

Peer Support Services FAQ Document

Standards:

Question: Some of the requirements the Behavioral Health Managed Care Organization (BH-MCO) develop for Peer Support Services (PSS) are different from those stated in the OMHSAS Bulletin 22-08 , please explain.

Answer: OMHSAS sets the minimum standards for PSS established through Bulletin OMHSAS-22-08. A BH-MCO has the option to require PSS standards that exceed the OMHSAS minimum standards. This applies to any service, not just PSS.

Question: Can an individual be referred to receive services from a Certified Peer Specialist (CPS) and Certified Recovery Specialist (CRS)?

Answer: CPS and CRS are both forms of PSS and aspects of the service may be duplicative. The primary diagnosis of the individual would determine which PSS would best suit the needs of the individual at a given point in time. The BH-MCO or county would determine if the individual could receive both services.

PSS Definitions:

Question: You mentioned the federal definition of Serious Mental Illness (SMI) for the purposes of PSS. Will this expanded definition of SMI be imposed to other services?

Answer: The PSS bulletin, OMHSAS Bulletin 22-08, applies only to Medicaid funded PSS.

Question: Does the definition of a Licensed Practitioner of the Healing Arts (LPHA) include licensed professional counselors and licensed therapists?

Answer: Yes. The term is limited to: (1) a person licensed by the Commonwealth to practice the healing arts and (2) a physician, physician's assistant, certified registered nurse practitioner, psychologist, licensed clinical social worker, licensed professional counselor, and licensed marriage and family therapist.

Question: To be eligible for PSS what diagnostic categories apply?

Answer: SMI is defined in the PSS bulletin, OMHSAS 22-08, as a diagnosable mental, behavioral, or emotional disorder that meets the diagnostic criteria within the current DSM and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Serious Emotional Disturbance (SED) is defined as a condition experienced by a person under 18 years of age who currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual; and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

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General Qualifications:

Question: Are Medicaid-funded PSS allowed to be embedded in an already existing service, such as partial hospitalization or crisis services?

Answer: No. Embedded PSS are included in the rate for the service where peer delivered services is provided (e.g.: inpatient, crisis). In order to bill Pennsylvania Medicaid directly, PSS must be a separate and distinct service, must meet all requirements of the PSS bulletin, OMHSAS 22-08 (including OMHSAS approval to provide PSS), and may not be providing essential staffing to meet the licensing requirements of another service. No staff person may have duplicate or overlapping hours of service in a peer support program and another program or agency.

Question: Is a PSS agency required to be licensed by DHS in order to enroll in the PROMISE™ system?

Answer: Yes. A provider must be licensed/approved by DHS to be a Medicaid-funded PSS provider. A free-standing PSS agency must be licensed. PSS programs that are attached to other licensed facilities including outpatient psychiatric clinic, partial hospitalization program, crisis intervention, targeted case management, or psychiatric rehabilitation receive approvals from the Department.

Question: Do PSS Agencies need to meet the BH-MCO credentialing standards and are they subject to BH-MCO site evaluation audits?

Answer: Yes, as determined by the BH-MCO.

Question: Can a licensed drug and alcohol provider that does not have a mental health license be an eligible provider for Medicaid-funded PSS?

Answer: No. Only the following licensed/approved mental health agencies who are enrolled in the MA program can offer the service attached to a base license: psychiatric outpatient clinic, mental health partial hospitalization, crisis intervention, targeted case management, and psychiatric rehabilitation.

Enrollment:

Question: Can individual CPSs be enrolled to provide services?

Answer: No. Only agencies can be licensed by the Department and enrolled to provide PSS in the MA program.

Question: What process will OMHSAS use to approve PSS provider agencies?

Answer: Before starting the process with OMHSAS a potential agency will need a

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letter of support from the county. A service description covering 20 required points will be submitted to the OMHSAS Regional Field Office for approval. Agencies will receive a letter of approval from OMHSAS, based upon compliance with the standards set forth in the PSS Bulletin OMHSAS-22-08. Site reviews are required for all new PSS provider agencies. Desk audits will be conducted for PSS agencies that are currently licensed/approved. Although not a requirement for licensure approval it is recommended that the PSS agency contact the BH-MCO to discuss the credentialing process required to become a contracted network provider.

Question: Our agency is an OMHSAS-approved PSS provider and will be providing services for more than one county. How many PROMISe™ enrollment applications must we submit?

Answer: OMHSAS will determine if your agency will need one or more than one PSS license/approval to operate in multiple counties. Distance between sites is a deciding factor. Each agency should submit one PROMISe™ Provider Enrollment Base Application for each base license/Certificate of Compliance that has a PSS approval. For example, if you have more than one service description, and you are using different base licenses for the service descriptions (e.g., one service description has a Psychiatric Outpatient base license, and the other service description has a Psychiatric Rehabilitation base license), you must submit two PROMISe™ Provider Enrollment Base Applications. This will result in the peer support services codes being placed on both your Psychiatric Outpatient and your Psychiatric Rehabilitation service locations in PROMISe™.

Question: Our agency is an OMHSAS-approved PSS, and we are providing services at more than one location in the same county/joinder. How many PROMISe™ enrollment applications must we submit?

Answer: When OMHSAS staff reviews the provider's service description, it will be determined if a provider can offer PSS from one base license or if additional base licenses are required to insure adequate monitoring, supervision, and management of the program. If you are approved to use the same base license for each location, you are required to submit only one PROMISe™ Provider Enrollment Base Application. The PSS provider type/specialty code combination will be placed on your PROMISe™ service location that accommodates the main site listed on your base license.

Question: How is the effective date for billing determined?

Answer: The effective date is the date on which the provider is approved by the Department as being in compliance with the PSS Bulletin, OMHSAS-22-08. The date is indicated on the PROMISe™ enrollment notification letter.

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Question: Are existing PSS agencies required to sign the revised supplemental provider agreement?

Answer: No, existing approved or licensed PSS agencies will only need to sign the supplemental provider agreement when the PSS agency completes the required 5-year revalidation process. A new PSS program enrolling in PROMISe™ will be required to sign the agreement as part of enrollment.

Service Descriptions:

Question: The PSS standards define age ranges for youth, young adults and adults. Is an agency's service description required to cover the entire age range as defined for youth?

Answer: No. The PSS Bulletin, OMHSAS-22-08, indicates that PSS may be provided to youth who are 14 years of age or older. The Pennsylvania Medicaid State Plan Amendment (SPA) requires that PSS be made available to youth, young adults and adults who meet the admission criteria. Therefore, OMHSAS has recommended that local partners including providers, counties, MCOs and HealthChoices primary contractors work collaboratively to assess local needs and determine how to best develop service descriptions to deliver PSS to youth in order to be in compliance with HealthChoices access standards for choice of two providers within the county.

Question: Can a youth who has turned 18 continue to receive PSS?

Answer: Yes, if the individual meets the continued stay requirements.

Question: If the approved or licensed provider is not interested in providing services to youth 14-18 years of age, do they still need to update their program service description?

Answer: No, if the approved or licensed PSS agency is not expanding the service to include youth, the agency does not need to submit a revised service description.

Question: Are PSS agencies allowed to serve youth and young adults (YAYA) only?

Answer: Yes, as long as the PSS program design and population served are clearly delineated in an OMHSAS approved service description.

Question: Where can we get the service description review checklist and other supporting documents?

Answer: The service description review checklist and other supporting documents can be found at www.parecovery.org. Click on the Adults/Older Adults tab at the top of the page then click on Peer Specialist Services. The service description review checklist is under the heading: Help for Developing Peer Support Services.

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Question: If we update our service description to include YAYA do we need to update the supplemental provider agreement as well?

Answer: No, an existing approved or licensed PSS agency does not need to re-sign the Supplemental Provider Agreement. Signing the agreement occurs every 5 years during revalidation.

Coordination of Services:

Question: Since PSS for youth cannot deliver services in a school setting, how does OMHSAS envision PSS to youth be engaged with the school?

Answer: PSS is separate and distinct from the school day including authorized after school activities. There may be instances when a CPS would attend an Individual Education Plan at the request of the individual. For this reason, the PSS agency will have written letters of agreements with the school districts or local education agencies.

Question: Will CPSs serving YAYA be able to attend and bill for support during Individualized Education Plan (IEP) meetings at the schools?

Answer: A CPS may support an individual during an IEP if requested by the individual.

Question: When a CPS is employed by a free-standing PSS agency, what mechanism would be in place to allow for participation in treatment team meetings at a clinical provider agency?

Answer: A PSS agency shall have a written agreement to coordinate care with other service providers as needed. The CPS can participate with the individual in a treatment team meeting when a signed release is in place and there is a related Individualized Service Plan (ISP) goal.

Staff Qualifications:

Question: Does the PSS Director have to be a person with lived experience?

Answer: No

Question: Must the PSS Director have a master's degree in order to sign off on the ISP?

Answer: Yes. The PSS Director shall be a Mental Health Professional (MHP). As per definition, an MHP must have a graduate degree and mental health clinical experience. Please see OMHSAS Bulletin 22-08 for additional information.

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Question: What is the targeted age range for CPSs providing service to the YAYA age group?

Answer: To be employed in a Medicaid funded service Center for Medicare & Medicaid Services (CMS) requires employees to be 18 years of age or older. OMHSAS is encouraging expansion of the workforce of CPS between 18 through 30 years of age.

Staff Training and Professional Development:

Question: Are CPS required to have specialized training to work with YAYA?

Answer: 18 hours of continuing education per year is required for CPS. An OMHSAS approved 2-day continuing education training for peers working with YAYA is available for peers that want to specialize in working with this population. The BH-MCO may enforce a higher standard. Additionally, all staff working with youth must meet the mandated reporter training requirements as listed in the child protective service law (23 Pa.C.S. § § 6301—6385) (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

Question: Does a CPS who is not employed need to obtain annual continuing education hours?

Answer: No. The scope of the bulletin applies to PSS providers and BH-MCOs. Therefore, if a CPS is not employed by a Medicaid-funded PSS agency, continuing education is not required. However, all CPSs are encouraged to stay current with continuing education hours in order to enhance employability.

Criminal history and child abuse background clearances:

Question: Do all CPS staff have to do the attestation form even if they don't work with youth?

Answer: No. CPS working strictly with adult population do not need the clearances.

Question: If a PSS program is within a small building facility, does everyone within the building need a child clearance even if they have no responsibilities with PSS?

Answer: No

Question: Will CPS be required to receive child abuse clearances?

Answer: Yes, if the CPS is working in direct care with individuals under the age of 18.

Question: If a CPS has a criminal background that prohibits them from working with youth, can they work as a CPS if they do not work with the youth population?

Answer: Yes, as long as the CPS is working with adults 18 years of age and older.

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Question: If a CPS supervisor has a criminal background that does not allow them to work with children, would the employee be able to be a CPS supervisor at a PSS agency that serves youth?

Answer: No. The supervisor must pass all child abuse clearances when supervising a CPS working with youth or when working as a CPS supervisor in an agency that serves youth, to comply with the Child Protective Services Law (23 Pa. C.S. §§ 6301-6385) as required in the Peer Support Services Bulletin OMHSAS-12-16. See Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16) B. Provider Qualifications for MA Payment, Criminal history and child abuse background clearances, Page VII-21.

Question: Our PSS agency is concerned about youth receiving PSS interacting with CPS who are 18 years of age and older. What has OMHSAS put in place to assure the safety of youth receiving services and that CPSs, PSS agencies and the Department are protected?

Answer: Safety of the individual receiving services is a primary concern. If a PSS agency offers services to individuals under 18 years of age, criminal history and child abuse clearances shall be completed as per the requirements of the Child Protective Services Law. See Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16) B. Provider Qualifications for MA Payment, Criminal history and child abuse background clearances, Page VII-21.

Question: Are CPSs considered to be mandated reporters?

Answer: Yes.

Question: Where can I find resources and information on Criminal History, Child Abuse Background and Clearances?

Answer: www.keepkidssafe.pa.gov

Compensable Services:

Question: What if a provider agency that employs a CPS wants the CPS to assist in getting an individual to cooperate with taking their medication? Is that an appropriate role?

Answer: The role of the CPS is to develop goals with the individual regarding what areas they will work on together. While the CPS should not be expected to insist/encourage the individual to take medication that the individual is refusing, he or she should encourage the individual to express his or her needs to the prescribing treatment team, provide suggestions on how to discuss issues with his or her psychiatrist and advocate that the individual's concerns are heard and responded to appropriately.

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Question: Please clarify the role a CPS would have in assisting individuals with crisis management?

Answer: The CPS will have a supportive role based on the needs or goals identified in the ISP. Crisis support activities may include assisting the individual to recognize early signs of relapse and how to identify and implement coping strategies.

Question: Can individuals receive PSS in conjunction with other Medicaid-billable services, such as case management, partial hospitalization, etc.?

Answer: Yes. PSS may be provided in conjunction with other Medicaid services, including case management; however, in Medicaid Fee for Service, more than one service cannot be billed to the same individual during the same unit of service.

Question: How do I document and bill for a PSS group activity? What group activities and services are considered allowable for billing purposes?

Answer: PSS are typically provided on an individual (1:1) basis; however, there may be occasions when offering group services for several individuals together may be beneficial. To receive PSS in a group, each individual must have a goal in the ISP reflecting the need for the group and each individual must agree to participate in the group. Services such as psychoeducation or Wellness Recovery Action Plan are the types of services that may be provided in groups, when approved by the county or BH-MCO. Appropriate Medicaid peer support group services do *not* include social, recreational or leisure activities. Please refer to OMHSAS 22-08 for additional information.

Question: Can individuals who are not receiving Medicaid funded PSS attend CPS led groups with individuals who are receiving Medicaid funded peer support?

Answer: No. This would pose a confidentiality issue as well as a billing issue. When a peer provider is providing peer support in a group setting and billing Medicaid, every participant must be admitted to receive PSS with the Provider Agency. To receive PSS in a group, each individual must have a goal in the ISP reflecting the need for the group and must agree to participate in the group.

Question: Can a PSS provider bill Medicaid for services provided to an individual who is in an inpatient setting for physical health issues?

Answer: Yes. A provider may bill Medicaid for PSS delivered to an individual who is receiving inpatient services for a physical health issue in a general hospital.

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Question: Is the time that a CPS spends in transit while delivering services compensable?

Answer: Yes, if the CPS is delivering services, identified in the individual's ISP, this time is considered compensable.

Non-compensable services:

Question: Will correspondence via text, social media, etc. between CPS and the individual receiving PSS be billable time?

Answer: No. PSS is primarily delivered face to face. PSS delivered via live voice telephone conversations are limited to 25% of the total services provided per recipient per calendar year. Text messages and social media correspondence are not compensable.

Question: Is the time that a CPS spends in transit, while not delivering compensable services, able to be billed?

Answer: No. A CPS must be delivering services identified in the individual's ISP.

Payment conditions for various services:

Question: If a youth requests support during a doctor or psychiatrist appointment could a CPS attend and offer support to the individual during the appointment?

Answer: Yes, supporting an individual during a clinic appointment is an appropriate PSS if identified in the ISP. However a PSS agency may not bill for PSS delivered concurrently with other Medicaid-billable services for individuals eligible for the Medicaid Fee for Service program. A provider may bill if the BH-MCO has elected to pay for PSS delivered concurrently with other Medicaid-billable services. A provider should contact the BH-MCO in order to determine the BH-MCO's policy in this matter.

Question: The criteria for an individual to receive PSS includes a diagnosis of SMI or SED resulting in functional impairment. Who determines the functional impairment? Is it the responsibility of the referring agency or the peer support provider?

Answer: An LPHA is responsible to provide a recommendation for PSS which includes diagnosis of SMI or SED that has resulted in functional impairment.

Continued Stay Requirements:

Question: When a youth has an SED diagnosis and is receiving PSS what happens when the individual turns 18 and has not yet received an SMI diagnosis?

Answer: At the next scheduled ISP update after an individual turns 18, a PSS agency shall determine the individual's eligibility for continued stay. If an individual is believed to continue to benefit from PSS and desires to continue with the service, an updated

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recommendation from an LPHA should be obtained to verify an SMI resulting in functional impairment. In the event that the current PSS agency does not serve individuals over the age of 17, there should be a referral to another PSS agency that can offer the service. The new PSS agency will have to have a recommendation for PSS from an LPHA.

Confidentiality:

Question: How will confidentiality be maintained for youth receiving PSS?

Answer: Youth aged 14 through 17 have the right to consent to medical treatment in Pennsylvania independently, and do not need parental consent or permission. Also, parents can consent to medical treatment for children through age 17. Generally, control of the medical records release process is with the consenting party, either the youth or the parent who signed consent for PSS. If the youth gives consent for PSS, then the youth would need to sign a release for PSS staff to share information with the parents or other family members. In situations where the youth still lives in the family home, every effort should be made to facilitate consent and to involve family members in the ISP process, as appropriate and in keeping with the ISP.

Assessment:

Question: Would YAYA that are ages 18-21 and still in school qualify for PSS (youth) or should adult PSS be looked at?

Answer: Individuals who are 18 to 21 and still attending school should receive PSS based upon the needs of the individual in accordance with the ISP goals and the approved agency service description. Some individuals within this age range may require PSS with a youth focus while others will be better served by a PSS agency with an adult focus.

Question: Will an individual that began receiving PSS as a youth be able to continue services with the same CPS after the individual turns 18.

Answer: Yes, as long as the licensed PSS agency has an approved service description for both age groups.

Individual Service Plan:

Question: When an ISP is updated every six months and includes the progress the individual has made on each goal along with amended or new goals, where does the "ISP update" listed in the standards fit on our form or in the record?

Answer: The ISP update is a comprehensive narrative summary on progress in stated goals that is documented in the progress note section. Generally this narrative

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summary is not included on the ISP form, except by brief coding, such as “GM: goal met” or “DC: discontinued”

Question: What is the required time frame for development and updates of the ISP?

Answer: PSS agencies shall ensure that an ISP is developed by the individual, the CPS and the MHP within one month of enrollment and updated every six months thereafter.

Question: Are social, recreational and leisure activities billable under Medicaid?

Answer: No. If an individual wants to participate in a leisure or recreational activity, this would not be reimbursable through Medicaid and should be paid for out of other funding sources. A CPS can refer an individual to social opportunities available within social rehabilitation programs such as drop-in centers, which organize group activities for their members such as movies, ballgames, etc.

Service Provision:

Question: Can PSS for youth be offered in schools? If an individual is homeschooled can PSS be delivered during the designated school time?

Answer: No, PSS for school age individuals who attend school must be offered outside of the school setting and not during a youth’s scheduled school day which includes extracurricular activities. PSS Agencies may develop hours of service for students in late afternoons, early evenings, weekends and perhaps expanded time-ended services during the summer months. PSS may not be delivered during designated school hours or extracurricular activities to youth who are home schooled.

Question: Can PSS be offered during alternative education or partial hospitalization (schooling)?

Answer: PSS for school age individuals who attend school including alternative education or partial hospitalization programs, must be offered outside of the school setting and not during a youth’s scheduled school day which includes extracurricular activities.

Question: Since PSS for youth cannot be delivered in a school setting, how does OMHSAS recommend engaging the youth’s school?

Answer: PSS is separate and distinct from the school day including authorized after school activities. There may be instances when a CPS would attend an IEP at the request of the individual. For this reason, the PSS agency will have written letters of agreements with the school districts or local education agencies.

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Question: Will CPSs be able to attend and bill for supporting a youth during IEP meetings at the schools?

Answer: A CPS may support an individual during an IEP if requested by the individual.

Question: What does PSS for Youth look like in other states and was any kind of pilot program conducted in Pennsylvania to examine models or approaches?

Answer: OMHSAS began the PSS standards revision process by conducting a background literature search on best practice approaches in several other states that offer PSS for youth and young adults which included the following states: CA, KY, LA, MD and OK. Primarily these states used 1:1 and time ended psychoeducational groups. Pennsylvania partnered with three counties under the federal Healthy Transitions Grant project that piloted PSS for YYA. The three counties in the grant project were Berks, Bucks and Washington.

Question: Now that PSS may be offered for Youth 14 -17 will there be any allowable changes to service delivery?

Answer: No. PSS is primarily a 1:1 in person face to face service and may include time ended psychoeducational groups. There is no change to the standards regarding telephone delivered services; therefore, other electronic means are not permitted.

Question: How does Peer Support differ from Wraparound services? Would peer support be helping support the parents as well in the home and would they be working on any behaviors?

Answer: PSS Services are a separate and distinct service, as stated in the Provider Handbook Section VII-II Peer Support Services (PSS) (revised 12/12/16), Page VII-21 C. Compensable Services. PSS is not related to Behavioral Health Rehabilitative Services (BHRS), which is often referred to as Wraparound services.

PSS may be billed for the time that the CPS has face-to-face interaction with the individual's family, friends, service providers or other essential persons if the individual is present and a related goal is identified in the ISP.

PSS delivered via telephone:

Question: Will there be a separate billing code or modifier to differentiate between PSS for youth and PSS for adults?

Answer: No

Question: Does PSS for an emancipated youth service need to be billed under adult peer services?

Answer: The billing code is the same for youth, young adults and adults.

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Other:

Question: Based in HealthChoices requirements, if there are currently only two PSS providers in a county, does that mean that if there are no new providers, both existing providers will be required to offer PSS to youth?

Answer: There is no licensing requirement related to HealthChoices access standards. Each HealthChoices contract will work with the county and the MCO to determine the best way to come into compliance with the HealthChoices access requirement for choice of at least two providers within the geo-access standard for either a rural or an urban county. Network development strategies may result in a request for existing PSS providers to revise the service description to also serve youth, or there may be a decision to recruit new providers, or both.

Question: Is every county required to offer PSS for both youth and adults?

Answer: Yes, PSS is a Medicaid state plan service in Pennsylvania. That means that a Medicaid recipient who is age 14 or older and meets the medical necessity criteria for the service is eligible to receive the service. Therefore, every county or county joinder must ensure that this service is available. Counties have until March 31, 2019 to come into compliance with the geo-access standards for both adult and youth PSS.

Question: Is the Medical Assistance Transportation Program (MATP) available for an individual receiving PSS?

Answer: Yes. If an individual qualifies for MATP, the individual can use MATP for transportation to and from a Medicaid funded peer support session. However, for billing purposes MATP can only transport an individual to an MA-licensed provider agency setting, not to a community setting. Also, MATP cannot provide transportation for the CPS. MATP can only provide transportation for the individual receiving the service.