

**POLICY 963, ATTACHMENT B – PEER SUPPORT EMPLOYMENT  
TRAINING PROGRAM APPLICATION TEMPLATE**  
~~PEER-AND  
RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS~~

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF PEER SUPPORT  
EMPLOYMENT TRAINING PROGRAM: \_\_\_\_\_

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/DCAIR, 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. 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 application is to verify persons admitted to a Peer Support Employment Training Program (PSETP) meet required qualifications as specified in AMPM Policy 963.

**A. PRE-SCREENING**

1. Completing and submitting this application does not guarantee acceptance into a training program. Training programs may have other requirements such as assessments, referrals and/or tuition which must be completed or paid prior to admission. Contact the training agency to which you are applying prior to completing this application.

I have contacted the training agency and understand their admission criteria

2. Are you applying for this training because you intend to practice and deliver peer support services in a healthcare setting?

Yes, I intend to deliver peer support services and seek employment in a healthcare setting.

No, I wish to attend this training for another purpose.

I am not sure, at this time.

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3. If you are enrolling in this program for any purpose other than to prepare you for employment as a PRSS, you will not be selected for enrollment. Check the box below to attest you understand this.

I understand that individuals enrolling in this program for any purpose other than to prepare for employment as a PRSS, will not be enrolled in a peer support employment training program and must seek an alternative program.

4. Self-identification as a person with lived experiences of behavioral health conditions is a requirement to receive a PRSS credential. Upon completion of this program your name, the name of the training program and date of graduation will be transmitted to AHCCCS as specified in AMPM Policy 963, Attachment C. No other information will be provided to AHCCCS. This record of your credential may be necessary to later verify you are qualified and may be employed as a PRSS. A “No” answer will disqualify you from being admitted to this training program, Check the box below to attest you understand this.<sup>1</sup>

Yes, I self-identify as a person with lived experiences of behavioral health conditions and consent to a record of my PRSS credential to be shared with AHCCCS for purposes of verifying my qualifications.

No, I do not consent to this information being shared and understand I will not be admitted to this training program.

**B. PEER SUPPORT PRACTICE AND EMPLOYMENT**

1. Completion of Peer Support Employment Training, is not a guarantee of employment. Check the box below to attest you understand this.

I understand completion of this training is not a guarantee of employment.

2. Most employers require their new hires to have a High School Diploma or General Education Development (GED). Read the following and check the box that is true for you:

I have a High School Diploma or GED.

I am in the process of obtaining a High School Diploma or GED.

I do not have, but would like to obtain, a High School Diploma or GED.

I do not have, nor am I interested in obtaining, a High School Diploma or GED.

<sup>1</sup> This item included for purposes of full transparency and informing consent of applicants.

**C. PURPOSE OF THE TRAINING**

1. How do you imagine this training could positively or negatively impact your life and relationships?

Response \_\_\_\_\_

2. This training is intended to prepare you to practice and deliver peer support services in the AHCCCS (Medicaid) programs. When and why did you decide to become a PRSS?

Response \_\_\_\_\_

3. A PRSS often spends a lot of time with documenting and may have other duties unrelated to practicing and delivering peer support services. What concerns, if any, do you have about this?

Response \_\_\_\_\_

4. Some work environments may be more Recovery-Oriented and welcoming than others. What concerns, if any, do you have about working as a PRSS in environments that may seem less Recovery-Oriented and less-welcoming?

Response \_\_\_\_\_

**D. SELF-IDENTIFICATION**

A Peer and Recovery Support Specialist (PRSS) is an individual who has lived experience of a mental health disorder, and/or substance use disorder or other traumas resulting in emotional distress and significant life disruptions, for which they have sought help or care; and can demonstrate their own efforts at self-directed recovery and expertise, including knowledge of approaches to support the recovery of others.

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Read the following statements and tell us if they are true or not true, for you.

1. "I willingly self-identify to others as having lived experiences of mental health disorders, substance use disorders and/or other traumas resulting in emotional distress and significant life disruptions, for which I have sought help or care." Is this statement true for you?

- Yes, this statement is true for me.
- No, this statement is not true for me.

2. "I am actively working on my own recovery and/or healing process; and managing my own wellness." Is this statement true, for you?

- Yes, this statement is true for me.
- No, this statement is not true for me.

3. "I am willing to disclose these lived experiences, when appropriate, for purposes of education, role modeling and providing hope to others about the reality of recovery." Is this statement true, for you?

- Yes, this statement is true for me.
- No, this statement is not true for me.

**E. PERSONAL RECOVERY**

The following Yes/No questions relate to how you practice your own recovery.

Answering "YES" to any of the following questions means that you are willing to give a detailed response at a later date. You will NOT be asked to provide a detailed response at this time. However, you may be asked additional information in the future during the course of training.

1. Are you willing to describe what you have had to overcome to get where you are today?

- Yes, I am willing to give a detailed response, if and when, appropriate.
- No, I am not willing to give a detailed response to this question.

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2. Are you willing to describe what has helped you to move from where you were to where you are now in your recovery?

Yes, I am willing to give a detailed response, if and when appropriate.

No, I am not willing to give a detailed response to this question.

3. Are you willing to describe what a diagnostic label means to you?

Yes, I am willing to give a detailed response, if and when appropriate.

No, I am not willing to give a detailed response to this question.

4. Are you willing to describe some of the beliefs and values you have, or have developed, which help to strengthen your recovery?

Yes, I am willing to give a detailed response, if and when appropriate

No, I am not willing to give a detailed response to this question.

5. Are you willing to describe how you would keep yourself safe during a personal crisis?

Yes, I am willing to give a detailed response, if and when appropriate.

No, I am not willing to give a detailed response to this question.

**F. COMMITMENT TO TRAINING PARTICIPATION AND ACCOMMODATION**

1. If accepted to this program, you must attend the entirety of the training. Will you commit to this?

Yes, I commit to attending the entirety of the training.

No, I cannot commit to attending the entirety of the training.

2. Are there any barriers which may prevent you from attending all days of the training (e.g. childcare, work schedule, transportation)? If so, describe; otherwise, leave blank.

Response \_\_\_\_\_

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3. The training is highly interactive and requires activities that involve small groups, role-playing, and reading aloud to the group. Are you comfortable with this kind of participation?

Yes, I am comfortable with this kind of participation.

No, I am not comfortable with this kind of participation.

4. As part of the training you will be asked to participate in discussions, role-play, and share your personal story of recovery in front of the class. What concerns, if any, might you have about this?

Response \_\_\_\_\_

5. During the training you will listen to the recovery stories of others. Sometimes these stories may be uncomfortable to hear. Are you willing to communicate any discomfort to the trainers if this were to happen?

Yes, I will communicate any discomfort to the trainers.

No, I will not communicate any discomfort.

6. What will be your most difficult challenge while participating in PRSS training, and how will you address it?

Response \_\_\_\_\_

7. Are there any accessibility accommodations you may need in order to participate in the training? (e.g. seeing-eye dog, note taker, large text, sign language interpreter)? If so, describe; otherwise, leave blank.

Response \_\_\_\_\_

**G. ATTESTATIONS**

1. I have completed this registration on my own.

Yes, I completed this application on my own.

Yes, I completed this application with assistance.

No, this application was completed for me.

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2. I understand that a PRSS Credential is not health information and is necessary for employment and delivering services as a PRSS. Evidence of my credential may be shared with potential employers and others without a release of information.

Response

3. By affixing my initials, I attest to have answered the questions in this registration truthfully, and to the best of my ability.

Response

4. Signature and Today's Date

Response <sup>2</sup>

**~~SUGGESTED CURRICULUM DEVELOPMENT REFERENCES~~**

~~Chapman, S., Blash, L., Chan, K. Mayer, K. Kogler, V. and Spetz, J. (2015). *Education, Certification, and Roles of Peer Providers: Lessons from Four States*. San Francisco, CA: UCSF Health Workforce Research Center on Long Term Care.~~

~~Chapman, S., Blash, L., Chan, K. Mayer, K. and Spetz, J. (2015). *Peer Providers in the Behavioral Health Workforce: Arizona*. San Francisco, CA: UCSF Health Workforce Research Center on Long Term Care.~~

~~Florida Certification Board. (2016). *Mental Health America National Certified Peer Specialist Role Delineation Study Report: June 2016*~~

~~Intentional Peer Support (2017) *Intentional Peer Support Core Competencies: Self-assessment tool*~~

~~International Association of Peer Supporters. (2013). *National Practice Guidelines for Peer Supporters*~~

~~L. Kaufman et al., “Peer Specialist Training and Certification Programs: A National Overview.” Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin (2016).~~

~~Mead, S., Hilton, D., Curtis, L., (2001) *Peer Support: A theoretical perspective*. *Psychiatric Rehabilitation Journal*, 25(2), 134-141~~

~~Money, N., Moore, M., Brown, D., Kasper, K., et al. (2011). *Best Practices Identified for Peer Support Programs*. Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury~~

<sup>2</sup> New language for Attachment B to reflect change into application

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~~Peer Support Accreditation and Certification (Canada). (2016). *National Certification Handbook—  
Version 3*~~

~~Psychiatric Rehabilitation Association (2003). *PRA Language Guidelines*~~

~~Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer  
Workers in Behavioral Health Services*. Center for Mental Health Services, U.S. Department of  
Health and Human Services, Rockville, MD.~~

~~Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's Working Definition  
of Recovery*. Center for Mental Health Services, U.S. Department of Health and Human  
Services, Rockville, MD.~~

~~Te Pou o te Whakaaro Nui (2014). *Competencies for the mental health and addiction service user,  
consumer and peer workforce*. Auckland, New Zealand~~

~~U.S. Government Accountability Office (2018). *MENTAL HEALTH: Leading Practices for State  
Programs to Certify Peer Support Specialists* (GAO-19-41)<sup>3</sup>~~

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<sup>3</sup> [Removing to reduce amount of content for incorporation into body of Policy](#)