



**POLICY 963, ATTACHMENT B – PEER SUPPORT EMPLOYMENT TRAINING PROGRAM APPLICATION TEMPLATE**

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/Division of Community Advocacy & Intergovernmental Relations (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.

Peer Support Employment Training Program (PSETP) operators shall use the language and information fields provided in this template to create an application form, the purpose of the application form is to verify persons admitted to a PSETP meet required qualifications as specified in AMPM Policy 963. The application form is to be included as part of the PSETP’s overall admission process. PSETP operators may include additional requirements but shall not alter or detract from the language of this template. Final determination for admission rests with the PSETP operator, however only individuals completing an application fulfilling all requirements of this template may be admitted to a PSETP and credentialed as a PRSS.

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

**APPLICANT’S EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

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

**A. PRE-SCREENING**

1. Completing and submitting this application does not guarantee admission into a PSETP. Training programs may have other requirements such as assessments, referrals, additional forms 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 to this training program because you intend to practice peer support and deliver peer support services as a PRSS?

Yes, I wish to practice peer support and deliver peer support services as a PRSS.

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

I am not sure, at this time.

3. 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 must seek an alternative program to best achieve your goals. Check the box below to attest you understand this.

I understand that individuals applying to this program for any purpose other than preparing for employment as a PRSS will not be enrolled and must seek an alternative program to achieve their goals.

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. If you answer “No” to the question below you will not be admitted to this training program.

- 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 a Peer Support Employment Training Program 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.

**C. PURPOSE OF THE TRAINING**

1. 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

2. What are you looking forward to most about this training?

Response

3. A PRSS often spends a lot of time doing paperwork 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 seem more Recovery-Oriented and more welcoming than others. 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?

Response

#### **D. SELF-IDENTIFICATION**

A Peer and Recovery Support Specialist (PRSS) is an individual who has lived experience of mental health conditions, substance use and/or other traumas resulting in emotional distress and significant life disruption, 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. 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 experience of mental health conditions, substance use and/or other traumas resulting in emotional distress and significant life disruption, 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 sustaining 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 share 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 share your response at a later date. You will NOT be asked to share your response at this time.

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

- Yes, I am willing to share this.  
 No, I am not willing to share this.

2. Are you willing to share what has helped you to move from where you were to where you are now in your recovery?  
 Yes, I am willing to share this.  
 No, I am not willing to share this.
  
3. Are you willing to share what having “lived experience” means to you?  
 Yes, I am willing to share this.  
 No, I am not willing to share this.
  
4. Are you willing to share some of the beliefs and values you have, or have developed, which help to strengthen your recovery?  
 Yes, I am willing to share this.  
 No, I am not willing to share this.

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

1. The training program may require complete attendance for the duration of the training. If accepted to this program can you commit to this?  
 Yes, I can commit to attending the entire training.  
 No, I cannot commit to attending the entire training.
  
2. Are there any barriers which may keep you from attending the entire training (e.g. childcare, work schedule, transportation)? If so, please describe; otherwise, leave blank.

Response

3. The training is highly interactive and requires activities involving small group work, role-playing, and reading aloud to the class. Are you comfortable with this kind of participation?  
 Yes, I am comfortable.  
 No, I am not comfortable.
  
4. 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. What concerns, if any, would 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.  
 No, I will not.

6. What do you see as being the most difficult challenge in PRSS training, and how will you approach it?

Response

7. Are there any accessibility needs for you to fully participate in the training? (e.g. service animal, note taker, large text, sign language interpreter)? If so, please describe; otherwise, leave blank.

Response

#### **G. ATTESTATIONS**

1. I have completed this application 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.

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. I have answered the questions in this application truthfully, and to the best of my ability.

Response

4. Signature and Today's Date

Response