<b>NAME OF INTERVIEWER:</b>

<sup>1</sup> Revised to program operator to address misunderstandings with providers and contractors, throughout the attachment.

PRE-SCREENING	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
<p>If you are applying to this program for any purpose other than to prepare you for employment as a PRSS, you will not be selected for enrollment and shall seek an alternative program to best achieve your goals.</p> <ul style="list-style-type: none"> <li>Are you applying to this training program because you intend to practice peer support and deliver peer support services as a PRSS?</li> </ul> <p>[<del>PSETP</del><a href="#">Program operator</a> document response here]</p>		
<p><u>If you are applying to this program as part of your plan for future employment as a PRSS:</u></p> <ul style="list-style-type: none"> <li><u>Have you been offered employment services through Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) Vocational Rehabilitation (VR) program?<sup>2</sup></u></li> </ul> <p>[<a href="#">Program operator document response here</a>]</p>		
<p>Completion of a PSETP is not a guarantee of employment.</p> <ul style="list-style-type: none"> <li>Please attest you understand and agree to this.</li> </ul>		
<p>At a minimum, a high school diploma or equivalency is a pre-requisite for employment in most provider agencies.</p> <ul style="list-style-type: none"> <li>Can you provide documentation of either a high school diploma or General Education Development (GED)?</li> <li>If not, are you interested in obtaining a high school equivalency diploma?</li> </ul> <p>[All <del>PSETP</del><a href="#">program operators</a> document if the applicant meets the minimum qualifications as a Behavioral Health Paraprofessional (BHPP), Behavioral Health Technician (BHT),<sup>2</sup> or Behavioral Health Professional (BHP). Document if any follow up was taken to obtain a high school equivalency diploma.]</p>		
<p>Are there any accessibility needs for you to fully participate in the training (e.g., a service animal, note taker, large text, sign language interpreter)?</p> <ul style="list-style-type: none"> <li>If so, please describe your accessibility needs.</li> </ul> <p>[<del>PSETP</del><a href="#">Program operator</a> document response here]</p>		

<sup>2</sup> Included to align with billing limitations in the Covered Behavioral Health Services Guide (CBHSG), if Medicaid dollars are being used to reimburse the training.

PRE-SCREENING	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
<p>Self-identification as a person with lived experiences of behavioral health conditions is a requirement to receive a PRSS credential. Behavioral health encompasses both mental health and substance use. Upon completion of this program your name, the name of the training program, date of graduation, and current employer (if applicable) will be submitted to AHCCCS.</p> <p>No other information will be provided to AHCCCS. A record of your credential may be requested by AHCCCS contracted health plans, AHCCCS DFSM, or employers to verify you are qualified and may be employed as a PRSS. A PRSS credential is not <u>protected</u> health information and is necessary for employment and delivering services as a PRSS. Evidence of a credential may be shared with potential employers and others without a release of information.</p> <ul style="list-style-type: none"> <li>• “Please attest you understand and agree to this.”</li> </ul> <p>[The <del>PSETP</del><u>program operator</u> document response here]</p>		
PURPOSE OF THE TRAINING		
<p>This training is intended to prepare you to practice and deliver peer support services in the AHCCCS (Medicaid) programs.</p> <ul style="list-style-type: none"> <li>• When and why did you decide to become a PRSS?</li> </ul> <p>[The <del>PSETP</del><u>program operator</u> document response here]</p>		
<ul style="list-style-type: none"> <li>• What are you looking forward to most about this training?</li> </ul> <p>[The <del>PSETP</del><u>program operator</u> document response here]</p>		
<p>A PRSS often spends a lot of time doing paperwork and may have other duties unrelated to practicing and delivering peer support services.</p> <ul style="list-style-type: none"> <li>• What concerns, if any, do you have about this?</li> </ul> <p>[The <del>PSETP</del><u>program operator</u> document response here]</p>		
<p>Some work environments may seem more <u>r</u>Recovery-<u>o</u>riented and more welcoming than others.</p> <ul style="list-style-type: none"> <li>• What concerns, if any, do you have about working as a PRSS in environments that you may feel are less Recovery-Oriented and less-welcoming?</li> </ul> <p>[The <del>PSETP</del><u>program operator</u> document response here]</p>		

SELF-IDENTIFICATION Tell us if the following statements are true for you.	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
A <del>Peer and Recovery Support Specialist (PRSS)</del> is an individual who has lived experience of behavioral health conditions for which they have sought support; and can demonstrate their own efforts at self-directed recovery and expertise, including knowledge of approaches to support the recovery of others. Behavioral health encompasses both mental health conditions and substance use disorders.		
DISCLOSURE <i>"The following questions are to gauge your openness to sharing your lived experiences with others. A "Yes" response to each is required for admittance to this training program."</i>	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
"I willingly self-identify to others as having lived experience of behavioral health conditions, for which I have sought support."		
"I am willing to share these lived experiences, when appropriate, for purposes of education, role modeling and providing hope to others about the reality of recovery."		
PERSONAL RECOVERY Tell us if the following statements are true for you.	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
"The <del>PSETP</del> program operators and employers of a PRSS may require between one to two years of self-sustained recovery as a pre-requisite of admission to the training program or for employment.		
"I have been managing and maintaining my own recovery and wellness for a minimum of one <del>(1)</del> year."		

<p style="text-align: center;"><b>RECOVERY PRACTICES</b></p> <p style="text-align: center;"><i>The following Yes/No questions relate to how you practice your own recovery.</i></p> <p style="text-align: center;"><i>Answering "Yes" to any of the following questions means that you are willing to share your response at a later date.</i></p> <p style="text-align: center;"><i>You will NOT be asked to share your personal experiences at this time.</i></p>	THIS QUESTION WAS ANSWERED SATISFACTORILY?	
	YES	NO
<ul style="list-style-type: none"> <li>• Are you willing to share what you have had to overcome to get where you are in your recovery?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are you willing to share what having “lived experience” means to you?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are you willing to share some of the beliefs and values you have, or have developed, which help to strengthen your recovery?</li> </ul>		
<b>COMMITMENT TO TRAINING PARTICIPATION AND ACCOMMODATION</b>		
<p>The training program may require complete attendance for the duration of the training.</p> <ul style="list-style-type: none"> <li>• If accepted to this program, can you commit to the attendance requirements?</li> </ul> <p>[The <a href="#">PSETP program operator</a> document response here]</p>		
<p>Are there any barriers which may keep you from attending the entire training (e.g., childcare, work schedule, transportation)?</p> <ul style="list-style-type: none"> <li>• If so, please describe.</li> </ul> <p>[The <a href="#">PSETP program operator</a> -document response here]</p>		
<p>The training is highly interactive and requires activities involving small group work, role-playing, and reading aloud to the class.</p> <ul style="list-style-type: none"> <li>• Are you comfortable with this kind of participation?</li> </ul> <p>[The <a href="#">PSETP program operator</a> -document response here]</p>		
<p>As part of the training, you will be asked to participate in discussions, role-plays, and to share your personal story of recovery in front of the class.</p> <ul style="list-style-type: none"> <li>• What concerns, if any, would you have about this?</li> </ul> <p>[The <a href="#">PSETP program operator</a> -document response here]</p>		
<p>During the training some materials, discussions or activities may elicit strong emotions and discomfort.</p> <ul style="list-style-type: none"> <li>• What are your safety needs, and how will you communicate any discomfort to the trainers if this were to happen?</li> </ul> <p>[The <a href="#">PSETP program operator</a> -document response here]</p>		
<ul style="list-style-type: none"> <li>• What do you see as being the most difficult challenge in PRSS training, and how will you approach it?</li> </ul> <p>[The <a href="#">PSETP program operator</a> document response here]</p>		