ARIZANA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS CONTRACTOR OPERATIONS MANUAL

ACOM POLICY 409 – ATTACHMENT A – NEW PEER RUN OR FAMILY RUN ORGANIZATION REQUEST FORM

The Contractor shall contract with Peer-Run Organizations (PROs) and Family-Run Organizations (FROs), as specified in Contract, in each of the Contractor's' awarded service areas. The Contractor shall offer members the option to receive medically necessary behavioral health services from a PRO and/or FRO.

When the Contractor contracts with an AHCCCS provider not currently recognized by AHCCCS OIFA as a PRO or FRO, and whom the Contractor believes meets the criteria of a PRO or FRO as specified in Contract, the Contractor shall submit this completed request form, including any listed documentation to AHCCCS OIFA at OIFA@azahcccs.gov.

All applicants (PRO and FRO), please complete the following General Information:

GENERAL INFORMATION			
Contractor Name	Submitted By		
Line(s) of Business	Service Area(s)		
Provider Name	Provider ID		
Provider Point of Contact	Phone		

Effective Date: 10/01/25 Approval Date: 05/23/25



ACOM POLICY 409 – ATTACHMENT A – NEW PEER RUN OR FAMILY RUN ORGANIZATION REQUEST FORM

Email	Website			
Programs and Services Offered	Populations Served			
If contracted with other AHCCCS Health Plans, please list:				
All applicants (PRO and FRO), please complete the following Statement of Interest:				



ACOM POLICY 409 – ATTACHMENT A – NEW PEER RUN OR FAMILY RUN ORGANIZATION REQUEST FORM

STATEMENT OF INTEREST FOR RECOGNITION AS PEER-RUN ORGANIZATION OR FAMILY-RUN ORGANIZATION BY CONTRACTOR OR PROVIDER		

Effective Date: 10/01/25 Approval Date: 05/23/25



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PEER RUN ORGANIZATION APPLICANTS PLEASE COMPLETE THE FOLLOWING SECTION

PEER RUN ORGANIZATION DOCUMENTATION		
GENERAL REQUIREMENTS	DOCUMENTS SUBMITTED DEMONSTRATING GENERAL REQUIREMENT	AHCCCS USE ONLY
INDEPENDENT: Owned, administratively controlled and operated by peers (individuals who are peers to the members and populations they serve) and emphasize self-help as an operational approach.		
AUTONOMOUS: Decisions about governance related to fiscal and financial, personnel, policy, contracting, training, program, advocacy, cultural competence and services and operational management are made by the peer-run program.		



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PEER RUN ORGANIZATION DOCUMENTATION		
GENERAL REQUIREMENTS	DOCUMENTS SUBMITTED DEMONSTRATING GENERAL REQUIREMENT	AHCCCS USE ONLY
ACCOUNTABLE: Responsibility for decisions rests with the peer-run program.		
PEER CONTROLLED : The governance board composition is at least 51% peers.		
PEER WORKERS: Staff, management and board of directors (governance) are individuals who share the lived experiences of the members and populations they serve.		



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Family Run Organization applicants please complete the following section:

FAMILY RUN ORGANIZATION DOCUMENTATION			
GENERAL REQUIREMENTS	DOCUMENTS SUBMITTED DEMONSTRATING GENERAL REQUIREMENT	AHCCCS USE ONLY	
 INDEPENDENT AND AUTONOMOUS: Governed by a board of directors of which 51% or more are family members who: 1. Have or had primary responsibility for the raising of a child, youth, adolescent or young adult with an emotional, behavioral, mental health or substance use need, 2. Have they lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance use need, or 3. An adult who had lived experience of being a child with emotional, behavioral, mental health or substance use needs. 			
PEER WORKERS: Employ credentialed parent/family support providers whose primary responsibility is to provide parent/family support as specified in AMPM Policy 964.			