PROVIDER HANDBOOK FOR PSYCHIATRIC AND PARTIAL HOSPITALIZATION SERVICES

SECTION VII – OTHER SERVICES

CONTENTS

I. Mobile Mental Health Treatment

A. Provider Qualifications for MA Payment.....VII-1
B. Compensable Services VII-1
C. Medical Necessity Review Guidelines.....VII-2
D. Documentation Supporting the Need for MMHT.....VII-3
E. Quality Assurance.....VII-4
F. Submission of Claims.....VII-4

II. Peer Support Services (Revised 1/1/2010 to include Billing for Telephone Contact)

A. Provider Qualifications for MA Payment.....VII-5
B. Compensable Services.....VII-6
C. Medical Necessity Review Guidelines…….....VII-7
D. Documentation Supporting the Need for Peer Support Services.....VII-9
E. Quality Assurance…….VII-9
F. Individual Participation and Freedom of Choice……...VII-10
G. Telephone Delivered Services…….....VII-10
H. Submission of Claims(including telephone delivered services).....VII-11

Attachment 1 – Medical Assistance Program Fee Schedule – (Mobile Mental Health Treatment)
Attachment 2 – Supplemental Provider Agreement for the Delivery of Peer Support Services
Attachment 3 – Subcontracting Responsibilities (Peer Support Services)
Attachment 4 – Peer Support Services Activities Guidelines

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 (PSS) provider, an outpatient psychiatric clinic, partial hospitalization program, crisis intervention provider, resource coordination provider, intensive case management provider or, psychiatric rehabilitation provider in Health Choices; receive a letter of approval to provide PSS from OMHSAS; comply with the licensing requirements that apply to the particular provider type in providing PSS; and be enrolled in, and comply with all requirements that govern participation in, the MA Program for PSS. 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 PSS (Attachment 2). In order to provide PSS in the HealthChoices Program, the provider must be credentialed by the Behavioral Health-Managed Care Organization (BH-MCO).

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

1.1. 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 PSS, 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 (ISP) also referred to as an Individual recovery Plan, will be developed and how the plan for services and activities will meet the needs specified in the ISP 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. <u>Compensable Services</u>

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 has interaction with the individual and/or while the individual is present, with the individual's family, friends, service providers or other essential persons for the purpose of assisting the individual in meeting his or her needs as specified in the ISP. Peer Support Services (PSS) may be provided by supervisors who are also Certified Peer Specialists if they provide service directly to an individual(s) or in circumstances when they are required to cover for a peer specialist due to their unavailability. 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. Peer Support Services may be provided on the date of admission at an inpatient facility (Place Of Service-21). Peer Support Services may be provided the last 30 days prior to discharge, including the day of discharge. This includes Place Of Service Codes 21, 31 and 32. Only one provider can bill for Peer Support Services per day while an individual is in inpatient. PSS providers within each county/regional area should have agreements in place to ensure that peer support services are coordinated to avoid duplicate billing. A maximum of eight units per day may be billed while an individual is in an inpatient setting (Place of Service Codes 21, 31, & 32).

Telephone contact with a recipient for the purpose of assisting an individual in meeting his or her needs as specified in the ISP and, as a reasonable and justifiable portion of a person's recovery, is compensable. Telephone service is only billable when the recipient is present; it is not billable if direct contact is not made. However, progress notes must reflect all attempts to contact an individual. Telephone delivered services will be limited to 25% or less of total service time provided per recipient/per calendar year in both the FFS and HealthChoices Behavioral Health program. Since PSS are now in the PA State Plan, the BHMCOs have the authority to establish their own rates in the HealthChoices Behavioral Health Program.

The billable units and guidelines concerning face-to-face interaction apply to telephone time. Face-to face interaction and the connecting relationship are vital to the peer support process and are considered the preferred method of service delivery. Telephone time is considered supplemental to, rather than a replacement for, face-to-face contact.

Travel time, staff meetings, record-keeping activities, and other non-direct services are not compensable. Social, recreational and leisure activities are not compensable. Costs related to travel were included in developing the current MA fee and are therefore not billable. The co-payment for the service within the MA FFS Program will follow current DPW policy. There are no co-payments in HealthChoices Behavioral Health.

When an individual receiving services has a disability as defined by the Americans with Disabilities Act (ADA) and documented as such, those services must be made accessible. For example, instant messaging is considered a reasonable accommodation for an individual with a communication disability when used as a necessary alternative to telephone contact in order to receive direct PSS. Although instant messaging is considered an immediate, direct, and reciprocal exchange of communication, as is telephone, TTY, and webcam contact, it is not intended to replace or decrease the frequency of face-to-face contact. The provider may include instant messaging when used as an alternative to telephone contact with a person with a documented requirement for a need for a communication accommodation. All other existing parameters such as limits and documentation requirements remain in effect.

C. Medical Necessity Review Guidelines

Service Initiation

Once the enrollment is in place, PSS may be provided without prior Departmental approval when recommended by a physician or other practitioner of the healing arts acting within their 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 PSS 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 Title 55 Pa.Code 1150.63 (relating to waivers) to the appropriate BH-MCO or, in FFS 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 PSS and an explanation of how the individual would benefit from PSS, 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

PSS may continue to be provided as long as the individual continues to meet the above guidelines and the ISP reflects that the individual has benefited from PSS or that there is a reasonable expectation that withdrawal of services may result in loss of gains or goals.

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

Discharge from PSS

PSS are no longer medically necessary when:

1. The individual has achieved the goals identified in the ISP 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 PSS

1. The medical record must comply with the requirements of Title 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 strengths-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, place of service, participants, face to face or telephone contact and circumstance of contact, regardless of whether or not a billable service was provided; summarize the purpose and content of the peer support session along with the specific interventions utilized as related to the goals in the ISP. If contact with the individual cannot be made, in person or by telephone, the service is not billable. However, the progress note must reflect attempts to contact the individual.
   f. When an individual is discharged from PSS, a discharge summary report of participation, services provided, progress made and the reason for discharge (e.g., all goals in the ISP 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 (CPS) and mental health professional.
   g. If an individual is discharged from PSS 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 PSS 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 PSS, 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 PSS, 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 PSS without jeopardizing other parts of his or her treatment or service program.
2. Eligibility for participation in PSS is not dependent upon compliance or participation in other services.
3. The individual to be served should have input in the assignment of a CPS.
   a. If a CPS 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 CPS.
   b. An individual's request for assignment or change of a CPS should be honored if possible, and the request and outcome of the request documented in the individual's record.
   c. An individual who is re-admitted to PSS should be assigned to the CPS 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 PSS as a result of his or her mental illness or co-occurring disorder.

G. Telephone Delivered Services

Telephone-Delivered Services are limited to 25% of total services provided per recipient per calendar year.

1. Providers are encouraged to monitor appropriate use of telephone-delivered Peer Support Services(PSS) by conducting record reviews and internal audit of units of services billed;
2. Each BH-MCO should assess their PSS network providers' adherence to service guidelines in order to assure quality services for members and must monitor utilization rates of telephone contacts; and
3. OMHSAS will be monitoring the amount and appropriate use of telephone-delivered PSS through on-going licensing activities and review of claims data.

H. Submission of Claims

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

2. When submitting claims for telephone contact, add the 'GT' Informational Modifier ("via interactive audio and video telecommunication systems").

3. 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

4. Instructions for ordering CMS-1500 Claim Forms and for submitting claims electronically are available on the Department's website.

5. Billing related inquiries should be directed to the OMHSAS Behavioral Health Toll Free Inquiry Line at 1-800-433-4459.

Approved place of service codes are as follows:

Provider Type	**POS Code**	**Place of Service Description**
Clinic		
08	12	Home
08	21	Inpatient Hospital
08	23	Emergency Room
08	49	Independent Clinic
08	99	Other
Mental Health & Substance Abuse		
11	11	Office
11	12	Home
11	21	Inpatient Hospital
11	52	Psychiatric Facility - PH
11	99	Other
Case Management		
21	11	Office
21	12	Home
21	21	Inpatient Hospital
21	31	Skilled Nursing Facility
21	32	Nursing Facility
21	99	Other

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 PSS 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 PSS 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 ISP and each review are signed by the individual, the CPS and the mental health professional. Provider agrees that each ISP 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 PSS to be delivered.

Provider agrees to deliver services in accordance with the ISP.

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

Provider agrees that it will typically provide PSS 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 PSS in a group, individuals must share a common goal, and each individual must agree to participate in the group. Services such as psycho-education 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 ISP.

Provider agrees to administer and deliver PSS 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 CPS.
f. Supervisors will conduct at least one face-to-face meeting with each CPS per week with additional support as needed or requested.
g. Supervisors will maintain a log of supervisory meetings.
h. CPS 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 a CPS 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

    (ii) A high school diploma or general equivalency degree; and

(iii) Four years of mental health direct care experience, which may include experience in PSS, 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 CPS 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 PSS 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, and 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 CPS 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 PSS, which is reviewed and updated annually. Provider agrees to include participation from individuals receiving PSS 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 ISP, 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 Title 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 Title 55 Pa. Code §§ 5100.53 - 5100.56 (relating to patient rights).

Provider agrees to insure that individuals receiving PSS 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 orientation gender identity/expression 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 PSS 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.

Provider agrees that face-to-face activity is critical for the provision of PSS and to bill for no more than 25% of total units of service provided per recipient per year for telephone contact.

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, and 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 of 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.