

Peer Support (b)(3) Waiver Service



H0038 U4 – Peer Support Individual
H0038 HQ U4 – Peer Support Group

SERVICE

Peer Support services are structured and scheduled activities for adults age 18 and older with MH/SA disability. Peer Supports are provided by peer support staff. Peer Support service is an individualized, recovery-focused approach that promotes the development of wellness self-management, personal recovery, natural supports, coping skills and self-advocacy skills and development of independent living skills for housing, employment and full community inclusion.

Interventions for Peer Support Services are evidence-based per the Consumer-Operated Services Evidence-Based Practices Toolkit (SAMHSA, 2011) and are guided by a variety of research publication and principles identified by the Recovery Community Services Programs (SAMHSA, 2009). Peer Support services align with the Recovery-Oriented Systems of Care (ROSC) framework model and are a vital component necessary to promote individual resiliency.

Peer Support services may be provided in any location, except for the peer support staff's home. A fundamental feature of Peer Support is that the services are provided in the natural environment as much as possible.

Travel may be billed when the purpose of travel is related to the service.

Collateral contacts and telephone calls to the individual are billable; however, 80 percent of contacts must be face-to-face with the individual receiving services. Face-to-face contacts may be subject to reasonable accommodations that are HIPAA-compliant and are not intended to replace or decrease the frequency of face-to-face contact.

Peer Support Individual may not exceed 15 recipients per peer support staff.

Peer Support Group may not exceed six recipients per peer support staff.

Peer Support is a periodic service.

PROVIDER REQUIREMENTS

Peer Support is a recovery-oriented service and is delivered by providers that may include consumer-operated and peer-run organizations, behavioral health agencies, crisis centers, International Center for Clubhouse Development (ICCD) Accredited Clubhouses, drop-in centers and peer respite centers.

Providers must meet the provider qualification policies, procedures and standards established by the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the N.C. Division of Medical Assistance (DMA).

STAFFING REQUIREMENTS

Peer Support staff must meet requirements as specified in 10A N.C.A.C. 27G 0104, and supervision of staff must be provided according to the supervision requirements specified in 10A N.C.A.C. 27G.0204.

Peer Support staff are N.C. Certified Peer Support Specialists or paraprofessional who meet all of the following requirements:

1. Possess a high school degree or GED equivalent, and

2. Are supervised by a qualified professional according to 10A NCAC 27G.0204; and
3. Are not a member of the family of the person receiving peer support services.

N.C. Certified Peer Support Specialists who deliver **Peer Support** must:

1. Self-identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder; and
2. Are well established in their own recovery; and
3. Are currently in recovery and stable.

Peer Support staff must complete training specific to the require components of the Peer Support definition within 90 days of employment. This includes, but is not limited to:

- PR/First Aid
- Client rights
- Confidentiality / HIPAA
- Crisis intervention
- Continuing education specific to recovery and wellness management

POPULATIONS ELIGIBLE

Adults ages 18 and older with identified needs in life skills, who:

Have an MH and/or SA diagnosis present; and

1. Meet LOC criteria for LOCUS Level 1 or ASAM Level 1; or
2. Individuals in the special population receiving treatment planning who have Serious and Persistent Mental Illness (SPMI) who reside in an Adult Care Home determined to be an Institution for Mental Disease; individuals with SPMI transitioning from Adult Care Homes and state psychiatric Institutions; and individuals diverted from entry into Adult Care Homes due to preadmission screening and diversion.

Peer Support may not be provided to children ages 18 to 21 who reside in a Medicaid-funded group residential treatment facility.

UTILIZATION MANAGEMENT

No prior authorization is required.

- Course of treatment: First 90 days (or when person is experiencing a period of instability) no more than 20 hours per week per individual and/or group
- Step down to sustaining support – after first 90 days and up to subsequent 90 days, no more than 15 hours per week of individual and/or group, except when necessary to address short-term problems/issues.
- Intermittent support – After 180 days, no more than 10 hours per week of individual and/or group.

A maximum of 20 units of **Peer Support** services individual and/or group can be provided in a 24-hour period by any one peer support staff. No more than 80 units per week of services can be provided to an individual. If medical necessity dictates the need for more service hours, consideration should be given to interventions with a more intense clinical component.

Units are billed in 15-minute increments.

SERVICE ORDERS

If no other enhanced services are provided, a treatment plan must be completed within two weeks of initial date of service. A PCP is required if Peer Support is provided with other enhanced services and must be completed within two weeks of initial date of service.

CONTINUED STAY CRITERIA

The individual continues to meet the eligibility requirements for this service and treatment goals have not yet been achieved. Services and interventions must be reviewed for effectiveness, and interventions should be modified if necessary so that the individual makes greater progress.

DISCHARGE CRITERIA

The criteria for discharge include one or more of the following:

1. The individual has been connected with natural supports in the community and no longer requires this formal support service.
2. The individual has requested discharge.
3. The individual no longer meets criteria for the service.
4. The individual has not achieved treatment goals despite documented efforts.

DOCUMENTATION REQUIREMENTS

A daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM45-2) is required.

SERVICE EXCLUSIONS

Total expenditures on **Peer Support** cannot exceed the 1915(b)(3) resources available in the waiver.

Individuals on the Innovations Waiver are not eligible for **Peer Support (b)(3)** funded services.

Peer Support may not be provided during the same time/at the same place as any other direct support Medicaid service.

Peer Support may not be provided during the same authorization period as the following:

- ACT
- Community Support Team

Peer Support may be provided during the same time as the services aforementioned during a 30-day transition phase for step-down to **Peer Supports**.