

	<b>Medical Assistance Bulletin</b> <b>COMMONWEALTH OF PENNSYLVANIA</b> <b>DEPARTMENT OF PUBLIC WELFARE</b>		
	<b>NUMBER:</b> 08-07-09 11-07-03 21-07-01	<b>ISSUE DATE:</b> May 22, 2007	<b>EFFECTIVE DATE:</b> November 1, 2006
<b>SUBJECT:</b> Peer Support Services			
 <b>By Joan L. Erney, J.D.</b> <b>Deputy Secretary for Mental Health and Substance Abuse Services</b>		 <b>By Michael Nardone</b> <b>Acting Deputy Secretary for Medical Assistance Programs</b>	

**PURPOSE:**

The purpose of this bulletin is to:

1. Announce that the Department of Public Welfare (Department) is adding peer support services to the Medical Assistance (MA) Program Fee Schedule.
2. Issue provider handbook pages that contain service guidelines, prior approval procedures, and billing instructions as well as other information necessary for the provision of and payment for peer support services.

**SCOPE:**

This bulletin applies to all approved providers of peer support services that are enrolled or seek to enroll in the MA Program in the fee-for-service system and the HealthChoices Behavioral Health Program.

**BACKGROUND:**

Prompted by the final report of the federal New Freedom Commission on Mental Health, issued in July 2003, the Office of Mental Health and Substance Abuse Services (OMHSAS) has engaged in a statewide system transformation initiative that focuses on the provision of recovery-oriented mental health and co-occurring (psychiatric and substance use disorders) services throughout the Commonwealth.

A key component of the system transformation is the Department's commitment to develop services that facilitate and support recovery. Consistent with that commitment, effective

November 1, 2006, the Department has added peer support services to the MA Program Fee Schedule for MA recipients 18 years of age and older in both the fee-for-service delivery system and the HealthChoices Behavioral Health Program. To develop the service guidelines for peer support, OMHSAS sought input from and consulted with the entire spectrum of stakeholders, including consumers, family members, advocates, county personnel, and provider organizations.

## **DISCUSSION:**

Based upon the fundamental principles of recovery, peer support services are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resilience through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities.

Peer support is designed on the principles of consumer choice and the active involvement of persons in their recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community. For this reason, the agreement of the individual to receive services is critical.

On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person-centered with a recovery focus. Peer support services facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support, skills training, effective utilization of the service delivery system, and coordination of and linkage to other service providers.

The purposes of peer support services are to:

1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy process;
2. Teach and support acquisition and utilization of skills needed to facilitate the individual's recovery;
3. Promote the knowledge of available service options and choices;
4. Promote the utilization of natural resources within the community; and
5. Facilitate the development of a sense of wellness and self-worth.

Specific service goals are based on individual needs and personal aspirations, which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. Goals pertaining to system

advocacy will be limited to the coordination with or linkage to community resources. The relationship between the peer specialist and the individual served is intended to facilitate accomplishment of the goals specified in the Recovery-focused Individual Service Plan (Individual Service Plan).

## **PROCEDURE:**

### **Provider Qualifications**

Peer support services may be provided by an agency that provides only peer support services or by a psychiatric outpatient clinic, partial hospitalization program, crisis intervention provider, resource coordination provider, intensive case management provider or, in HealthChoices counties, psychiatric rehabilitation providers. Providers must be licensed by the Department, be enrolled in the MA Program and receive a letter of approval from the Department to provide peer support services.

Services may be delivered directly by the enrolled provider or, with Departmental approval, by subcontract between an enrolled provider and a program or an agency that is not enrolled. If services are delivered through a subcontract arrangement, the enrolled provider remains responsible for all aspects of service delivery, including clinical and administrative oversight. Services must be provided as specified in the individual's Individual Service Plan. Services may be site-based or off-site in the community, or both, as determined by the goal(s) identified in the Individual Service Plan and may be provided, in limited circumstances, on a group basis, if specified in the Individual Service Plan.

In addition to complying with 55 Pa. Code Chapters 1101, 1150, and 1153, providers who choose to deliver peer support services will sign a Supplemental Provider Agreement for the Delivery of Peer Support Services, and complete and deliver services in accordance with a service description. The service description and any subcontract arrangement must be approved by the Department before services are initiated.

A request to provide peer support services, which includes the service description, with the elements specified in the attached handbook pages, as well as the details of any subcontract arrangement, including the subcontract agreement, should be submitted to the regional OMHSAS office (ATTN: Peer Support Services) and the county mental health/mental retardation (MH/MR) program of the county in which the service will be delivered. OMHSAS will conduct a review of the submitted information, which in some cases may include an on-site survey of the provider, and approve or deny the request.

An agency that is not currently licensed must also submit an application for licensure, before or at the time the request to provide peer support services is submitted. An application for licensure may be obtained by contacting the regional OMHSAS office.

After receiving approval from OMHSAS to provide peer support services and, if applicable, a license to provide peer support services, an agency must enroll in the MA Program. Instructions and forms for enrolling in the MA Program are available on the Department's

website at <http://www.dpw.state.pa.us/Business/PrvdrEnrllmntInfo>. In addition to the forms identified on the website, the provider must submit the supplemental provider agreement for peer support services, attached to the attached handbook pages, as part of the enrollment package. The entire enrollment package includes:

1. PROMISE enrollment application;
2. Outpatient Provider Agreement, signed by an authorized representative of the entity holding the base license;
3. Signed Supplemental Provider Agreement for the Delivery of Peer Support Services;
4. Copy of Certificate of Compliance;
5. Copy of approved peer support service description;
6. Copy of letter of approval to operate a peer support services program;

The completed enrollment package must be mailed to the regional OMHSAS office, ATTN: Peer Support Services.

### Service Provision

Peer support services may be provided without prior Department approval when recommended by a physician or other practitioner of the healing arts acting within the scope of practice to an individual who is a member of the adult priority group as defined in Mental Health Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group, and as otherwise described in the attached handbook pages. A request for peer support services on behalf of an individual who is not a member of the adult priority group may be submitted through the Program Exception Process (1150 Administrative Waiver), as specified in the attached handbook pages.

**Note:** Program exception requests on behalf of individuals who are members in the HealthChoices Behavioral Health Program should be submitted in accordance with the procedures established by each Behavioral Health Managed Care Organization.

Individuals whose peer support services are reduced or terminated over their objections have the right to appeal the decision in accordance with procedures set forth in 55 Pa.Code Chapter 275.

### Billing for Services

The procedure code, MA fee and limits that apply to peer support services are as follows:

National Procedure Code	Procedure Code Description	MA Fee	Unit of Service	Limits
H0038	Self-help/peer services	\$10.00/unit	15 minutes	16 units/day/individual 3600 units/year/individual

Services may be billed only for the time that the peer specialist or peer specialist supervisor has face-to-face interaction with the individual, the individual's family or friends, service providers or other essential persons for the purpose of assisting the individual in meeting the goals in the Individual Service Plan. Provider staff meetings, record-keeping activities and other non-direct services are not billable as peer support. Phone contact and travel were included in developing the MA fee and are therefore not billable. The copayment for the service is \$1.00 per unit for General Assistance recipients and \$.50 per unit for all other MA recipients.

A systems edit will be applied to claims to pay no more than the maximum of 16 units per day. Example: A claim for 3 hours (12 units) is submitted and is paid. A different claim for 2 hours (8 units) is subsequently submitted. The second claim will be paid for 4 units. Claims will be paid in the order they are submitted.

The service guidelines, prior approval procedures, billing instructions, and other information regarding MA payment for peer support services are described in the attached updated pages of the Provider Handbook for Outpatient Psychiatric and Partial Hospitalization Services. As set forth in 55 Pa.Code § 1101.67(a), a provider must comply with the procedures described in the handbook pages to receive MA payment.

The PA PROMISe Provider Handbook – 837 Professional/CMS-1500 Claim Form, located on the Department's website at <http://www.dpw.state.pa.us/Business/BillingInfo/003675041.htm>, has been updated with these changes.

**NOTE:** Providers who render peer support services in the HealthChoices Behavioral Health Program should submit claims in accordance with the procedures established by each Behavioral Health Managed Care Organization.

For assistance, please contact the toll-free OMHSAS provider inquiry line at 1-800-433-4459.

## **ATTACHMENTS**

Medical Assistance Handbook, Outpatient Psychiatric and Partial Hospitalization Services, Updated Handbook pages, Peer Support Services and Attachments

### **COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Department of Public Welfare, OMHSAS, Bureau of Policy & Program Development  
(717)772-7900