

**PEER SUPPORT SERVICES
SERVICE DESCRIPTION
REVIEW CHECKLIST**

Provider:		County:	
License / Approval #:			
Number of Certified Peer Specialists:		Part Time	Full Time
		Total FTE:	
OMHSAS Staff Reviewing:		Date:	

Provider Enrollment Option Selected (check one):

	1) A freestanding peer support service seeking approval for Medical Assistance (MA) enrollment
	2) An MA enrolled agency seeking additional approval to provide Peer Support Services

Comments:

Service Description:

	Requirement	Met Y / N	Comments
1	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.		
2	A description of the program philosophy which reflects recovery and resiliency principles as articulated in the OMHSAS vision statement and guiding principles.		
3	A description of the population to be served, including the diagnosis, developmental needs, and age range of the individuals to be served.		
4	A description of any specialized services		

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	(examples include but are not limited to: veteran, forensic, crisis or older adult peer support) and the target population for the specialized services offered by the program.		
5	A description of the approach of peer support services offered, including: <ul style="list-style-type: none"> a) The evidence-based practices and best practices utilized, b) Trauma-informed care approach and interventions, c) Types of service activities offered to individuals, d) Expected outcomes, and e) The individual empowerment models or tools utilized in delivering the service. 		
6	Program capacity, including: <ul style="list-style-type: none"> a) Staffing patterns, b) Staff-to-individual ratios, c) Staff qualifications, and d) Staff clearances. 		
7	Cultural Competency reflective of population to be served.		
8	Staff supervision plans.		
9	Staff training protocols, including specialized training requirements based upon the specific population to be served.		
10	Service delivery patterns, including frequency, duration, and method of service delivery.		
11	Days and hours of program operation.		
12	Geographic limits of program operation.		
13	A description of the physical site, including copies of applicable licenses and certificates.		
14	A description of how the mental health professional will maintain oversight of peer specialists and ensure that services and supervision are provided consistent with these standards and the service description.		

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15	A description of how the peer specialist and peer specialist supervisor will participate in and coordinate with treatment teams and the procedure by which a team meeting may be requested.		
16	A description of how the peer specialist will coordinate services with natural supports, including those identified by the individual, and treatment, rehabilitation, medical and community resources.		
17	Describe the following: a) The referral process b) The intake process		
18	The method by which each individual's recovery-focused ISP will be developed and how the services and activities will meet the needs specified in the ISP.		
19	The method by which an individual may request changes in services or their ISP.		
20	A description of how the quality assurance plan will be developed and monitored as required under Section G of these standards.		

When an agency submits a revised service description, please ensure that it is organized in order of the 20-point checklist. The agency must specify if the 1 FTE CPS at service initiation is 1 full-time CPS or multiple part-time CPSs.

Please visit <http://keepkidssafe.pa.gov> for resources on Child Abuse Clearances and laws.

Notes:	

Surveyor Signature:	Date:
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