

Peer Support

Definition

Peer Support is available as a step-down from more intensive waiver services such as Assertive Community Treatment (ACT) or Community Support Program (CSP), when an ACT or CSP level of care is no longer needed. Peer support includes face-to-face interactions that are designed to promote ongoing engagement of persons covered under the waiver in addressing residual problems resulting from psychiatric and substance use disorders, and promoting the individuals strengths and abilities to continue improving socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with behavioral health services providers and others in support of the participant.

Provider Qualifications/Conditions for Participation

Certificate: Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (TJC), Medicare certified or International Center for Clubhouse Development (ICCD)

Other Standards: The supervisor must be a licensed clinician. Successful attendance at a DMHAS approved training program and certification by Advocacy Unlimited.

Entity Responsible for Verification: DMHAS/ABH

Frequency of Verification: Enrollment and every two years

Covered services

Peer Support services of at least 15-minutes duration provided face-to-face with the participant in his/her home and in other community settings. These services include:

1. Coaching and support related to:
 - a. Continued use of recovery skills;
 - b. Involvement in community activities and positive relationships with family and friends;
 - c. Attention to personal hygiene and appropriated dress;
 - d. Involvement in vocational, volunteer or educational activities;
 - e. Follow through on personal obligations and commitments;
 - f. Self advocacy during self-help, peer support and community meetings;
 - g. Self advocacy during meetings with providers to facilitate linkage, communication and improved continuity of care;
 - h. Development of natural supports;
 - i. Filing complaints and follow-up with proposed resolution as needed, finding resources;
2. Assisting with avoidance of:
 - a. Behaviors that might lead to a psychiatric crisis;
 - b. Risky behaviors (e.g., unprotected sex, smoking/excessive use of tobacco products, unsafe driving/driving without seatbelt, unsafe relationships, criminal activities);
 - c. Substance abuse;
 - d. Overspending;
 - e. Unnecessary conflict;
3. Mentoring and advice to facilitate development of effective decision making and problem solving skills;
4. Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator; and
5. Travel with the participant when the Peer Support provider is also engaged in a qualifying waiver service activity.

Limitations

Coverage of Peer Support services shall be subject to the following limitations:

1. Peer Support services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits;

2. Peer Support services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician employed by or under contract to the provider;
3. Individuals receiving Assertive Community Treatment (ACT) or Community Support Program (CSP), both of which have a peer support component, are excluded from waiver Peer Support services, except during a brief transition phase (not to exceed 30 days) between ACT or CSP and Peer Support;
4. With the allowable exception of a transition period to Peer Support services (up to 30-days), Peer Support services cannot be provided concurrently with residential care;
5. Peer Support services must exclude services that are duplicative of Supported Employment services;
6. A claim for reimbursement may be submitted for the qualifying waiver services activities of only one staff member providing Peer Support services to a participant during a specific time period (i.e., billable unit of time);
7. The department shall not pay for:
 - a. Time spent by the provider solely for the purpose of transporting participants;
 - b. Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature;
 - c. Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history;
 - d. Programs, services or components of services that are not included in the fee established by the department; and
 - e. Services or components of services provided solely for social, recreational, educational or vocational purposes; and
 - f. Costs associated with room and board for participants.

Non-billable Activities

The following activities are not billable, but have been factored into payment rates:

1. Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
2. Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
3. Telephone contact with the participant;
4. Telephone contact with the department or its designated agent for the purpose of requesting or reviewing authorization of services;
5. Completion of progress notes or billing documentation;
6. Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among recovery team members, including for the purpose of treatment planning;
7. No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
8. Peer Support services of less than fifteen minutes duration for procedures whose billing codes are defined in 15-minute increments; and
9. Time spent engaged in activities required by a credentialing or oversight entity such as gathering and submitting care plan or service

PEER SUPPORT REQUIREMENTS:

Agency must be accredited by a nationally accredited body: CARF, Joint Commission, ICCD or Medicare Certified to provide Peer Support services. Each Peer Support must have successfully attended a DMHAS approved training and receive certification by Advocacy Unlimited. Indicate date of training and date of certification for each individual. Please see Advocacy Unlimited, Inc’s website for more information regarding the certification process, www.mindlink.org.

Please include a resume or summary of work experience for each staff listed below.

Last Name, First Name	Degree/ Experience	License	FTE	Job Title	USPRA Certification	AU Peer Certification Training	Dates of training or Certification Number
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Supervisor. Must be licensed clinician	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Peer Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Peer Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Peer Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Language Competence: In addition to English, please identify the languages in available to participants of this service.

American Sign Language	German	Korean	Swedish
Arabic	Greek	Laotian	Tagalog (Philippines)
Armenian	Hebrew	Norwegian	Vietnamese
Chinese	Hindi	Polish	Yiddish
Dutch	Hungarian	Portuguese	Other:
Farsi	Italian	Russian	
French	Japanese	Spanish	

Supervisor Documentation Requirements for Recovery Assistant Service

If the supervision for this service is not provided by the Chief Clinical Officer for the agency, please indicate if the supervisory functions for this program are provided by a staff or contracted position.

- Employed by Agency

If the position is employed by the agency please include a copy of the employee’s current license.

- Under Contract with Agency

If contracted with the agency, please provide a letter describing the arrangement by which this person is providing supervisory services and a copy of the contracted supervisor’s current license.

Primary Service Locations

Program Name:
Address:
Program Name:
Address:
Program Name:
Address:



Checklist for application for Peer Support services is below.

If applying for Peer Support services also include the following documents in your application:

If the supervisor is employed as staff by the agency:		
	a copy of the supervisor's current license	<input type="checkbox"/>
Resume or summary work history for every member listed on the team roster		
	Supervisor	<input type="checkbox"/>
	Peer Support Specialist	<input type="checkbox"/>
	Peer Support Specialist	<input type="checkbox"/>
If the supervisor for this service is not an agency employee, supply:		
	a letter describing the supervisory arrangement	<input type="checkbox"/>
	a copy of the contracted supervisor's current license	<input type="checkbox"/>