

PROVIDER HANDBOOK FOR PSYCHIATRIC AND PARTIAL HOSPITALIZATION SERVICES

SECTION VII – OTHER SERVICES

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## II. PEER SUPPORT SERVICES

### A. Provider Qualifications for MA Payment

A provider must be licensed by the Office of Mental Health and Substance Abuse Services (OMHSAS) as a peer support services provider, an outpatient psychiatric clinic, partial hospitalization program, crisis intervention provider, resource coordination provider, intensive case management provider or, in HealthChoices counties, psychiatric rehabilitation provider; receive a letter of approval to provide peer support services from OMHSAS; comply with the licensing requirements that apply to the particular provider type in providing peer support services; and be enrolled in, and comply with all requirements that govern participation in, the MA Program. In addition to completing the standard MA outpatient provider agreement, the provider will complete and comply with the Supplemental Provider Agreement for the Delivery of Peer Support Services (Attachment 2).

To receive MA payment for peer support services, a provider will agree to:

1. Complete, and deliver services in accordance with, a service description that includes at least the following:
  - a. A description of the governing body and advisory structures, including an agency table of organization that shows the structure of the program with all service components.
  - b. A description of the program philosophy which reflects recovery principles as articulated in the OMHSAS vision statement and guiding principles.
  - c. The population to be served, including the expected number of persons to be served, diagnosis, age and any specialization.
  - d. The types of services and activities offered, particular peer supports utilized, including whether services will be provided on an individual or group basis, type of intervention(s) practiced, typical program day or services and expected outcomes.
  - e. Program capacity, including staffing patterns, staff-to-consumer ratios, staff qualifications and cultural composition reflective of population, and plan for deployment of staff to accommodate unplanned staff absences to maintain staff-to-consumer ratios.
  - f. Service delivery patterns, including average frequency of service received (days per week or month), intensity (hours) and duration of services (length of stay) provided by each peer specialist.
  - g. Days and hours of program operation.
  - h. Geographic limits of program operation.
  - i. A description of how services will be provided in the community and, if services will also be provided on-site, a description of the physical plant, including physical space and floor plan utilized by the peer support program and copies of all applicable licenses and certificates, including Labor and Industry, fire, health and safety.
  - j. A description of the training plan for program staff (peer specialists, peer specialist supervisors and mental health professionals) to develop knowledge and

competency in the area of recovery and peer support as well as the provision of services in an age-appropriate and culturally competent manner.

- k. A description of how the mental health professional will maintain clinical oversight of peer support services, which includes ensuring that services and supervision are provided consistent with the service requirements.
- l. A description of how peer specialists within the agency will be given opportunities to meet with or otherwise receive support from other peer specialists both within and outside the agency.
- m. A description of how each consumer's Recovery-focused Individual Service Plan (Individual Service Plan) will be developed and how the plan for services and activities will meet the needs specified in the Individual Service Plan as well as how consumers may request changes in services or service intensity.
- n. A description of how the certified peer specialist and certified peer specialist supervisor will participate in and coordinate with treatment teams at the request of a consumer and the procedure for requesting team meetings.
- o. A description of the referral (intake) process and consumer empowerment models or tools utilized in delivering the service.
- p. A description of how the peer specialist staff will make linkages with treatment, rehabilitation, medical and community resources, and natural supports.
- q. A description of how the quality assurance plan will be developed and adhered to in accordance with the requirements outlined in the Supplemental Provider Agreement for the Delivery of Peer Support Services.

2. For services that are delivered through a subcontracting arrangement, follow the instructions specified in Attachment 3.

#### B. Compensable Services

Examples of compensable peer support activities are listed in Attachment 4. The unit of service for billing purposes is fifteen minutes of service in which 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 his or her needs as specified in the Individual Service Plan. Up to sixteen units per day may be billed for each individual receiving peer support services, up to an aggregate of 3600 units per year.

Phone contact, travel time, staff meetings, record-keeping activities, and other non-direct services are not compensable. Social, recreational and leisure activities are not compensable.

Peer support services may be provided on the date of admission at an inpatient facility (place of service code 21) and within 30 days prior to discharge, including the date of discharge (place of service codes 21 and 32.) Only one provider can bill for peer support services per day while the individual is inpatient.

### C. Medical Necessity Review Guidelines

#### Service Initiation

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 18 years of age or older and who:

1. Has a Serious Mental Illness as defined in Mental Health Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group; and
2. Has a moderate to severe functional impairment 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, managing money, living more independently).

A request for peer support services on behalf of an individual who is not a member of the adult priority group as defined in Mental Health Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group, may be submitted through the Program Exception Process authorized under 55 Pa.Code 1150.63 (relating to waivers) to the appropriate Behavioral Health Managed Care Organization or, in fee-for-service counties by submitting an MA-97 Form with supporting documentation to the following address:

**Office of Mental Health  
and Substance Abuse Services  
Division of Medical Review  
P.O. Box 69026  
Harrisburg, PA 17105-9026**

Such a request should include a recommendation for peer support services and an explanation of how the individual would benefit from peer support services, including appropriate documentation of considerations such as the severity of the individual's mental illness recommendation from practitioner, and the scope and duration of the individual's treatment history. If medically necessary, services will be authorized for the length of the episode of care that has been requested.

A recommendation by a physician or other practitioner of the healing arts to initiate peer support services is valid for 60 days.

#### Continuation of Services

Peer support services may continue to be provided as long as the individual continues to meet the above guidelines and the Individual Service Plan reflects that the individual has benefited

from peer supports services or that there is reasonable expectation that withdrawal of services may result in loss of gains or goals.

Peer support services approved through the Program Exception process may continue to be provided for the duration of the authorization period.

#### Discharge from Peer Support Services

Peer support services are no longer medically necessary when:

1. The individual has achieved the goals identified in the Individual Service Plan and there is a reasonable expectation that withdrawal of services will not result in loss of gains or goals attained and that services are not expected to provide additional benefit to the individual; or
2. The individual agrees to discontinue services.

#### D. Documentation Supporting the Need for Peer Support Services

1. The medical record must comply with the requirements of 55 Pa.Code §§ 1101.51(d), (e), and applicable licensing regulations and contain written documentation of the following:
  - a. The individual's diagnosis;
  - b. The medical necessity for peer support services and the agreement of the individual to receive services;
  - c. The strength-based assessment;
  - d. The initial and all subsequent Individual Service Plans, which specify measurable goals and objectives written in individualized and outcome-oriented language; the services to be provided, including the expected frequency and duration; the location where the services will be provided; and the peer specialist's role in relating to the individual and involved other persons;
  - e. Progress notes which record the date, time and circumstance of contact, regardless of whether or not a billable service was provided; describe how the service or encounter related to the individual's goals, objectives or interventions identified in the Individual Service Plan; and summarize the purpose and content of the peer support session along with the specific interventions utilized as related to the goals in the Individual Service Plan. If contact with the individual cannot be made, the progress note will reflect attempts to contact the individual.
  - f. When an individual is discharged from peer support services, a discharge summary report of participation, services provided, progress made and the reason for discharge (e.g., all goals in the Individual Service Plan have been met; the individual disengaged from service), as well as a specific note reflecting how the individual was informed about future re-enrollment, signed and dated by the individual, certified peer specialist and mental health professional.
  - g. If an individual is discharged from peer support services due to the individual's disengagement, an explanation of the circumstances and rationale for discharge.

2. For easy and complete reference, as well as ease of record-keeping, the provider may integrate an individual's peer support record with the individual's other records, provided the peer support record is clearly identified and a separate log of the provision of peer support services is maintained.

#### E. Quality Assurance

Each provider's quality assurance plan will include a written Continuous Quality Improvement (CQI) plan, addressed to the delivery of peer support services, which is reviewed and updated annually.

#### F. Individual Participation and Freedom of Choice

In addition to the freedom of choice requirements that govern service delivery in the MA Program, the following principles apply to the provision of peer support services, consistent with the recovery-focused goal of the service to engage the individual in his or her treatment:

1. An individual may refuse to participate in peer support services without jeopardizing other parts of his or her treatment or service program.
2. Eligibility for participation in peer support services is not dependent upon compliance or participation in other services.
3. The individual to be served should have input in the assignment of a peer specialist.
  - a. If a peer specialist assigned to work with an individual has a preexisting relationship with the individual from a different setting or context, the potential conflict should be disclosed and the individual given the opportunity to request assignment of a different peer specialist.
  - b. An individual's request for assignment or change of a peer specialist should be honored if possible, and the request and outcome of the request documented in the individual's record.
  - c. An individual who is readmitted to peer support services should be assigned to the peer specialist who previously assisted the individual whenever possible, unless the individual objects.
4. Efforts should be made to re-engage an individual who has not been participating in peer support as a result of his or her mental illness or co-occurring disorder.

#### G. Submission of Claims

1. When submitting claims for peer support services, use procedure code H0038 – self-help/peer services, the provider type assigned at enrollment, and provider specialty code 076.

Approved place of service codes are as follows:

<b>Provider Type</b>	<b>POS Code</b>	<b>Place of Service Description</b>
<b>Clinic</b>		
08	12	Home
08	21	Inpatient Hospital
08	23	Emergency Room
08	49	Independent Clinic
08	99	Other
<b>Mental Health &amp; Substance Abuse</b>		
11	11	Office
11	12	Home
11	21	Inpatient Hospital
11	99	Other
<b>Case Management</b>		
21	11	Office
21	12	Home
21	21	Inpatient Hospital
21	32	Nursing Facility
21	99	Other

2. Submit claims using the CMS 1500 Claim Form to:

Department of Public Welfare  
 Office of Medical Assistance Programs  
 P.O. Box 8194  
 Harrisburg, Pennsylvania, 17105

3. Instructions for ordering CMS-1500 Claim Forms and for submitting claims electronically are available on the Department’s website at: [http:// www.dpw.state.pa.us/omap/provinf/promhb/omapprom\\_CMShb\\_Sect2.asp](http://www.dpw.state.pa.us/omap/provinf/promhb/omapprom_CMShb_Sect2.asp) at Section 2.11.2 (CMS-1500) and Section 2.5 (invoicing options).

**ATTACHMENT 2****PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
Office of Medical Assistance Programs****SUPPLEMENTAL PROVIDER AGREEMENT FOR THE  
DELIVERY OF PEER SUPPORT SERVICES**

This Supplemental Provider Agreement sets forth the responsibilities of the peer support services provider (“Provider”), which are in addition to those set forth in the Medical Assistance Outpatient Provider Agreement and addendums to that agreement, and the Provider handbooks and supplements.

Provider agrees to deliver services in accordance with the service description approved by the Office of Mental Health and Substance Abuse Services (“OMHSAS”).

Provider agrees to provide on-site services in a facility that:

- a. Affords adequate space, equipment and supplies in order that services be provided effectively and efficiently and with sufficient privacy when necessary.
- b. Is in a location that is accessible and convenient to the service population and is accessible to persons with disabilities.
- c. Meets applicable federal, state and local requirements for fire, safety and health.

Provider agrees to develop written policies, program guidelines and procedures relating to peer support services in accordance with the Peer Support Services Bulletin, Medical Assistance Provider Handbook, this Supplemental Provider Agreement and Provider’s approved service description.

Provider agrees to ensure that a Recovery-focused Individual Service Plan (“Individual Service Plan”) is developed by the individual, the peer specialist and the mental health professional within one month of enrollment and reviewed every six months thereafter and that the initial Individual Service Plan and each review are signed by the individual, the peer specialist and the mental health professional.

Provider agrees that each Individual Service Plan will specify individualized goals and objectives pertinent to the individual’s recovery and community integration in language that is outcome oriented and measurable; identify interventions directed to achieving the individualized goals and objectives; specify the peer specialist’s role in relating to the individual and involved others; and specify the frequency of peer support services to be delivered.

Provider agrees to deliver services in accordance with the Individual Service Plan.

Provider agrees that in order to achieve the agreed-upon goals in the Individual Service Plan, and with the individual's consent, the peer specialist will work with the individual's family, service and treatment providers, rehabilitative programs and natural community supports.

Provider agrees that it will typically provide peer support services on an individual (1:1) basis but may offer group services for several individuals together when such services are beneficial, provided that group services may not include social, recreational or leisure activities. To receive peer support services in a group, individuals must share a common goal, and each individual must agree to participate in the group. Services such as psychoeducation or WRAP (Wellness Recovery Action Planning) are the types of services that may be provided in groups.

Provider agrees to insure that attempts are made to contact the individual according to the Individual Service Plan.

Provider agrees to administer and deliver peer support services in accordance with the following staffing and supervision requirements:

- a. Each peer support program will be identified separately from other services or programs offered by the provider and will have a designated supervisor and staff.
- b. Peer support staff, including supervisors, may work in another program or agency, but their time will be pro-rated and their hours of service in each service clearly and separately identified. No staff person may have duplicate or overlapping hours of service in a peer support program and another program or agency. Peer support staff will disclose (to appropriate program management/administration) when they are co-employed with another program or agency.
- c. The ratio of staff to individuals served is to be based upon the needs of the population served and program location (urban vs. rural).
- d. A mental health professional is to maintain clinical oversight of peer support services, which includes ensuring that services and supervision are provided consistent with the service requirements.
- e. A full time equivalent ("FTE") supervisor may supervise no more than seven FTE peer specialists.
- f. Supervisors will conduct at least one face-to-face meeting with each peer specialist per week with additional support as needed or requested.
- g. Supervisors will maintain a log of supervisory meetings.
- h. Peer specialists will receive at least six hours of direct supervision and mentoring from the supervisor in the field before working independently off-site.

Provider agrees to ensure that Provider staff meet the following minimum qualifications:

- a. A supervisor of peer specialists is either a mental health professional who has completed the peer specialist supervisory training, which is offered in accordance with guidelines defined by the Department, or an individual who has the following minimum qualifications:
  - (i) A bachelor's degree; and

- (ii) Two years of mental health direct care experience, which may include experience in peer support services;
  - OR
  - (i) A high school diploma or general equivalency degree; and
  - (ii) Four years of mental health direct care experience, which may include experience in peer support services, and the completion of a peer specialist supervisory training curriculum approved by the Department within 6 months of assuming the position of peer support supervisor.
- b. A peer specialist is a self-identified individual who has received or is receiving state priority group services as defined in MH Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group, and who:
- (i) Has a high school diploma or general equivalency degree; and
  - (ii) Within the last three (3) years, has maintained at least 12 months of successful full or part-time paid or voluntary work experience or obtained at least 24 credit hours of post-secondary education; and
  - (iii) Has completed a peer specialist certification training curriculum approved by the Department.

Provider agrees to develop a written staff training plan that ensures that each practitioner in the peer support program receives training appropriate to his or her identified needs and the position requirements specified in this paragraph. The training plan will identify training objectives that address the enhancement of knowledge and skills as well as the provision of services in an age-appropriate and culturally competent manner and ensure that staff attain and maintain peer specialist certification.

- a. Mental health professionals who assume responsibility for supervision of peer support services will complete a peer specialist supervisory orientation/training course approved by the Department.
- b. Supervisors who are not mental health professionals will complete a peer specialist supervisory orientation/training course approved by the Department.
- c. The supervisor's orientation/training course will be completed within 6 months of assuming the position of peer specialist supervisor.
- d. Peer specialists will complete a peer specialist certification training curriculum approved by the Department before providing peer support services.
- e. Peer specialists will complete 18 hours of continuing education training per year with 12 hours specifically focused on peer support or Recovery practices, or both, in order to maintain peer specialist certification.

Provider agrees to maintain a written record of training attended by each peer support staff classification (Mental Health Professional, Peer Specialist Supervisor, Certified Peer Specialist).

Provider agrees to ensure that peer specialists within the agency are given opportunities to meet with or otherwise receive support from other peer specialists both within and outside the agency.

Provider agrees to have written protocols that address coordination of services with other appropriate mental health treatment, rehabilitation, and co-occurring disorder programs, including substance abuse services, as well as medical services, community resources and natural supports and document linkages with such other resources. With the individual's written consent, such coordination includes periodic peer support progress reports to the referral source and treatment providers.

Provider agrees to have written protocols that describe how the certified peer specialist and certified peer specialist supervisor will participate in and coordinate with treatment teams at the request of a consumer and the procedure for requesting team meetings.

Provider agrees to make available to participants a list of culturally competent resources related to housing, leisure, legal entitlements, emergency needs, physical health and wellness, mental health treatment and co-occurring disorders.

Provider agrees to make available to participants, based upon individual need, information regarding substance abuse services and support groups, including but not limited to Dual Recovery Anonymous, Alcoholics Anonymous and Narcotics Anonymous.

Provider agrees that its quality assurance plan will include a written Continuous Quality Improvement ("CQI") plan, as described in this paragraph, addressed to the delivery of peer support services, which is reviewed and updated annually. Provider agrees to include participation from individuals receiving peer support services in both the development of the CQI plan and the annual reviews.

- a. The CQI plan will describe how Provider will:
  - (i) Identify and work to eliminate organizational, systemic and community barriers that may interfere with the ability of the peer specialist to perform his or her primary job responsibilities.
  - (ii) Promote a spirit of collaboration and partnership among the provider, the peer specialist and community stakeholders.
- b. The CQI plan will describe procedures for ongoing review of the plan and for a systematic review of services and outcomes, including review of Individual Service Plans, to ensure quality, timeliness and appropriateness of services and individual satisfaction with services. The procedures will describe the types and frequency of reviews to be undertaken (e.g., quarterly professional staff conferences, peer reviews, case reviews conducted by internal or external individuals or entities).
- c. The CQI plan will include an annual report that describes the population served and the outcome of the reviews conducted through the year, including the progress made or not made in meeting the goals specified in the plan, and provider agrees to disseminate the report to OMHSAS, provider staff, the agency director, the County MH/MR Administrator, the behavioral health managed care organizations in which the provider is enrolled and consumers and their families.

Provider agrees to treat, and to insure that its staff treats, information about individuals who are receiving peer support services as confidential as required by regulations at 55 Pa.Code

§§ 5100.31 - 5100.39 (relating to confidentiality of mental health records), and the Health Insurance Portability and Accountability Act (HIPAA), Pub. L. 104-191, and accompanying regulations at 45 C.F.R. Part 164 (relating to security and privacy).

Provider agrees that it will make no service decisions in violation of the individual's civil rights as set forth in 55 Pa.Code §§ 5100.53 - 5100.56 (relating to patient rights).

Provider agrees to insure that individuals receiving peer support services are informed of their rights, including their right not to be discriminated against on the basis of age, race, sex, religion, ethnic origin, economic status, sexual preference, or diagnosis, and their right to appeal a decision to reduce or terminate peer support services over the individual's objection.

Provider agrees to submit reports as required by the Department, county MH/MR administrator and appropriate behavioral health managed care organizations.

If Provider is providing peer support services through a subcontractor that is not enrolled in the Medical Assistance Program, Provider agrees to be responsible for the clinical and administrative oversight of the services delivered by the subcontractor and for compliance with program requirements.

I hereby agree to comply with the terms of this Supplemental Provider Agreement, the Peer Support Services Bulletin, the Medical Assistance Provider Handbook, and all requirements that govern participation in the Medical Assistance Program:

\_\_\_\_\_  
**Provider Name (please type or print)**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Provider Address (please type or print)**

**ATTACHMENT 3**

**SUBCONTRACTING RESPONSIBILITIES**

A provider that is enrolled in the MA Program may subcontract with a provider that is not so enrolled to provide peer support services. In a subcontracting arrangement, the enrolled provider remains responsible for clinical and administrative oversight of the services delivered by the subcontractor, as well as compliance with program requirements.

A provider that wants to use a subcontracting arrangement must submit to OMHSAS 1) a justification with the service description, explaining why a subcontract is necessary, 2) the completed "Subcontract Agreement Form" (Attachment 3A), signed by both the enrolled provider and the proposed subcontractor, and 3) the proposed subcontract, signed by both the enrolled provider and the proposed subcontractor. Services may not be delivered by a subcontractor until OMHSAS approves the subcontract.

**ATTACHMENT 3A**  
**SUBCONTRACT AGREEMENT FORM**

Enrolled Provider:

Name of agency: \_\_\_\_\_  
Address: \_\_\_\_\_

Provider Type: \_\_\_\_\_  
Contact Person Name and Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Subcontracted Agency:

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

Type of agency or program: \_\_\_\_\_  
Contact Person Name and Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Justification for need to subcontract:

Guidelines for subcontracting:

- The provider enrolled in the Medical Assistance Program (Enrolled Provider) has a full license from the Office of Mental Health and Substance Abuse Services (OMHSAS) and is in compliance with all OMHSAS requirements related to the oversight and management of peer support services
- The agency subcontracted to provide peer support services (Subcontractor) is in full compliance with the DPW guidelines for peer support services and has received a letter of approval from OMHSAS.
- The County Mental Health/Mental Retardation Office has reviewed this subcontracting arrangement as part of its overall plan for the development of peer support services in the county.

Responsibilities of the Enrolled Provider:

- The Enrolled Provider agrees to confirm that the Subcontractor has received, reviewed and understands all applicable state and federal Medical Assistance program requirements and bulletins, including the guidelines for peer support services established by OMHSAS.

- The Enrolled Provider agrees to maintain clinical oversight of the subcontracted services, including:
  - ✓ Assurance that services are appropriate and being provided consistent with all state and federal Medical Assistance requirements and the guidelines for peer support services established by OMHSAS.
  - ✓ Monthly on-site clinical review of services and records for 6 months and thereafter quarterly reviews, unless the on-site reviews reveal issues that require continued monthly on-site review.
  - ✓ Assurance that the Enrolled Provider will maintain or have easy access to the records maintained by the Subcontractor for review by the Department of Public Welfare (DPW) and any other state or federal audit or review agency.
- The Enrolled Provider agrees to maintain administrative oversight of the subcontracted services, including:
  - ✓ Assurance that the Subcontractor is keeping complete and accurate records consistent with all state and federal Medical Assistance requirements and policies and the guidelines for peer support services established by OMHSAS.
  - ✓ Periodic review of records to assess and confirm compliance with state and federal Medical Assistance requirements and the guidelines for peer support services established by OMHSAS.
- The Enrolled Provider is located within reasonable geographic proximity \_\_\_\_\_ (insert miles) (no more than 1 hour drive time) to the Subcontractor in order to conduct the specified administrative and clinical oversight.
- The Enrolled Provider agrees that it is responsible for compliance with all state and federal Medical Assistance requirements and with the guidelines for peer support services established by OMHSAS and agrees to be accountable to DPW for all fiscal and program audits and compliance reviews.
- The Enrolled Provider agrees that it will be accountable for all noncompliance on the part of the Subcontractor with state or federal Medical Assistance requirements or the guidelines for peer support services established by OMHSAS and that it is subject to recoupment of Medical Assistance funds paid to it for any noncompliance on the part of the Subcontractor.
- The Enrolled Provider and the Subcontractor have developed a written contractual agreement, signed by both parties, identifying the specific protocols related to the above guidelines. [Please attach the proposed contract and organizational chart for the subcontractor that identifies staff (peer specialists, peer specialist supervisors and mental health professionals) and their roles according to the subcontracting arrangement.]

#### Responsibilities of the Subcontractor

- The Subcontractor agrees that it has received and reviewed and that it understands all applicable state and federal Medical Assistance program requirements and bulletins, including the guidelines for peer support services established by OMHSAS.
- The Subcontractor agrees to provide peer support services and to comply with the guidelines for peer support services established by OMHSAS.

- The Subcontractor agrees to maintain complete and accurate records of services provided as specified in state and federal Medical Assistance requirements, including the guidelines for peer support services established by OMHSAS.
- The Subcontractor agrees to provide full and complete access to all client records and agency documents and reports to the Enrolled Provider and to DPW and any other state or federal audit or review agency, upon request.
- The subcontractor assures that a Mental Health Professional is available on-site to provide clinical oversight of the service, as specified in the guidelines for peer support services established by OMHSAS.

The Enrolled Provider agrees to all provisions set forth above.

\_\_\_\_\_  
Signature of Authorized Representative of the Enrolled Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type Name and Title

The Subcontractor agrees to all provisions set forth above.

\_\_\_\_\_  
Signature of Authorized Representative of the Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type Name and Title

**ATTACHMENT 4****PEER SUPPORT SERVICES ACTIVITIES GUIDELINES**

Peer support service content includes various structured therapeutic activities. The following descriptions of appropriate therapeutic activities are provided as examples only and not intended to be prescriptive.

**Crisis support:**

- Assisting the individual to develop a Wellness Recovery Action Plan (WRAP) or a Psychiatric Advance Directive (PAD).
- Assisting the individual to recognize the early signs of relapse and how to implement the identified coping strategies or request help in order to avoid a crisis.
- Assisting the individual to use less restrictive alternatives that prevent hospitalization, incarceration and the use of emergency services when appropriate.

**Development of community roles and natural supports:**

- Assisting the individual to gain information about returning to school, job training, or full- or part-time paid work.
- Facilitating the process of obtaining reasonable accommodations for a psychiatric disability (for example, mental health day, flex time)
- Assisting the individual on how to be an active community member in the neighborhood and community where he or she lives, learns, and works.
- Assisting the individual to access and maintain stable housing or learning how to improve or change an inadequate housing situation.

**Individual advocacy:**

- Discussing concerns about medication or diagnosis with the physician or nurse at the individual's request.
- Assisting the individual to arrange necessary treatment at the individual's request and guiding the individual toward a proactive role in his or her own treatment.

**Self help:**

- Cultivating the individual's ability to make informed, independent choices.
- Helping the individual develop a network of contacts for information and support who have been through similar experiences.

**Self improvement:** Planning and facilitating practical activities leading to increased self worth and improved self-concepts.

**Social network:** Assisting the individual to develop and maintain positive personal and social support networks (friends, family, associates), how to improve or eliminate unhealthy personal relationships, how to start a new relationship (such as going to a movie with a new friend, meeting someone new at a social gathering), and how to improve communications with family members and others.