

**Peer Support Services  
(Adults with MH/SA)  
Medicaid Billable**

**Revised 12-01-11  
Effective 04-01-07**

**CODE:**

H0038 – Peer Support Individual

H0038HQ - Peer Support Group

Peer Support Services are structured and scheduled activities for adults age eighteen (18) and older with a diagnosis of Mental Health and Substance Use disorders. Peer Supports are provided by Peer Support staff. Peer Support Service is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. Interventions of Peer Support staff serve to enhance the development of natural supports, as well as coping and self management skills. Interventions of Peer Support staff may also provide supportive services to assist an individual in community re-entry following hospitalization.

Peer Support Services emphasize personal safety, self worth, confidence, and growth, connection to the community, boundary setting, planning, self advocacy, personal fulfillment, and development of social supports, and effective communication skills. Services emphasize the acquisition; development; expansion of rehabilitative skills needed to move forward in recovery.

Examples of specific interventions include:

- Self Help: Cultivating the individual's ability to make informed, independent choices. Helping the individual develop a network of contacts for information and support based on experience of the Peer Support staff.
- System Advocacy: Assisting the individual to talk about what it means to have a mental illness to an audience or group. Assisting the individual with writing a letter or making a telephone call about an issue related to mental illness or recovery.
- Individual Advocacy: Discussing concerns about medication with the Physician or Nurse at the individual's request. Helping the individual make appointments for psychiatric and general medical treatment when requested. Guiding the individual toward a proactive role in health care.
- Pre-Crisis and Post Crisis Support: Assisting the individual with the development of a personal crisis plan, and/or a Psychiatric Advance Directive (PAD). This includes help in developing the Wellness Recovery Action Plan (WRAP). Giving feedback to the individual on early signs of relapse and how to request help to prevent a crisis. Assisting the individual in learning how to use the crisis plan. Supporting the individual in seeking less restrictive alternatives to locked hospital facilities and Emergency Department evaluations.

- Housing: Assisting the individual with learning how to maintain stable housing through bill paying, cleaning, and organizing his or her belongings. Assisting the individual in locating improved housing situations. Teaching the individual to identify and prepare healthy foods according to cultural and personal preferences of the individual and his/her medical needs.
- Education/Employment: Assisting the individual in gaining information about going back to school or job training. Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc).
- Meals and Social Activities: To build peer relationships where eating is not the core activity offered. The focus of the meal in a social setting is skill maintenance and enhancement.

### **Provider Requirements**

Peer Support Services shall be delivered by practitioners employed by mental health or substance abuse provider organizations that:

- Have been certified as a Critical Access Behavioral Healthcare Agency (CABHA)
- Meet the provider qualification policies, procedures and standards established by DMA
- Meet the provider qualification policies, procedures and standards established by the Division of Mental Health/Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

And

- Fulfill the requirements of 10A NCAC 27G

### **Staffing Requirements**

Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance use disorder.

North Carolina Certified Peer Support Specialists who:

- a) Self identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder which meets Federal Definitions and
- b) Are well established in their own recovery and
- c) Are currently in recovery and are stable, and
- d) Have a high school diploma or GED equivalency, and
- e) Are supervised by a Qualified Professional (QP), and

|  |
|--|
| f) Are not a family member of the individual who receives Peer Support services<br>Follow the NC Peer Support Certification Guidelines under BHRP (Behavioral Health Resource Plan, School of Social Work, UNC Chapel Hill).   |
| <b>Service Type/Setting</b>  |
| Services may be provided in any location with the exception of the Peer Support staff person's place of residence. 80% of contacts must be face to face with the consumer. Travel time may be billed when the individual is with the Peer Support staff and the purpose of the travel is to access an activity related to this service; billable activities also include telephone time with the individual and collateral contact with persons who assist the individual in meeting his/her rehabilitation goals.   |
| <b>Program Requirements</b>  |
| Peer Support staff group may not exceed 1:9. The QP supervising Peer Support staff may not exceed 1:6 full time equivalents QP to Peer Support staff ratio.<br>Units are billed in fifteen (15) minute increments.<br><br>Peer Support staff can bill for time developing Psychiatric Advanced Directives as well as Wellness Recovery Action Plans and pre and/or post-crisis plans.  |
| <b>Utilization Management</b>  |
| The service must be pre-authorized. The need for the service must be reflected in the Individual Support Plan or Service Plan.<br><br>Initial authorization for Individual and/or Group services will not exceed ninety (90) days; subsequent authorization may be provided for up to one hundred and eighty (180) days. Authorizations will be made as follows: <ul style="list-style-type: none"> <li>• <u>Initial Authorization</u>: First ninety (90) days (or when an individual is experiencing a period of instability): No more than twenty (20) hours per week of Individual and/or Group.</li> <li>• <u>Step down to Sustaining Support</u>: After first ninety (90) days and up to subsequent ninety (90) days no more than fifteen (15) hours per week of Individual and/or Group except when necessary to address short-term problems/issues</li> <li>• <u>Intermittent Support</u>: After one hundred and eighty (180) days, no more than ten (10) hours per week of Individual and/or Group service.</li> </ul><br>A maximum of twenty (20) units of Individual and/or Group Peer Support services can be provided in a twenty-four (24) hour period by any one Peer Support staff. No more than eighty (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; additional units may be authorized as clinically appropriate. |
| <b>Entrance Criteria</b>   |
| The recipient is eligible for this service when:   |

- They are an adult age eighteen (18) and older with identified needs in life skills;  
And
- There is an Axis I or Axis II diagnosis with mental health and/or substance use disorders;  
And
- They meet LOCUS Level 1 “Recovery Maintenance and Health Management” or greater on the LOCUS or ASAM Level I.

The recipient is experiencing difficulties in at least one of the following areas, or lacks useful life experience, in one of the following areas:

- Is receiving or has recently received crisis intervention services
- Is experiencing functional problems in the residence, community, church, school, job, or volunteer activity.
- Is missing appointments or being late
- Is in active recovery from substance abuse/dependency and is in need of mutual support from a peer for relapse prevention support
- Is experiencing money management problems
- Needs to develop self advocacy skills
- Needs Peer Supports in order to maintain a routine of daily wellness skills.

The individual recipient must be able to be receptive to services in an unstructured environment without professional presence.

### **Continued Stay Criteria**

After a maximum of seven hundred and seventy-four (774) hours or three thousand and ninety six (3096) units of service the individual may have further units authorized if the individual continues to meet admission criteria and treatment goals have not yet been reached. The individual may choose not to participate in any other treatment/support option. The service received by the individual should be reviewed for effectiveness every six months. The Peer Support Service must be included in the individual’s Service Plan. The Service Plan must be developed as part of a Individual Support Planning Process and reflect the strengths, needs and priorities of the individual.

### **Discharge Criteria**

- The individual no longer wishes to receive Peer Support services; or
- Individual has achieved two (2) years of abstinence from misuse of substances; or
- Individual has maintained independent housing for two years; or
- Goals of the Service Plan have been substantially met; or
- Individual designed Pre Crisis/Post Crisis and Crisis Plan have worked for two years to avoid involuntary treatment and hospital emergency room usage;

| Expected Outcomes  |
|--|
| <p>The service will support recovery, and the expected outcome will reduce the need for a higher level of care. This service promotes integration into the community at large, and self reliance.</p> <p>Compared to previous twelve (12) months without Peer Supports there will be a:</p> <ul style="list-style-type: none"> <li>• Reduction in use of formal treatment based services: Intensive Outpatient Programs, Psychosocial Rehabilitation</li> <li>• Reduced crisis and psychiatric hospital utilization because the individual has reliable contacts and a customized Crisis Plan</li> <li>• Shortened hospital stays</li> </ul>           |
| Documentation Requirements   |
| <p>Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.</p>   |
| Service Exclusions/ Limitations  |
| <p>Peer Support cannot be provided at the same time of day as the following services:<br/>Psychosocial Rehabilitation (PSR)</p> <p>Peer Support may not be provided during the same authorization period as the following services:</p> <ul style="list-style-type: none"> <li>• Partial Hospitalization</li> <li>• ACTT</li> <li>• Community Support Team</li> <li>• Individual Support (MH Only)</li> <li>• SAIOP (Substance Abuse Intensive Outpatient)</li> <li>• SACOP (Substance Abuse Comprehensive Outpatient)</li> <li>• Individuals ages eighteen (18) to twenty-one (21) may not live in a child residential treatment facility.</li> </ul> |
| <ul style="list-style-type: none"> <li>• The individual may not receive (b) (3) services if they receive services from or are enrolled in any other waiver.</li> <li>• (b) (3) services are not an entitlement and as such, are not subject to appeal or EPSDT.</li> <li>• (b) (3) services are only available up to the capitation amount provided to fund these services.</li> </ul>   |

- (b) (3) services, with the exception of Psychiatric Consultation, are not available to participants of all state 1915 (c) waivers.
- This service may not be provided by family members.