

Peer Support Services							
HIPAA Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Peer Support Services	Practitioner Level 4, In-Clinic	H0038	HQ	U4	U6		\$4.43
	Practitioner Level 5, In-Clinic	H0038	HQ	U5	U6		\$3.30
	Practitioner Level 4, Out-of-Clinic	H0038	HQ	U4	U7		\$5.41
	Practitioner Level 5, Out-of-Clinic	H0038	HQ	U5	U7		\$4.03

**Definition of Service:** This service provides structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, are consumer motivated, initiated and/or managed, and assist individuals in living as independently as possible. Activities must promote self-directed recovery by exploring consumer purpose beyond the identified mental illness, by exploring possibilities of recovery, by tapping into consumer strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths, communicating health needs/concerns, self-monitoring progress), by emphasizing hope and wellness, by helping consumers develop and work toward achievement of specific personal recovery goals (which may include attaining meaningful employment if desired by the individual), and by assisting consumers with relapse prevention planning. A Consumer Peer Support Center may be a stand-alone center or housed as a "program" within a larger agency, and must maintain adequate staffing support to enable a safe, structured recovery environment in which consumers can meet and provide mutual support.

<b>Target Population</b>	Adults with serious mental illness or co-occurring mental illness and substance related disorders Adolescents transitioning into adulthood with SED or co-occurring SED and substance related disorders
<b>Benefit Information</b>	Available to all Ongoing Core Customers. Requires a MICP New Episode Request or Update Request (to add as a single service to an existing authorization).
<b>Utilization Criteria</b>	<u>Available to those with LOCUS scores:</u> 1: Recovery Maintenance and Health Management 2: Low Intensity Community-Based Services 3: High Intensity Community-Based Services 4: Medically Monitored Non-Residential
<b>Ordering Practitioner</b>	Physician, Psychologist, Physician's Assistant, Advanced Practice Registered Nurse (Clinical Nurse Specialist or Nurse Practitioner), LPC, LMFT, LCSW
<b>Unit Value</b>	15 minutes
<b>Initial Authorization</b>	3600 units
<b>Re-Authorization</b>	3600 units

Maximum Daily Units	96
Authorization Period	180 days
UAS: Budget and Expense Categories	<u>Peer Support Services Provider</u> 138 – Adult Mental Health 738 – Adult Addictive Diseases
Admission Criteria	<ol style="list-style-type: none"> <li>1. Individual must have a primary mental health issue; <b>and one or more of the following:</b></li> <li>2. Individual requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources; <b>or</b></li> <li>3. Individual may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system; <b>or</b></li> <li>4. Individual may need assistance and support to prepare for a successful work experience; <b>or</b></li> <li>5. Individual may need peer modeling to take increased responsibilities for his/her own recovery; <b>or</b></li> <li>6. Individual may need peer supports to develop or maintain daily living skills.</li> </ol>
Continuing Stay Criteria	<ol style="list-style-type: none"> <li>1. Individual continues to meet admission criteria; <b>and</b></li> <li>2. Progress notes document progress relative to goals identified in the Individualized Recovery/Resiliency Plan, but treatment/recovery goals have not yet been achieved.</li> </ol>
Discharge Criteria	<ol style="list-style-type: none"> <li>1. An adequate continuing care plan has been established; <b>and one or more of the following:</b></li> <li>2. Goals of the Individualized Recovery Plan have been substantially met; <b>or</b></li> <li>3. Consumer/family requests discharge; <b>or</b></li> <li>4. Transfer to another service/level is more clinically appropriate.</li> </ol>
Service Exclusions	Crisis Stabilization Program (however, those utilizing transitional beds within a Crisis Stabilization Program may access this service).
Clinical Exclusions	<ol style="list-style-type: none"> <li>1. Individuals diagnosed with a Substance-Related Disorder and no other concurrent mental illness; <b>or</b></li> <li>2. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, or traumatic brain injury</li> </ol>

**Additional Service Criteria:**

**A. Required Components**

1. A Peer Supports service may operate as a program within:
  - A freestanding Peer Support Center
  - A Peer Support Center that is within a clinical service provider
  - A larger clinical or community human service provider administratively, but with complete programmatic autonomy.

2. A Peer Supports service must be operated for no less than 3 days a week, no less than 12 hours a week, no less than 4 hours per day, typically during day, evening and weekend hours. Any agency may offer additional hours on additional days in addition to these minimum requirements.
3. The governing board of a freestanding Peer Center must be composed of 75% consumers and represent the cultural diversity of the population of the community being served. The board is encouraged to have either board members or operating relationships with someone with legal and accounting expertise. For programs that are part of a larger organizational structure that is not consumer led and operated, the Peer Supports Program must have an advisory body with the same composition as a freestanding Peer Center's board. The board or advisory committee must have the ability to develop programmatic descriptions and guidelines (consistent with state and federal regulations, accreditation requirements, and sponsoring agency operating policies), review and comment on the Peer Support Program's budgets, review activity offerings, and participate in dispute resolution activities for the program.
4. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the activities that are conducted or services offered within the Peer Supports program, and about the schedule of those activities and services, as well as other operational issues.
5. Regardless of organizational structure, the service must be directed and led by consumers themselves.
6. Peer Supports may include meals or other social activities for purpose of building peer relationships, but meals cannot be the central or core activity offered. The focus of the service must be skill maintenance and enhancement and building individual consumer's capacity to advocate for themselves and other consumers.
7. Peer Supports cannot operate in isolation from the rest of the programs within the facility or affiliated organization. The Program Leader must be able to call multidisciplinary team meetings regarding a participating individual's needs and desires, and a Certified Peer Specialist providing services for and with a participating individual must be allowed to participate in multidisciplinary team meetings.
8. "Out-of-Clinic" may only be billed when:
  - Travel by the practitioner is to a non-contiguous location; and/or
  - Travel by the practitioner is to a facility not owned, leased, controlled or named as a service site by the agency who is billing the service(excepting visits to Shelter Plus sites); and/or
  - Travel is to a facility owned, leased or controlled by the agency billing the service, but no more than 6 individuals are being served in the course of that day by a single practitioner in non-group services; and/or
  - Travel is to a facility owned, leased, controlled or named as a service site by the agency, but no more than 24 individuals are being served in groups at that site in the course of a day.If the service does not qualify to be billed as "out of clinic," then the "in-clinic" rate may still be billed.

## **B. Staffing Requirements**

1. The following practitioners can provide Peer Support Services:
  - Practitioner Level 4: LMSW; LAPC; LAMFT; Psychologist/LCSW/LPC/LMFT's supervisee/trainee with at least a Bachelor's degree in one of the helping professions such as social work, community counseling, counseling, psychology, or criminology, functioning within the scope of the practice acts of the state; and CPSs and PPs with at least a

Bachelor's degree in one of the helping professions such as social work, community counseling, counseling, psychology, or criminology.

- Practitioner Level 5: CPS and PP under supervision of a Physician, Psychologist, LCSW, LPC, LMFT, RN, APRN, PA, LMSW, LAPC, or LAMFT
2. The individual leading and managing the day-to-day operations of the program, the Program Leader, must be a Georgia-certified Peer Specialist, who is a CPRP or can demonstrate activity toward attainment of the CPRP credential.
  3. The Program Leader must be employed by the sponsoring agency at least 0.5 FTE.
  4. The Program Leader and Georgia-certified Peer Specialists in the Peer Supports program may be shared with other programs as long as the Program Leader is present at least 75% of the hours the Peer Supports program is in operation, and as long as the Program Leader and the Georgia-certified Peer Specialists are available as required for supervision and clinical operations, and as long as they are not counted in consumer to staff ratios for 2 different programs operating at the same time.
  5. Services must be provided and/or activities led by staff who are Georgia-certified Peer Specialists or other consumers under the supervision of a Georgia-certified Peer Specialist. A specific activity may be led by someone who is not a consumer but is an invited guest.
  6. There must be at least 2 Georgia-certified Peer Specialists on staff either in the Peer Supports Program or in a combination of Peer Supports and other programs and services operating within the agency.
  7. The maximum face-to-face ratio cannot be more than 30 consumers to 1 Certified Peer Specialist based on average daily attendance in the past three (3) months of consumers in the program.
  8. The maximum face-to-face ratio cannot be more than 15 consumers to 1 direct service/program staff, based on the average daily attendance in the past three (3) months of consumers in the program.
  9. All staff must have an understanding of recovery and psychosocial rehabilitation principles as defined by the Georgia Consumer Council and psychosocial rehabilitation principles published by USPRA and must possess the skills and ability to assist other consumers in their own recovery processes.

### C. Clinical Operations

1. This service must operate at an established site approved to bill Medicaid for services. However, individual or group activities may take place offsite in natural community settings as appropriate for the Individualized Recovery Plan (IRP) developed by each consumer with assistance from the Program Staff.
2. Individuals receiving this service must have a qualifying diagnosis present in the medical record prior to the initiation of services. The diagnosis must be given by persons identified in O.C.G.A Practice Acts as qualified to provide a diagnosis. These practitioners include a licensed psychologist, a physician or a PA or APRN (NP and CNS-PMH) working in conjunction with a physician with an approved job description or protocol.
3. This service 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 during the hours the Peer Supports program is in operation except as noted above.
4. Adequate space, equipment, furnishings, supplies, and other resources must be provided in order to effectively provide services and so that the program environment is clean and in good repair.

Space, equipment, furnishings, supplies, transportation, and other resources for consumer use within the Peer Supports program must not be substantially different from space provided for other uses for similar numbers of individuals.

5. Staff of the Peer Supports Program must be treated as equal to any other staff of the facility or organization and must be provided equivalent opportunities for training (both mandated and offered) and pay and benefits competitive and comparable to other staff based on experience and skill level.
6. When this service is used in conjunction with Psychosocial Rehabilitation and ACT, documentation must demonstrate careful planning to maximize the effectiveness of this service as well as appropriate reduction in service amounts. Utilization of this service in conjunction with these services is subject to review by the External Review Organization.
7. Consumers should set their own individualized goals and assess their own skills and resources related to goal attainment. Goals are set by exploring strengths and needs in the consumer's living, learning, social, and working environments. Goal attainment should be supported through a myriad of approaches (e.g. coaching approaches, assistance via technology, etc.)
8. Implementation of services may take place individually or in groups.
9. Each consumer must be provided the opportunity for peer assistance in the development and acquisition of needed skills and resources necessary to achieve stated goals.
10. A Peer Supports Program must offer a range of skill-building and recovery activities developed and led by consumers. These activities must include those that will most effectively support achievement of the consumer's rehabilitation and recovery goals.
11. The program must have a Peer Supports Organizational Plan addressing the following:
  - A service philosophy reflecting recovery principles as articulated by the Georgia Consumer Council, August 1, 2001. This philosophy must be actively incorporated into all services and activities and:
    - (a) View each individual as the director of his/her rehabilitation and recovery process
    - (b) Promote the value of self-help, peer support, and personal empowerment to foster recovery
    - (c) Promote information about mental illness and coping skills
    - (d) Promote peer-to-peer training of individual skills, social skills, community resources, and group and individual advocacy
    - (e) Promote the concepts of employment and education to foster self-determination and career advancement
    - (f) Support each individual to "get a life" using community resources to replace the resources of the mental health system no longer needed
    - (g) Support each individual to fully integrate into accepting communities in the least intrusive environment that promote housing of his/her choice
    - (h) Actively seek ongoing consumer input into program and service content so as to meet each individual's needs and goals and foster the recovery process
  - A description of the particular consumer empowerment models utilized, types of activities offered, and typical daily activities and schedule. If offered, meals must be described as an adjunctive peer relationship building activity rather than as a central activity.
  - A description of the staffing pattern, plans for staff who have or will have achieved Certified Peer Specialist and CPRP credentials, and how staff are deployed to assure that the required staff-to-consumer ratios are maintained, including how unplanned staff absences, illnesses, and emergencies are accommodated.

- A description of how consumer staff within the agency are given opportunities to meet with or otherwise receive support from other consumers (including Georgia-certified Peer Specialists) both within and outside the agency.
  - A description of how consumers are encouraged and supported to seek Georgia certification as a Peer Specialist through participation in training opportunities and peer or other counseling regarding anxiety following certification.
  - A description of test-taking skills and strategies, assistance with study skills, information about training and testing opportunities, opportunities to hear from and interact with consumers who are already certified, additional opportunities for consumer staff to participate in clinical team meetings at the request of a consumer, and the procedure for the Program Leader to request a team meeting.
  - A description of the hours of operation, the staff assigned, and the types of services and activities provided for and by consumers as well as for families, parents, and/or guardians.
  - A description of the program's decision-making processes including how consumers direct decision-making about both individual and program-wide activities and about key policies and dispute resolution processes.
  - A description of how consumers participating in the service at any given time are given the opportunity to participate in and make decisions about the activities that are conducted or services offered within the Peer Supports program, about the schedule of those activities and services, and other operational issues.
  - A description of the space, furnishings, materials, supplies, transportation, and other resources available for individuals participating in the Peer Supports services.
  - A description of the governing body and/or advisory structures indicating how this body/structure meets requirements for consumer leadership and cultural diversity.
  - A description of how the plan for services and activities is modified or adjusted to meet the needs specified in each IRP.
  - A description of how consumer requests for discharge and change in services or service intensity are handled.
12. Assistive tools, technologies, worksheets, etc. can be used by the Peer Support staff to work with the served individual to improve his/her communication about treatment, symptoms, improvements, etc. with treating behavioral health and medical practitioners.

#### **D. Service Access**

Peer Supports may **not** be provided in an Institution for Mental Diseases (IMD, e.g. state or private psychiatric hospital or crisis stabilization program with greater than 16 beds), jail, or prison system.

#### **E. Additional Medicaid Requirements**

Currently, there are no additional Medicaid requirements to be added to the requirements above when billing Medicaid for this service.

#### **F. Reporting & Billing Requirements**

All applicable Medicaid, MICP, and other DBHDD reporting requirements must be met.

#### **G. Documentation Requirements**

1. Providers must document services in accordance with the specifications for documentation requirements specified in Part II, Section V of the Provider Manual.

2. Each 15 minute unit of service provided must be documented within the individual's medical record. Although there is no single prescribed format for documentation (a log may be used), the following elements MUST be included for every unit of service provided:
  - a. the specific type of intervention must be documented
  - b. the date of service must be named
  - c. the number of unit(s) of service must be named
  - d. the practitioner level providing the service/unit must be named
3. Weekly progress notes must document the individual's progress relative to functioning and skills related to the person-centered goals identified in his/her IRP. This progress note aligns the weekly activities reported on the daily log or in daily notes to the stated interventions on the individualized recovery plan, and documents progress toward goals. The progress note may be written by any practitioner who provided services over the course of that week.
4. If a log format is utilized, the Program Supervisor should sign the daily log. The Supervisor's signature is an attestation that the activities documented did indeed occur. The consumer should also sign the log (if the consumer refuses, this would be indicated in the weekly summary).