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PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS SUPPLEMENT

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PEER SUPPORT SERVICES AND FAMILY SUPPORT PARTNERS

PURPOSE

The purpose of this supplement is to define the program requirements for Peer Support and Family Support Partner Services.

The provision of Peer Support Services facilitates Recovery from both serious mental health conditions and substance use disorders. Recovery is a process in which people are able to live, work, learn and fully participate in their communities. Peer Support Services are delivered by trained and certified peers who have been successful in the recovery process and can extend the reach of treatment beyond the clinical setting into an individual's community and natural environment to support and assist an individual with staying engaged in the recovery process. Peer support services are an evidence-based model of care which consists of a qualified peer support provider who assists individuals with their recovery. The experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in the delivery of a comprehensive mental health and substance use service delivery system.

Effective July 1, 2017, the Department of Medical Assistance Services (DMAS) will expand the Medicaid benefit to allow for credentialing and reimbursement of Peer Support and Family Support Partner Services. This is in response to a legislative mandate to implement Peer Support Services to eligible children and adults who have mental health conditions and/or substance use disorders. Peer Support Services shall target individuals 21 years or older with mental health or substance use disorders or co-occurring mental health and substance use disorders. A Peer Support Service called Family Support Partners may be provided to eligible individuals under the age of 21 who have a mental health or substance use disorder or co-occurring mental health and substance use disorders which are the focus of the support with their families or caregivers.

Peer Support Services and Family Support Partner Services shall be an added service under Mental Health (MH) service settings for individuals with mental health disorders and under the Addiction and Recovery Treatment Services (ARTS) settings for individuals with substance use disorders and co-occurring substance use and mental health disorders.

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ARTS PEERS	MH PEERS
“Peer Support Services”* for individuals 21 years or older	“Peer Support Services”* for individuals 21 years or older
“Family Support Partners”** for family or caregiver of youth under 21	“Family Support Partners”** for family or caregiver of youth under 21

*Individuals 18-20 years-old who meet the medical necessity criteria for Peer Support Services in ARTS or MH, may choose to receive peer supports directly by an appropriate Peer Recovery Specialist (PRS) instead of through their family under Family Support Partners.

**GAP members are not eligible for Family Support Partners as only available to individuals under age 21.

BACKGROUND/DISCUSSION

The Commonwealth has compelling reasons to provide Medicaid coverage for the provision of Peer Support Services to adults and to the caregivers of youth. The Commonwealth is currently experiencing a crisis of substance use of overwhelming proportions. Peer Supports Services are a necessary component for a comprehensive, person-centered and recovery focused program for the treatment of addiction and mental health conditions and is supported by the Governor's bipartisan Task Force on Prescription Drug and Heroin Addiction. In a letter to State Medicaid Directors, dated August 15, 2007, the Centers for Medicare & Medicaid Services (CMS) stated that they recognize, "... the mental health field has seen a big shift in the paradigm of care over the last few years." CMS further states that "...now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services."

Beyond health care risk, the economic costs associated with mental health conditions and substance use disorders are significant. States and the federal government spend billions of tax dollars every year on the collateral impact associated with substance use disorders and mental illness, including criminal justice, public assistance and lost productivity costs.

To address the emphasis on recovery from mental health conditions and substance use disorders and the recommendations from CMS, individuals 21 years or older and families or caregivers of youth 21 and under who participate in Medicaid, FAMIS (Family Access to Medical Insurance Security Plan) and the Governors Access Plan (GAP) are eligible to receive Peer Support Services.

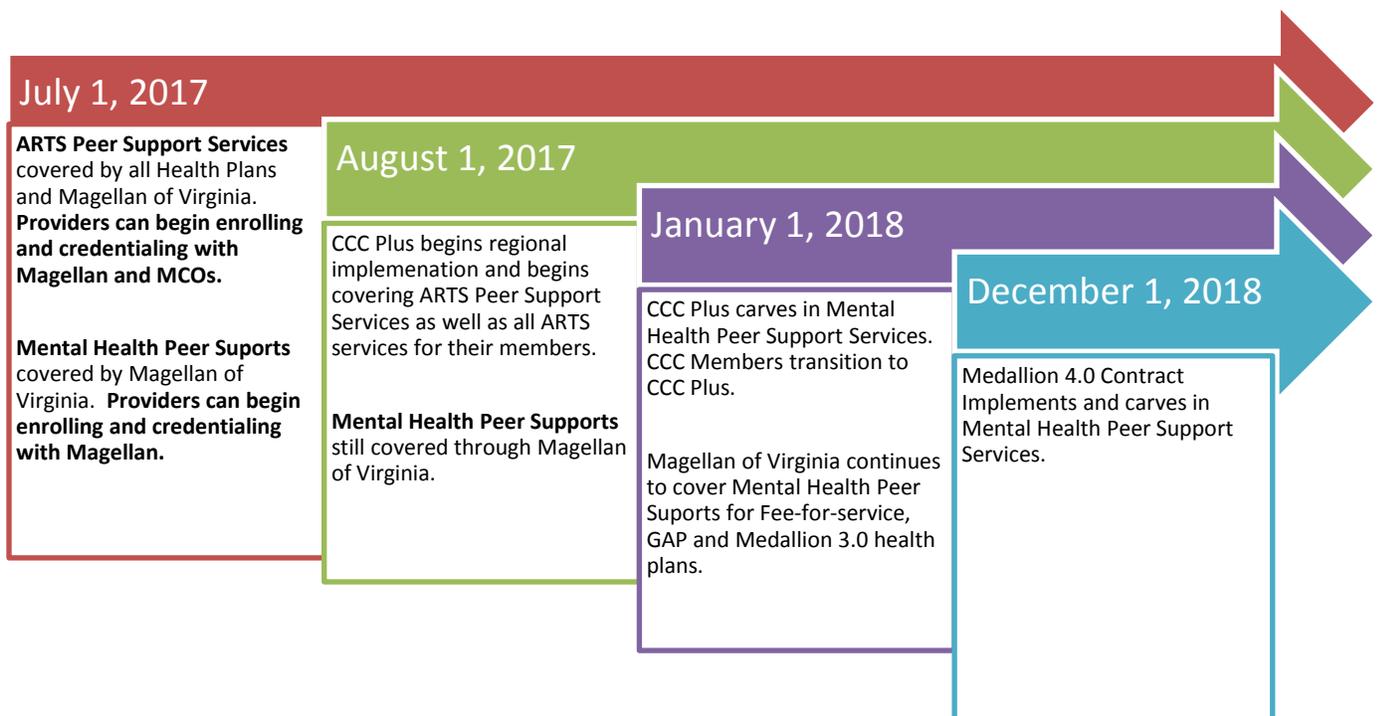
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The **Addiction and Recovery Treatment Services (ARTS) Peer Support Services** will be covered as follows:

- Magellan of Virginia for the Governor’s Access Plan (GAP) and fee for service enrolled members;
- Medallion 3.0 and Commonwealth Coordinated Care (CCC) Programs for their enrolled members.
- CCC Plus Programs for their enrolled members beginning with the CCC Plus regional implementations beginning August 1, 2017.

The **Mental Health (MH) Peer Support Services** will be covered as follows:

- Magellan of Virginia for GAP, fee for service, Medallion 3.0, CCC, and CCC Plus members;
- CCC Plus Programs includes coverage for MH Peer Support Services effective January 1, 2018 for their enrolled members.



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DEFINITIONS

“Behavioral Health Service” means treatments and services for mental and/or substance use disorders.

"Credentialed addiction treatment professionals" means (i) an addiction-credentialed physician or physician with experience in addiction medicine; (ii) a licensed psychiatrist; (iii) a licensed clinical psychologist; (iv) a licensed clinical social worker; (v) a licensed professional counselor; (vi) a licensed psychiatric clinical nurse specialist; (vii) a licensed psychiatric nurse practitioner; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) residents under supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and in a residency approved by the Virginia Board of Counseling; (xi) residents in psychology under supervision of a licensed clinical psychologist and in a residency approved by the Virginia Board of Psychology (18VAC125-20-10); (xii) supervisees in social work under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work (18VAC140-20-10); or (xiii) an individual with certification as a substance abuse counselor (CSAC) (18VAC115-30-10) or certification as a substance abuse counseling-assistant (CSAC-A) (18VAC115-30-10) under supervision of licensed provider and within his scope of practice, as described in §§ 54.1-3507.1 and 54.1-3507.2 of the Code of Virginia.

“Caregiver” means the family members, friends, or neighbors who provide unpaid assistance to a Medicaid member with a mental health or substance use disorder or co-occurring mental health and substance use disorder. “Caregiver” does not include individuals who are employed to care for the member.

“Direct Supervisor” in ARTS is the person who provides direct supervision to the Peer Recovery Specialist. The direct supervisor: 1) shall have two consecutive years of practical experience rendering peer support services or family support services, have certification as a PRS under a certifying body approved by DBHDS, and have completed the DBHDS PRS supervisor training; or 2) shall be a practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020 or a CSAC who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law. If a practitioner referenced in item 2 of this paragraph or a CSAC referenced in item 3 of this paragraph provides services before April 1, 2018, they shall have until April 1, 2018 to complete the DBHDS PRS supervisor training.

“Direct Supervisor” in a Mental Health setting is the person who provides direct supervision to the Peer Recovery Specialist. The direct supervisor: 1) shall have two consecutive years of practical experience rendering peer support services or family support services, have certification as a PRS under a certifying body approved by Department of Behavioral Health and Developmental Services (DBHDS) , and have completed the DBHDS PRS supervisor training; or 2) shall be a

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qualified mental health professional (QMHP) as defined in 12VAC30-105-20 with at least two consecutive years of experience as a QMPH, and who has completed the DBHDS PRS supervisor training; or 3) shall be an LMHP, LMHP-R, LMHP-RP, or LMHP-S who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law. An LMHP, LMHP-R, LMHP-RP, or LMHP-S providing services before April 1, 2018 shall have until April 1, 2018 to complete the DBHDS PRS supervisor training.

“Family Support Partners” means a peer support service and is a strength-based, individualized, service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family’s confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived - experience, and education.

"Licensed mental health professional" or "LMHP" means, as defined in 12VAC35-105-20, a licensed physician, licensed clinical psychologist, licensed psychiatric nurse practitioner, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.

"LMHP-resident" or "LMHP-R" means the same as "resident" as defined in (i) [18VAC115-20-10](#) for licensed professional counselors; (ii) [18VAC115-50-10](#) for licensed marriage and family therapists; or (iii) [18VAC115-60-10](#) for licensed substance abuse treatment practitioners. An LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice and shall not perform the functions of the LMHP-R or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Counseling. For purposes of Medicaid reimbursement to their supervisors for services provided by such residents, they shall use the title "Resident" in connection with the applicable profession after their signatures to indicate such status.

"LMHP-resident in psychology" or "LMHP-RP" means the same as an individual in a residency, as that term is defined in [18VAC125-20-10](#), program for clinical psychologists. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in [18VAC125-20-65](#) and shall not perform the functions of the

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LMHP-RP or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Psychology. For purposes of Medicaid reimbursement by supervisors for services provided by such residents, they shall use the title "Resident in Psychology" after their signatures to indicate such status.

"LMHP-supervisee in social work," "LMHP-supervisee," or "LMHP-S" means the same as "supervisee" as defined in [18VAC140-20-10](#) for licensed clinical social workers. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in [18VAC140-20-50](#) and shall not perform the functions of the LMHP-S or be considered a "supervisee" until the supervision for specific clinical duties at a specific site is preapproved in writing by the Virginia Board of Social Work. For purposes of Medicaid reimbursement to their supervisors for services provided by supervisees, these persons shall use the title "Supervisee in Social Work" after their signatures to indicate such status.

"Peer recovery specialist" or "PRS" means a person who has the qualifications, education, and experience established by the Department of Behavioral Health and Developmental Services (DBHDS) as set forth in 12VAC35-250-10 through 12VAC35-250-50 and who has received certification in good standing by a certifying body recognized by DBHDS as set forth in 12VAC35-250-40. A PRS is professionally qualified and trained (i) to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental health, substance abuse disorders, or both (ii) to provide peer support as a self-identified individual successful in the recovery process with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders, and (iii) to offer support and assistance in helping others in the recovery and community-integration process. A PRS may be a parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or an adult with personal experience with a family member with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

"Person Centered" means a collaborative process where the individual participate in the development of their treatment goals and make decisions on the services provided.

"Recovery-oriented services" means supports and assistance to individuals with mental health or substance use disorders or both so that the individual (i) improves their health, recovery, resiliency and wellness; (ii) lives a self-directed life; and (iii) strives to reach the individual's full potential.

"Recovery resiliency and wellness plan" means a written set of goals, strategies, and actions to guide the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community. The comprehensive documented wellness plan shall be developed by the individual, caregiver as applicable, the PRS, and the direct supervisor within 30 days of the initiation of services and shall describe how the plan for peer

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support services and activities will meet the individual’s needs. This document shall be updated as the needs and progress of the individual changes and shall document the individual’s or family’s, as applicable, request for any changes in peer support services. The Recovery, Resiliency and Wellness Plan is a component of the individual’s overall plan of care and shall be maintained by the enrolled/credentialed provider in the individual’s medical record.

“Resiliency” means the same as defined in 12VAC30-130-5160 and the ability to respond to stress, anxiety, trauma, crisis, or disaster.

“Strength-based” means to emphasize individual strengths, assets and resiliencies.

“Self-Advocacy” means the same as defined in 12VAC30-130-5160 and is an empowerment skill that allows the individual to effectively communicate preferences and choice.

“Supervision” means the same as defined in 12VAC30-130-5160 and is the ongoing process performed by a direct supervisor who monitors the performance of the PRS and provides regular documented consultation and instruction with respect to the skills and competencies of the Peer Recovery Specialist.

PROVIDER PARTICIPATION AND SETTING REQUIREMENTS

Provider Participation

A Peer Recovery Specialist “PRS” is a self-identified person with lived experience with a mental health condition and/or substance use disorder who is in successful and ongoing recovery from mental health and/or substance use disorders. Peer support providers shall be sufficiently trained and certified to deliver services and meet the definition of a Peer Recovery Specialist “PRS” as defined in 12VAC30-130-5160 in order to render Peer Support Services and Family Support Partners. Peer Support Services and Family Support Partners shall be rendered by an individual who meets the definition of PRS. Supervision and care coordination are required components of peer support services.

Effective July 1, 2017 a PRS shall have the qualifications, education, and experience established by DBHDS and show certification in good standing by U.S. Department of Veteran’s Affairs, NAADAC, a member board of the International Certification, and Reciprocity Consortium (IC&RC), or any other certifying body or state certification with standards comparable to or higher than those specified by the DBHDS. If the criteria above has been met, the PRS will be eligible to register with the Board of Counseling at the Department of Health Professions (§54.1-3503) on or after July 1, 2018.

Recommendation for Services

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ARTS and MH Peers

Peer Support Services and Family Support Partner Services shall be rendered following a documented recommendation for service by a practitioner who is a Licensed Mental Health Professional (LMHP), LMHP-R, LMHP-RP, LMHP-S, or a practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, and who is acting within their scope of practice under state law. A certified substance abuse counselor (CSAC), as defined in §54.1-3507.1, may also provide a documented recommendation for service if they are acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional. This practitioner shall be an enrolled/credentialed provider or working in an agency or facility enrolled/credentialed as a mental health or ARTS provider. The recommendation shall verify that the individual meets the medical necessity criteria for service. The PRS will perform peer services under the oversight and clinical direction of the practitioner making the recommendation for services. The recommendation shall be valid for no longer than 30 calendar days.

Clinical Oversight – ARTS Peer Support Services or Family Support Partners

A PRS in ARTS shall perform Peer Support Services or Family Support Partners under the oversight of a practitioner providing the clinical oversight of the individual’s Recovery, Resiliency, and Wellness Plan who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, and who is acting within their scope of practice under state law making the recommendation for services. A CSAC, as defined in §54.1-3507.1, who may also provide the recommendation for service, may provide the clinical oversight of the Recovery, Resiliency, and Wellness, Plan if they are acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional.

Clinical Oversight – MH Peer Support Services or Family Support Partners

A PRS shall perform MH Peer Support Services or Family Support Partners under the oversight of a LMHP, LMHP-R, LMHP-RP, or LMHP-S making the recommendation for services and providing the clinical oversight of the individual’s Recovery, Resiliency, and Wellness Plan.

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RECOMMENDATION FOR SERVICES & CLINICAL OVERSIGHT OF PRS	
ARTS PEERS	MH PEERS
A practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020 or a CSAC	Licensed Mental Health Professional (LMHP), LMHP-R, LMHP-RP, or LMHP-S

Setting Requirements for ARTS Peers

ARTS Peers Support Services and Family Support Partners

A PRS shall be employed by or have a contractual relationship with a provider enrolled/credentialed with Medicaid or its contractor, licensed for one of the following:

1. Acute Care General Hospital ASAM 4.0 licensed by Virginia Department of Health as defined in 12VAC30-130-5150.
2. Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5130 through 5140.
3. Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5110 through 12VAC30-130-5140.
4. ASAM Levels 2.5, 2.1, and licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5090 and 12VAC30-130-5100.
5. ASAM Level 1 as defined in 12VAC30-30-5080.
6. Opioid Treatment Program (OTP) as defined in 12VAC30-130-5050.
7. Office Based Opioid Treatment (OBOT) as defined in 12VAC30-130-5060.
8. Hospital Emergency Department Services licensed by Virginia Department of Health.
9. Pharmacy Services licensed by Virginia Department of Health.

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Only the licensed and enrolled/credentialed provider referenced above shall be eligible to bill and receive reimbursement for ARTS Peer Support Services or ARTS Family Support Partners. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with DMAS or its contractor; providers should refer to the specific MCO policies for information on single case agreements. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements.

Setting Requirements for MH Peers

MH Peer Support Services

The PRS rendering MH Peer Support Services shall be employed by or have a contractual relationship with an enrolled/credentialed provider licensed for one of the following:

1. Acute Care General Hospital licensed by Virginia Department of Health.
2. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services.
3. Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services.
4. Outpatient psychiatric services provider.
5. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC).
6. Hospital Emergency Department Services licensed by Virginia Department of Health.
7. Community Mental Health and Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services as a provider of one of the following Community Mental Health and Rehabilitative Services defined in 12VAC30-50-226 or 12VAC30-50-420 for which the individual meets eligibility criteria:
 - (a) Day Treatment/ Partial Hospitalization;
 - (b) Psychosocial Rehabilitation;
 - (c) Crisis Intervention;
 - (d) Intensive Community Treatment*;
 - (e) Crisis Stabilization;
 - (f) Mental Health Skill-building Services;
 - (g) Mental Health Case Management; or
 - (h) GAP Case Management

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*Peer specialists who are serving within Intensive Community Treatment (ICT) interdisciplinary teams and provide peer supports as a component of the ICT program do not have to follow the requirements set forth in the Peers Services Manual Supplement. There are no changes to the service delivery requirements or billing for ICT.

If a Licensed Mental Health Professional (LMHP) recommends that a member receiving ICT meets the medical necessity criteria for additional Peer Support Services beyond the peer services that are embedded in ICT and the member agrees to the additional peer service, the provider would need to meet the requirements set in the Peers Services Manual Supplement and coordinate with the ICT provider to avoid duplication of services.

MH Family Support Partners

The PRS rendering MH Family Support Partners shall be employed by or have a contractual relationship with an enrolled/credentialed provider licensed for one of the following:

1. Acute Care General and Emergency Department Hospital Services licensed by Virginia Department of Health.
2. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by Department of Behavioral Health and Developmental Services.
3. Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services.
4. Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
5. Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services.
6. Outpatient psychiatric services provider.
7. A Community Mental Health and Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services as a provider of one of the following Community Mental Health and Rehabilitative Services as defined in 12VAC30-50-130, 12VAC30-50-226, 12VAC30-50-420, or 12VAC30-50-430 for which the youth under 21 meets eligibility criteria:
 - (a) Intensive In-Home;
 - (b) Therapeutic Day Treatment;
 - (c) Day Treatment/Partial Hospitalization;
 - (d) Crisis Intervention;

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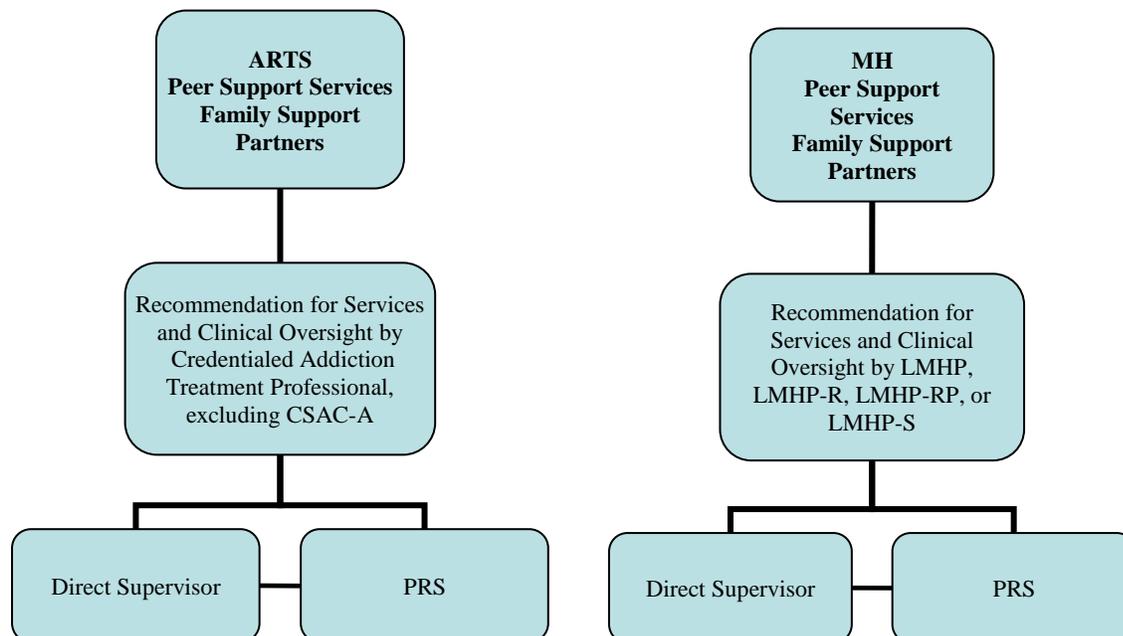
- (e) Crisis Stabilization;
- (f) Mental Health Skill-building Services; or
- (g) Mental Health Case Management.

Only the licensed and enrolled/credentialed provider referenced above under MH Peer Support Services and MH Family Support Partners shall be eligible to bill and receive reimbursement. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with DMAS or its contractor; providers should refer to the specific MCO policies for information on single case agreements. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements.

The caseload assignment of a full time PRS shall not exceed 12-15 individuals at any one time and 30-40 individuals annually allowing for new case assignments as those on the existing caseload begin to self-manage with less support. The caseload assignment of a part-time PRS shall not exceed 6-9 individuals at any one time and 15 annually.

Supervision Requirements: ARTS and MH Peers

Clinical oversight of the services and of the individual’s Recovery, Resiliency, and Wellness Plan shall be provided by a LMHP, LMHP-R, LMHP-RP, or LMHP-S, practitioner who meets (i)-(xii) in the definition of “Credentialed Addiction Treatment Professional” found in 12VAC30-130-5020, or a CSAC making the recommendation for Peer Support Services or Family Support Partners.



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Supervision of Peer Recovery Specialist can be provided by the licensed staff who makes the "recommendation" for services or by another on staff licensed provider who also agrees to the recommendation for peer services.

The Credentialed Addiction Treatment Professional excluding CSAC-A or a Peer Recovery Specialist who is certified through DBHDS and has completed the supervisory training may also provide supervision as long as that staff receives direct supervision from the licensed staff that made the recommendation for peers services.

Direct supervision of the PRS shall be provided as needed based on the level of urgency and intensity of service being provided. Supervisors shall maintain documentation of all supervisory sessions.

1. If the PRS has less than 12 months of experience delivering Peer Support Services or Family Support Partners, they shall receive face-to-face, one-to-one supervisory meetings of sufficient length to address identified challenges for a minimum of 30 minutes, two times a month. A direct supervisor must be available at least by telephone while the PRS is on duty. If the primary direct supervisor is not available, another direct supervisor meeting the qualifications is acceptable.
2. If the PRS has been delivering Support Services or Family Support Partners over 12 months and fewer than 24 months they must receive monthly face-to-face, one-to-one supervision of sufficient length to address identified challenges for a minimum of 30 minutes. A direct supervisor must be available by phone for consult within 24 hours of service delivery if needed for challenging situations. If the primary direct supervisor is not available, another direct supervisor meeting the qualifications is acceptable.

The Direct Supervisor shall have an employment (or contract) relationship with the same provider entity that employs/contracts with the PRS.

Documentation of all supervision sessions shall be maintained by the enrolled/credentialed provider in a supervisor's log or the PRS' personnel file.

SERVICE DEFINITIONS: ARTS AND MH PEERS

Peer Support Services and Family Support Partners are Peer Recovery Support Services and are non-clinical, peer to peer activities that engage, educate, and support an individual's, and as applicable the caregiver (s), self-help efforts to improve health recovery resiliency and wellness.

Peer Support Service

Peer Support Services for adults is a person centered, strength-based, and recovery oriented rehabilitative service for individuals 21 years or older provided by a Peer Recovery Specialist

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(PRS) successful in the recovery process with lived experience with mental health, substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in recovery to reduce the disabling effects of a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. Services assist the individual develop and maintain a path to recovery, resiliency, and wellness. Specific peer support service activities shall emphasize the acquisition, development, and enhancement of recovery, resiliency, and wellness. Services are designed to promote empowerment, self-determination, understanding, and coping skills through mentoring and service coordination supports, as well as to assist individuals in achieving positive coping mechanisms for the stressors and barriers encountered when recovering from their illness or disorder.

Family Support Partners

Family Support Partners is a peer support service and is a strength-based individualized team-based service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived-experience, and education.

Service Delivery

Service delivery shall be based on the individual's identified needs, established medical necessity criteria, consistent with the recommendation of the referring practitioner who recommended services, and goals identified in the individual Recovery Resiliency and Wellness Plan. The level of services provided and total time billed by the enrolled/credentialed provider for the week shall not exceed the frequency established in the Recovery, Resiliency, and Wellness Plan. As determined by the goal(s) identified in the Recovery, Resiliency and Wellness Plan services may be rendered in the provider's office or in the community, or both. Peer Support Services and Family Support Partners shall be rendered on an individual basis or in a group. Services shall be delivered in compliance with the following minimum contact requirements:

- Billing shall occur only for services provided with the individual present. Telephone time is supplemental rather than replacement of face to face contact and is limited to 25% or less of total time per recipient per calendar year. Justification for services rendered with the individual via telephone shall be documented. Any telephone time rendered over the 25% limit will be subject to retraction.

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- Contact shall be made with the individual receiving Peer Support Services or Family Support Partners a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact, subject to the 25% limitation described above, depending on the individual's support needs and documented preferences.
- In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month, not to exceed 2 units. After two consecutive months of unsuccessful attempts to make face-to-face contact, discharge shall occur.
- Peer Support Services or Family Support Partners may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space. Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Strategies and Activities in Peer Support Services and Family Support Partners

Specific strategies and activities shall be rendered and fully align with the Recovery, Resiliency, and Wellness Plan. Strategies and activities shall include at a minimum:

- 1) Person centered, strength based planning to promote the development of self-advocacy skills;
- 2) Empowering the individual to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan;
- 3) Crisis support; and
- 4) Assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the Recovery Resiliency and Wellness Plan so that the individual:
 - i) Remains in the least restrictive setting;
 - ii) Achieves their goals and objectives identified in the Recovery Resiliency and Wellness Plan;
 - iii) Self-advocates for quality physical and behavioral health services; and
 - iv) Has access to strength-based behavioral health services, social services, educational services and other supports and resources.

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MEDICAL NECESSITY

ARTS PEERS

Medical Necessity Criteria (MNC) for ARTS Peer Support Services

In order to receive Peer Support Services, individuals 21 years or older shall meet the following requirements:

- 1) Require recovery oriented assistance and support for the acquisition of skills needed to engage in and maintain recovery; for the development of self-advocacy skills to achieve a higher level of community tenure while decreasing dependency on formalized treatment systems; and to increase responsibilities, wellness potential, and shared accountability for the individual's own recovery; and
- 2) Have a documented substance use disorder or co-occurring mental health and substance use disorder diagnoses.
- 3) Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains: educational (e.g., obtaining a high school or college degree); social (e.g., developing a social support system); vocational (e.g., obtaining part-time or full-time employment); self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).

Medical Necessity Criteria (MNC) for ARTS Family Support Partners

Caregivers of youth under age 21 who qualify for Family Support Partners (i) have a youth with a substance use disorder or co-occurring mental health and substance use disorder, who requires recovery assistance, and (ii) meets two or more of the following:

1. Individual and his caregiver need peer-based recovery oriented services for the maintenance of wellness and acquisition of skills needed to support the youth;
2. Individual and his caregiver need assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
3. Individual and his caregiver need assistance and support to prepare the youth for a successful work/school experience; or
4. Individual and his caregiver need assistance to help the youth and caregiver assume responsibility for recovery.

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Individuals 18-20 years old who meet the MNC criteria for ARTS Peer Support Services stated above, who would benefit from receiving peer supports directly, and who choose to receive ARTS Peer Support Services directly instead of through ARTS Family Support Partners shall be permitted to receive ARTS Peer Support Services by an appropriate PRS.

MH PEERS

Medical Necessity Criteria (MNC) for Mental Health Peer Support Services:

Individuals 21 years or older qualifying for Mental Health Peer Support Services shall meet the following requirements:

- 1) Have a documented mental health disorder diagnosis;
- 2) Require recovery oriented services for the acquisition of skills needed to engage in and maintain recovery; the development of self-advocacy skills to achieve a decreasing dependency on formalized treatment systems; and increasing responsibilities, wellness potential, and shared accountability for the individual's own recovery; and
- 3) Demonstrate moderate to severe functional impairment because of the diagnosis that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains: educational (e.g., obtaining a high school or college degree); social (e.g., developing a social support system); vocational (e.g., obtaining part-time or full-time employment); self-maintenance (e.g., managing symptoms, understanding his or her illness, living more independently).

Medical Necessity Criteria (MNC) for Mental Health Family Support Partners

Caregivers of youth under age 21 who qualify to receive Mental Health Family Support Partners shall (i) have a youth with a mental health disorder, who requires recovery oriented services, and (ii) meets two or more of the following:

- (1) Individual and his caregiver need peer-based recovery oriented services for the maintenance of wellness and the acquisition of skills needed to support the youth;
- (2) Individual and his caregiver need assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
- (3) Individual and his caregiver need assistance and support to prepare the youth for a successful work/school experience;
- (4) Individual and his caregiver need assistance to help the youth and caregiver assume responsibility for recovery.

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Individuals 18-20 years old who meet the MNC criteria stated above for MH Peer Support Services, who would benefit from receiving peer supports directly, and who choose to receive MH Peer Support Services directly instead of through MH Family Support Partners shall be permitted to receive MH Peer Support Services by an appropriate PRS.

Continued Stay Criteria for ARTS and MH Peer Support Services and Family Support Partners

To qualify for continued peer support services and family support partners, MNC criteria shall continue to be met, progress notes shall document the status of progress relative to the goals identified in the Recovery Resiliency and Wellness Plan, and the individual continues to require the monthly minimum contact requirements.

Discharge Criteria for ARTS and MH Peer Support Services and Family Support Partners

Discharge shall occur when one or more of the following is met:

1. Goals of the Recovery Resiliency and Wellness Plan have been substantially met; or
2. The Individual or as applicable for youth under 21, the caregiver, request discharge; or
3. The individual or as applicable for youth under 21, the caregiver, fail to make the monthly minimum contact requirements or the individual or caregiver, as applicable, discontinues participation in services.

DOCUMENTATION OF REQUIRED ACTIVITIES: ARTS AND MH PEERS

The enrolled/credentialed provider shall have oversight of the individual’s record and maintain individual records in accordance with state and federal requirements. The enrolled/credentialed provider shall ensure documentation of all activities and shall ensure documentation of all relevant information about the Medicaid individuals receiving services. Such documentation shall fully disclose the extent of services provided in order to support providers' claims for reimbursement for services rendered. Documentation shall support the medical necessity criteria and how the individual’s needs for the service match the level of care criteria. This documentation shall be written, signed, and dated at the time the services are rendered or within one business day from the time the services were rendered.

Documentation of required activities shall include:

- Recommendation for Services
- Recovery, Resiliency, and Wellness Plan
- Review of Recovery, Resilience, and Wellness Plan
- Progress Notes
- Supervision
- Collaboration of services

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Recommendation for Services

The recommendation for Peer Support Services or Family Support Partners shall include the dated signature of the LMHP, LMHP-R, LMHP-RP, or LMHP-S or practitioner making the recommendation and their credentials. The recommendation shall be included as part of the Recovery, Resiliency, and Wellness Plan and medical record. The recommendation shall document verification that the individual meets the MNC for Peer Support Services or Family Support Partners.

Recovery, Resiliency, and Wellness Plan

Under the clinical oversight of practitioner making the recommendation for Peer Support Services or Family Support Partners, the Peer Recovery Specialist (PRS) in consultation with their direct supervisor shall develop a Recovery, Resiliency, and Wellness Plan based on the recommendation for service, the individual's, and as applicable the caregiver's perceived recovery needs and any clinical or multidisciplinary assessment as defined in 12VAC30-130-5020 or Service Specific Provider Assessments as defined in 12VAC30-50-130 within 30 calendar days of the initiation of service. Development of the Recovery, Resiliency, and Wellness Plan shall include collaboration with the individual and, as applicable, the caregiver. Individualized goals and strategies shall be focused on the individual's identified needs for self-advocacy and recovery. The Recovery, Resiliency, and Wellness Plan shall also include documentation of how many days per week and how many hours per week are required to carry out the services in order to meet the goals of the Plan. The Recovery, Resiliency, and Wellness plan shall be completed, signed, and dated by the practitioner making the recommendation for services, the PRS, the direct supervisor, the individual, and as applicable the caregiver involved in the individual's recovery within 30 calendar days of the initiation of service. The PRS shall act as an advocate for the individual, encouraging the individual and as applicable the caregiver to take a proactive role in developing and updating goals and objectives in the individualized recovery planning. The PRS shall be empowered to convene multidisciplinary team meetings regarding a participating individual's needs and desires, and the PRS shall participate as an equal practitioner partner with all staff in multidisciplinary team meetings.

Services with a length of stay fewer than 30 days still require a Recovery, Resiliency, and Wellness Plan. Individuals receiving Peer Support Services or Family Support Partners within a short term program require a Recovery, Resiliency, and Wellness Plan as described above during the provision of services the focuses on the identified recovery goals. Providers are to ensure the timely completion of this Plan while an individual is receiving services with lengths of stay that are fewer than 30 days.

Upon discharge from a short term program, if the individual chooses to continue receiving Peer Services and still meets the medical necessity criteria for Peer Support Services or Family Support Partners, the provider shall be allowed to continue services as long as all of the reimbursement criteria outlined in this Peer Services Manual Supplement are met. The Recovery, Resiliency, and

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Wellness Plan that was developed prior to discharge from the short term program shall remain in effect and services shall continue to be delivered in accordance with the individual's goals and objectives as identified in the Recovery, Resiliency, and Wellness Plan and consistent with the recommendation of the referring practitioner who recommended services.

Services shall be delivered in accordance with the individual's goals and objectives as identified in the Recovery, Resiliency, and Wellness Plan and consistent with the recommendation of the referring practitioner who recommended services. As determined by the goal(s) identified in the Recovery, Resiliency, and Wellness Plan, services may be rendered in the provider's office or in the community, or both. The level of services provided and total time billed for the week shall not exceed the frequency or intensity established in the Recovery, Resiliency, and Wellness Plan.

Review of Recovery, Resiliency, and Wellness Plan

Under the clinical oversight of the practitioner making the recommendation for service, the PRS in consultation with their direct supervisor shall conduct and document a Review of the Recovery, Resiliency, and Wellness Plan every 90 calendar days with the individual and family or caregiver as applicable. The review shall be signed by the PRS and the individual, and as applicable the identified caregiver. Review of the Recovery Resiliency and Wellness Plan means the PRS evaluates and updates the individual's progress every 90 days toward meeting the Plan's goals and documents the outcome of this review in the individual's medical record. For DMAS to determine that these reviews are complete, the reviews shall (i) update the goals and strategies as needed to reflect any change in the individual's recovery as well as any newly identified needs; (ii) be conducted in a manner that enables the individual to actively participate in the process; and (iii) be documented by the PRS in the individual's medical record no later than 15 calendar days from the date of the review.

Progress Notes

Progress notes as defined in 12VAC30-50-130 shall be required and shall record the date, time, place of service, participants, face to face or telephone contact and circumstance of contact, regardless of whether or not a billable service was provided, and shall summarize the purpose and content of the Peer Support Services or Family Support Partner session along with the specific strategies and activities utilized as related to the goals in the Recovery Resiliency and Wellness Plan. Documentation of the specific strategies and activities rendered shall fully disclose the details of services rendered and align with the Recovery, Resiliency, and Wellness Plan.

Progress notes shall reflect collaboration between the PRS and the individual in the development of the progress note. If contact with the individual cannot be made, the service is not billable. However, the progress note shall reflect attempts to contact the individual. Progress notes shall contain the dated signature of the PRS who provided the service.

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Supervision

The enrolled/credentialed provider shall ensure that documentation of all supervision sessions be maintained in a supervisor’s log or in the PRS’ personnel file.

Care Coordination

Collaboration shall be required with all behavioral health service providers and shall include the PRS, the individual, or caregiver as applicable and shall involve discussion regarding initiation of services and updates on the individual’s status. Documentation of all collaboration shall be maintained in the individual’s record. Plans for collaboration shall be included in the Recovery, Resiliency, and Wellness Plan and shall not be performed without properly signed release(s) of information. Collaboration rendered with other service providers without the individual present shall not be billable.

The enrolled/credentialed provider may integrate an individual’s peer support record with the individual’s other records maintained within same provider agency or facility, provided the peer support record is clearly identified and logs and progress notes documenting the provision of Peer Support Services or Family Support Partners corroborate billed services.

LIMITATIONS: ARTS AND MH PEERS

An approved service authorization or registration submitted by the enrolled/credentialed provider shall be required prior to service delivery in order for reimbursement to occur. To obtain service authorization, all providers’ information supplied to the DMAS or its contractor shall be fully substantiated throughout the individual’s record.

A unit of service shall be defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day) and nine hundred (900) hours per calendar year. Service delivery limits may be exceeded based upon documented medical necessity and service authorization approval. Providers should review the MCO contract requirements for specific requirements for registration or authorization.

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PEER SUPPORT SERVICES & FAMILY SUPPORT PARTNERS	UNIT VALUE	PROCEDURE CODE	RATE	DAILY LIMITS	ANNUAL LIMITS
ARTS Individual	1 unit=15 minutes	T1012	\$6.50 per 15 minute unit	4 hours/16 units per calendar day	Up to 900 hours/3600 units per calendar year
ARTS Group		S9445	\$2.70 per 15 minute unit		
Mental Health Individual		H0024	\$6.50 per 15 minute unit		Up to 900 hours/3600 units per calendar year
Mental Health Group		H0025	\$2.70 per 15 minute unit		

If a service recommendation for Mental Health Peer Support Services or Mental Health Family Support Partners as set forth in 12VAC 30-50-226 or 12VAC30-50-130 is made in addition to a service recommendation for ARTS Peer Support Services or ARTS Family Support Partners as set forth in 12VAC 30-130-5160 through 12VAC30-130-5210, no more than a total of four hours (up to 16 units) of services shall be rendered per calendar day. An enrolled provider cannot bill DMAS separately for: i) MH peer services (Mental Health Peer Support Services or Mental Health Family Support Partners) and ii) ARTS peer services (Peer Support Services or ARTS Family Support Partners) rendered on the same calendar day unless the MH peer services and ARTS peer services are rendered at different times. The enrolled provider must coordinate services to ensure the 4-hour daily service limit is not exceeded. No more than a total of four hours of one type of service, or a total of four hours of a combination of service types, up to 16 units of total service, shall be provided per calendar day. A separate annual service limit of up to 900 hours shall apply to Mental Health Peer Support Services or Mental Health Family Support Partners Service and ARTS Peer Support Services or Family Support Partners.

Service shall be initiated within 30 calendar days of the documented recommendation. The recommendation shall be valid for no longer than 30 calendar days. If the time has exceeded 30 calendar days without service initiation, another recommendation shall be required.

Peer Support Services and Family Support Partners rendered in a group setting shall have a ratio of no more than 10 individuals to one PRS and progress notes shall be included in each individual's record.

General support groups which are made available to the public to promote education and global advocacy do not qualify as Peer Support Services or Family Support Partners.

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Non-covered activities include transportation, record keeping or documentation activities (including but not limited to progress notes, tracking hours and billing and other administrative paperwork), services performed by volunteers, household tasks, chores, grocery shopping, on the job training, case management, outreach to potential clients, and room and board.

The PRS shall document each 15-minute unit in which the individual was actively engaged in Peer Support Services or Family Support Partners. Meals and breaks and other non-covered activities listed in this section shall not be included in the reporting of units of service delivered. Should an individual receive other services during the range of documented time in/time out for Peer Support hours, the absence of or interrupted services must be documented.

Billing shall occur only for services provided with the individual present. Telephone time is supplemental rather than replacement of face to face contact and is limited to 25% or less of total time per recipient per calendar year. Justification for services rendered with the individual via telephone shall be documented. Any telephone time rendered over the 25% limit will be subject to retraction.

Peer Support Services or Family Support Partners may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space. Peer Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting. Simultaneous service delivery of Peer Services with another outpatient or community based service is not allowed.

Contact shall be made with the individual receiving Peer Support Services or Family Support Partners a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact depending on the individual's support needs and documented preferences.

In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month, not to exceed 2 units. After two consecutive months of unsuccessful attempts to make face-to-face contact, discharge shall occur.

Family Support Partners is not billable for siblings of the targeted youth for whom a need is specified unless there is applicability to the targeted youth/family. The applicability to the targeted youth must be documented.

Family Support Partners shall not be billed for youth who resides in a congregate setting in which the caregivers are paid (such as child caring institutions, or any other living environment that is not comprised of caregivers as defined above). An exception would be for youth actively preparing for transition back to a single-family unit, the caregiver is present during the intervention, and the service is directed to supporting the unification/reunification of the youth and his/her caregiver

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and takes place in that home and community. The circumstances surrounding the exception shall be documented.

Individuals with the following conditions are excluded from Peer Support Services and Family Support Partners unless there is clearly documented evidence and diagnosis of a substance use disorder or mental health disorder overlaying the diagnosis: developmental disability including intellectual disabilities, organic mental disorder including dementia or Alzheimer's, or traumatic brain injury. There must be documented evidence that the individual is able to participate in the service and benefit from Peer Support Services or Family Support Partners.

Claims that are not adequately supported by appropriate up to date documentation may be subject to recovery of expenditures. Progress notes, as defined in 12VAC30-50-130, shall disclose the extent of services provided and corroborate the units billed. Claims not supported by corroborating progress notes shall be subject to recovery of expenditures.

The enrolled/credentialed provider shall be subject to utilization reviews conducted by DMAS or its designated contractor.

If a GAP enrollee elects to transition out of Peer Navigation Services through the BHSa and receive MH or ARTS Peer Support Services, the BHSa peer support navigator shall assist with the transition from BHSa-provided peer support navigation. The transition period may last up to 30 consecutive calendar days and address discharging from recovery navigator services and engagement in peer support services.

SERVICE AUTHORIZATION AND BILLING INSTRUCTIONS

All providers must be under contract and enrolled/credentialed with the appropriate MCOs for respective managed care enrolled members and Magellan for fee-for-service and GAP enrolled members. Enrolled/credentialed providers must contact the MCOs, MMPs and the BHSa directly for information regarding service authorization and claims processing instructions.

Peer Support Services and Family Support Partners shall be registered and providers can access registration forms here: http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx

Peer Support Services and Family Support Partners are billed separately from the per diem or Diagnostic Related Group (DRG) for the following ARTS and MH Settings. Peer Services claims should be submitted on a CMS-1500 for MCOs, fee for service and GAP enrolled members:

- Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5110 through 12VAC30-130-5140.
- Hospital Emergency Department Services licensed by Virginia Department of Health.

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- Acute Care General Hospital licensed by Virginia Department of Health.
- Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services.
- Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services.
- Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
- Hospital Emergency Department Services licensed by Virginia Department of Health.